

# Pine Meadow Nursing Home

## Quality Improvement Plan

### 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:

## 1. Falls prevention – 12.11%

- Our Approach: *Risk mitigation strategies including: weekly monitoring of falls by the management team and communicated to general staff, 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 especially in late afternoon, activities developed by BSO for high risk residents, appropriate footwear, Falling Star Program (education provided to all staff at General Staff Meetings, and bi-monthly in the staff room), Physio Monthly Falls Reports. Interdisciplinary Falls Team meets monthly to monitor monthly stats.*

## 2. Inappropriate Use of Antipsychotics – 7.64%

- Our Approach: *engagement of pharmacy team to provide recommendations to prescribers for safe reduction of antipsychotics, engaging Behavioural supports leads to work with team to support behavior management, Monthly Collaborative meetings to discuss referrals to Geriatric Psychiatry, education of staff on the importance of good, clear progress notes in Point Click Care to capture all behaviours, times, etc. to assist doctors with medication reviews and changes. We engage residents in Montessori programs and try every possible intervention before referring to psychogeriatrics.*

## 3. Restraint Reduction – 2.24%

- Our Approach: *Implementation of Extendicare's Least Restraint policy, utilization of alternatives to restraints, discussions with families/residents about risks of restraint use and available alternatives, monthly interdisciplinary meetings to track those residents with restraints, PASD's, wanderguards, etc. and determine if the devices used continue to be needed.*

## 4. Worsened Stage 2-4 Pressure Injury – 2%

- Our Approach: *working in partnership with our vendors to enhance our assessment process and ensure correct product selection to promote healing, current use of Remedy products, education of new advanced practice skin and wound care nurses, review of bed surfaces and repositioning devices.*

*Weekly tracking tool to track all wounds, as well as residents who are at risk for wounds.*

### **5. 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. Successful application for Doppler and IV Pump through Ontario Health funding. New MD coming in Sept. who specializes in rural practice with a goal of reducing ED transfers. Education is being provided through our Palliative Collaborative with regard to sending residents to hospital at end of life and how to assess if this need is valid.*

## **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 (Physician support, TB testing for volunteers), 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, vendors such as Medical Mart, 3M, and Medisystem pharmacy, hospitals, other long term care homes in our catchment area, Alzheimer's Society (social events), Land O'Lakes Lion's Club (donations for needed items), Land O'Lakes Garden Club (maintain our outside gardens), Southern Frontenac Community Services Caregivers Support Group.

## **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.

## 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 quality of care from dietitian 69%, b) I am satisfied with the temperature of my food and beverages 69%, c) I am updated regularly about any changes in my home 75.8%
- 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) I am satisfied with the quality of care from the social worker 70%  
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. Residents have chosen temperature of food, laundry services and continuity of care. These goals are shared with Family Council, CQI, and staff. 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 meetings Feb, 15 and 26, 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.

## **Resident 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.

We use the Java Music Program, through a successful grant proposal to New Horizons for Seniors to support residents with dementia as well as cognitively well residents. They offer peer support to one another to combat loneliness and isolation. Through funding from Behavioural Supports Ontario, we have an on-site RPN and 2 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.

### **Contact Information/Designated Quality Lead**

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### **Other**

We have implemented our Visiting Neighbours program where residents partner with staff members to visit lonely residents.

We have recently started a resident volunteer program at their request. Volunteers join specific programs to assist lower functioning residents.

Residents have also requested education sessions on topics of their choice including guest speakers

### **Sign-off**

**Executive Director/Administrator:**

**CQI Committee Chair:**

**Quality Lead of home:**

**Regional Director: Dwayne**

**Corporate Quality: Erin Coreno**