

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 14, 2024

OVERVIEW

Pine Meadow Nursing Home is a 64 bed long-term care home located in Northbrook, ON.

Home's Mission

A place where everyone is welcomed and supported

Quality Improvement

Our Quality Framework outlines the ways in which our home is supported to achieve success in all aspects of quality with a focus on quality of life, safety, compliance, and resident satisfaction. We are responsible for driving our quality improvement plan. We work closely with clinical consultants who provide ongoing support in our home's quality initiatives. Our strategic direction and the initiatives that support the plan also meet or exceed standards set by Accreditation Canada, and meet the requirements of our LSAA.

Our home's Continuous Quality Improvement (CQI) Committee uses the CQI Framework in alignment with our strategic quality priorities to identify priority areas for quality improvement in our home, make recommendations, monitor and measure progress, identify and implement adjustments, and communicate improvement outcomes for the current and following year. Results are shared

with residents, families, team members and external partners to support our priorities, targets and activities.

We measure and monitor our quality initiatives using data accuracy and quality indicator score cards. Home-level quality reports are circulated monthly and reviewed, to help monitor progress and drive meaningful conversation at each home's continuous quality committee meetings. Performance monitoring is a key part of driving our performance and includes but is not limited to the following:

Monitoring key quality indicators

Internal audits

External audits

Program evaluations

Resident Satisfaction Survey results

Active priority areas for quality improvement in our home are:

Falls prevention – 15%

Our Approach: Risk mitigation strategies including scheduled

toileting plans that are individualized for the resident, environmental risk assessments to ensure a safe and uncluttered environment with adequate lighting and supportive mobility devices, activity programs specific to the needs of residents at high risk for falls, appropriate footwear, medication reviews, Falling Star Program, Physio Monthly Falls Reports. Interdisciplinary Falls Team meets monthly to monitor monthly stats

2. Restraint Reduction – 2.5%

Our Approach – Implementation of Extencicare's Least Restraint policy, utilization of alternatives to restraints, discussions with families/residents about risks of restraint use and available alternatives, continue monthly restraints meetings where the interdisciplinary team will: monitor any residents who do have restraints, use the restraint reassessment tool for each resident using a restraint, determine if item is a restraint or a PASD

3. ED Visits –

Our Approach: monitor hospital visits on a weekly basis. Work with NLOT NP and MD's to attempt in-house treatment before sending to ED. We made a successful application for Doppler and IV Pump

through Ontario Health funding. We will work with our new physician/medical director who is coming in Sept. who specializes in rural practice with a goal of reducing ED transfers.

ACCESS AND FLOW

We are committed to working closely with our community partners including our regional Home and Community Care Support Services team, hospitals and business partners to ensure safe and effective care of residents across the organization and at the local home level. We do this through ongoing relationship building and partnerships with health system partners such as local long-term care homes, regional IPAC hubs, Ontario Health teams and various regulatory authorities. In addition, our partnerships extend to our Medical Advisor and Attending Physicians as we work to improve medication management, clinical care and reduce unnecessary ED visits. We strive for excellence through our focus on quality and safety and opportunities with our partners to participate in research.

Home Specific Partnerships:

The success of this QIP requires collaboration with multiple partners, including Our local Lakelands Family Health Team, Home and Community Support Services, Nurse Led Outreach Team (NLOT), Behavioural Supports Ontario, Geriatric Psychiatry through Providence Continuing Care, Ontario Association Resident Councils, Ontario Long Term Care Association, research partners, and vendors such as Medical Mart, 3M, and Medisystem pharmacy, hospitals, other long term care homes in our catchment area, Alzheimers Society, Land O'Lakes Lion's Club, Land O'Lakes Garden Club.

EQUITY AND INDIGENOUS HEALTH

We are committed to incorporating an equity lens into all our quality improvement initiatives. We offer materials in several languages, and our focus on QI initiatives to improve care includes vulnerable populations.

We develop a cultural competency and diversity plan that addresses how it will respond to the diversity of its stakeholders as well as how the knowledge, skills, and behaviors will enable personnel to work effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures.

In developing a cultural competency and diversity plan, we look at the diversity of its community, internal and external stakeholders and potential changes in demographics to be proactive in education, training and service delivery.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Pine Meadow Nursing Home actively engages our residents and families. We promote transparency with residents and families by requesting their feedback in various activities such as quality improvement projects, annual resident satisfaction surveys which we use to gauge our quality improvement measures, various committees, resident and family councils and town hall meetings. Our ongoing goal is to incorporate feedback to continually improve quality of life and safety by ensuring the care each resident receives is reflective of their individual needs and wishes.

Our 2023 Resident and Family Experience Survey Results:

Date of Surveys: October 2023 Residents: 100% Family: 35%
Resident: Would you recommend this home? Result: 95.2%

Top three areas for improvement from survey: a) I am satisfied with the temperature of my food and beverages 69%, b) I am satisfied with the quality of laundry services for my personal clothing 78% c) I am satisfied with the variety of food and beverage options 81%

Family: Would you recommend this home? Result: 100%

Top three areas for improvement from survey: a) The resident has input into the recreation programs available 52.9%, b) I have the opportunity to provide input on food and beverage options 57.9% c) There is a good choice of continence care products 75%. Key actions taken, as a result of survey outcomes for top 3 areas for resident satisfaction and family satisfaction: Results received Feb. 2024 so just starting to create an action plan

Role of Resident and Family Councils and CQI Committee in determining actions taken with survey results: the residents choose the 3 areas they would like us to improve upon. These become the 3 main focus areas. Family Council, CQI, staff and department heads may also choose areas on which to focus.

How are results communicated to the residents & families, Resident & Family Council and staff: Copies available for Residents Council and discussed at their meeting Feb, 15, 2024, copies available and discussed at Family Council meeting Feb. 12, 2024, copies emailed to all family and friends contacts Feb. 13, 2024, copies provided to the Land O'Lakes Community Services Board of Directors and

discussed at the meeting Feb.21, 2024, copies available and discussed at General Staff Meeting Wed. Feb.28, 2024, copies available and discussed at CQI meeting Feb.15, 2024.

Date copy of the report was provided to Resident and Family councils: Feb.15, 2024 to Residents Council, Feb. 12, 2024 to Family Council.

PROVIDER EXPERIENCE

Pine Meadow Nursing Home engages with staff and leadership in sharing quality improvement goals and commitments. This is achieved through bench marking, using experiences of other homes to share best practices, annual quality and strategic planning conferences and participation in the Ontario Long Term Care Association and annual quality forums. We will be utilizing the employee engagement survey as an opportunity for team members to give their feedback on various issues such as staff satisfaction, innovation, and work environment.

We will be working with our new Medical Director to enhance capacity to care for our residents in-house as much as possible. We will start by utilizing the Doppler and IV Pump that we recently received funding for.

SAFETY

Despite the best efforts of healthcare professionals, adverse events sometimes happen in healthcare settings. Adverse events can be devastating for patients and healthcare providers who are part of or witness these events. When a resident experiences an

unanticipated outcome or a medical error occurs, there is an expectation that the healthcare establishment will deal with the event openly and honestly and that the parties involved will accept responsibility, express empathy, and work to prevent the event from happening in the future.

We document, track and trend resident Adverse Events so that we can apply lessons learned from these events and minimize the risk of them happening again. One of the most important aspects of good event management is creating a work environment where all employees, residents and their families feel they can speak up and report issues, concerns and even mistakes. Pine Meadow Nursing Home is committed to creating a “just” organization culture. This culture:

Encourages openness and frankness in identifying and reporting Adverse Events

Focuses on interdisciplinary learning and an organizational commitment to applying lessons learned.

Fosters an environment that promotes safe behaviour choices.

Supports disclosure where appropriate.

Incidents that provide an opportunity for improvement are shared with team members through town halls, daily huddles, and regular meetings/committees to increase awareness and seek feedback to understand root cause so that strategies put in place are effective. We look for opportunities to re-educate our teams to ensure awareness of new learnings and review of processes.

POPULATION HEALTH APPROACH

Pine Meadow Nursing Home population consists of mainly former residents of our catchment area or they are related to current community members. This makes many residents already friends, family or former neighbours.

We look for trends in our resident population to ensure we are offering services that best fit their needs. We use the Java Program, though a successful grant proposal to New Horizons for Seniors for residents with dementia as well as cognitively well residents to learn about dementia and interact with residents who have dementia. Through funding from Behavioural Supports Ontario, we have an on-site RPN and PSW’s as well as a regular association with Geriatric Psychiatry and the Mobile Response Team. This support allows us to almost always manage responsive behaviours in the home.

We have recently set up a branch of our local Land O’Lakes Lions Club in our home. Residents are members of the greater club and will be able to participate in some of the activities including fundraisers. We hope this will help to keep residents connected to their community.

CONTACT INFORMATION/DESIGNATED LEAD

Margaret Palimaka / Administrator

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate
