



# HILLSDALE ESTATES

## Continuous Quality Improvement Report

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### **Designated Leads**

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Hillsdale Estates is an accredited Long-Term Care home that provides care and services for 300 residents. It is one of four Long-Term Care homes owned and operated by the Regional Municipality of Durham, Long-Term Care and Services for Seniors. Hillsdale Estates is committed to the Division's mission of "Strong People, Caring Communities, Our Future" and strives to continuously improve the delivery of care and services for residents while managing risk.

The home is committed to continuous quality improvement and actively refines required programs on a regular basis. This entails developing, implementing, and evaluating new processes to provide high quality care and service to residents in an environment that promotes choice, dignity, and respect. The interprofessional team at Hillsdale Estates rely on resources to identify trends/patterns, learn from incidents, improve processes and systems, implement controls, and develop prevention strategies.

### **Determination of Priorities**

Determining the homes priorities each year is an interprofessional process that involves many stakeholders, including staff, residents, families, volunteers, and community partners. The first step is to identify potential gaps in care and service and define opportunities for improvement.

Every year the home conducts a resident/family satisfaction survey. This survey identifies areas of satisfaction and areas they would like to see improved. The resident voice is identified as the most important feedback that the home can obtain. This combined with Residents' Council and Family Council feedback can help the home to determine the voice of our customers.

In addition to the resident/family satisfaction survey, the home reviews various other sources to determine opportunities. These other sources include:

- Internal Key Performance Indicators

- Internal audit results
- External assessments/audit results such as Medication Safety Self Assessment and Accreditation Canada Survey and Inspections.
- Review of new legislation
- Performance data from Canadian Institute for Health Information (CIHI); with a focus on areas indicating a performance decline and/or where benchmarking against the provincial average suggests improvement is necessary.
- Emergent issues identified internally (trends in Critical Incidents, Risk Related issues)
- Feedback from stakeholders including Residents' Council, Family Council, Divisional Advisory Council, external stakeholders including the Ministry of Long-term care (MLTC)
- Municipal Benchmarking Network Canada (MBNC)
- New best practices identified in the industry.

The Hillsdale Estates home leadership team also works together with the other three Region of Durham Long-Term Care Homes, and the divisional office to develop a divisional strategic plan. The plan determines the strategic direction for the division over the next few years and incorporates initiatives and projects that are in alignment with the Regional Municipality of Durham Strategic Plan. The Long-Term Care Division also seeks input and suggestions from a Divisional Advisory Council which consists of staff, residents, and family members from each home.

Hillsdale Estates then develops a home level action plan which supports the divisional strategic plan. The home has an Interprofessional Quality and Resident Safety Committee (IQRS). The IQRS committee serves as a forum to monitor progress of Quality Improvement (QI) activities, review performance data, analyze program goals and performance measures and to coordinate communication for education for building awareness for staff, volunteers, residents, clients, and families. This team together with the home's leadership team determines the key priority areas for improvement based on their identified gaps, opportunities, and strategic direction for the year.

### **Monitoring, Evaluation, and Adjustment**

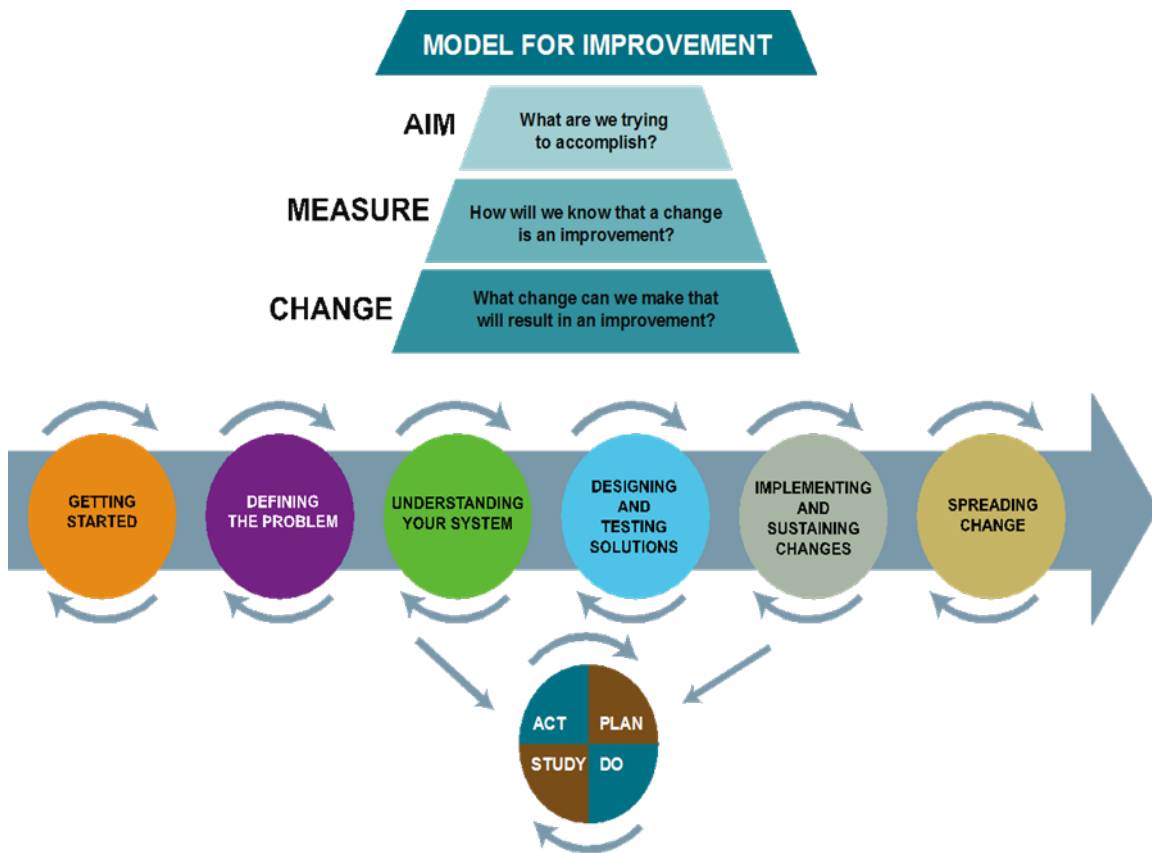
A key component to quality improvement is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals are established, key performance measures are developed and monitored to ensure the outcomes of the initiatives are trending in the positive direction. If not achieving desired outcomes, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance and where feasible, the home will use the Plan-Do-Study-Act method of improvement in which small tests of change are tested and piloted prior to full

implementation. This allows the home flexibility in pivoting improvement ideas when necessary.

## **Approach to Continuous Quality Improvement**

Long-Term Care and Services for Senior policies, combined with practice standards, provide a baseline for staff in providing quality care and service. The Region of Durham Long-Term Care Homes has adopted the Model for Improvement to guide quality improvement activity. Interprofessional quality and resident safety teams, including resident and family advisors, work through the phases of the model to:

- 1) Analyze the problem.
- 2) Set Improvement goals.
- 3) Develop and Test change ideas.
- 4) Decide whether to Adapt, Adopt or Discard change.



## **Communication**

Communication strategies correspond to the specific improvement initiative. These include, but are not limited to:

- Posting on home area quality boards, in common areas and in staff lounges
- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders

- Handouts and 1:1 communication with residents
- Presentations at staff meetings, townhalls, Residents' Council, Family Council, Divisional Advisory Council
- Huddles at shift change
- Training initiatives
- Use of clinical leads/champions to communicate directly with peers.

## **2023 Hillsdale Estates Successes**

- Resident satisfaction rate increased from 76.0% in 2022 to 79.1% in 2023.
- Family satisfaction rate for 2023 was 80.7%
- Welcomed 108 resident admissions in 2023.
- The home hosted 67 clinical student placements.
- The home received Accreditation with Commendation through Accreditation Canada.
- Medication Safety Self Assessment Score of 80%
- The home saw improvements in the following clinical areas:
  - 20.3% improvement in the reduction of residents who have fallen.
  - 88.2% improvement in the percentage of residents with behavioural symptoms
  - 14% improvement in reducing the percentage of residents who have taken antipsychotics without a diagnosis of psychosis.
- Implemented Integrated Medication Management in the electronic health record to improve efficiency with medication ordering.
- Introduced new incontinence products.
- Implemented Meal Suite Touch technology in all home areas and trained over three hundred staff.
- Initiated the Pain and Palliative Care Committee and sustaining the Falls Prevention Committee.
- Reinstated monthly staff meetings with nursing teams of PSWs, RPNs and RNs
- Developed in-home orientation for new staff.
- Implemented the following protocols – Bowel, Skin Tear and Pressure Injury.
- Launched the LTC Caregiver Orientation program in collaboration with Family Services.
- Launched Caregiver Support Groups to provide drop-in social work hosted sessions to help caregivers build connections, enhance coping skills and well-being and foster hope and empowerment.
- Reintroduced Family Guest Meal Tickets, Palliative Care Meals, and Visitor Room Bookings.
- Launched special dining events to reconnect with residents, including a resident/family festive meal.

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## **2024 Quality Improvement Initiatives**

Each year as per the Ministry of Long-Term Care and Ontario Health requirements, Long Term Care homes are required to submit a quality improvement plan (QIP). This plan incorporates priority areas which the home has identified.

In addition to the QIP submission, the home has identified other QI projects. The details of the QIP and additional quality initiatives for 2024/25 are listed below.

### **2024/2025 Hillsdale Estates QIP submission**

- 1) **Improve the residents' rating of the overall care and services they experience at Hillsdale Estates.** This will be achieved by focusing on four areas determined to be key drivers of resident overall satisfaction.
  - The Social Work team will be developing training materials and scheduling and running education sessions for direct care staff on Dignity in the Details.
  - The Food Service Leadership team is initiating a Food Committee to enhance collaboration between residents and the food service team. The team will be included on the agenda for Residents' Council monthly meetings to capture resident feedback and address any concerns.
  - Food Services will be increasing Dining audits to identify gaps and take corrective actions to improve the residents' dining experience. The Dining audit tool will be updated to reflect MLTC regulations and a divisional process for routine auditing will be developed and followed.
  - Environmental Services in collaboration with an interprofessional team are working on a quality improvement project for laundry and will be providing families with more detailed information on resident clothing needs at admission and the staff will be educated on the developed process to reduce the number of lost laundry items.
  
- 2) **Reduce the percentage of residents who develop a worsened stage 2-4 pressure ulcer.** This will be achieved by:
  - The Skin and Wound clinical lead will be providing focused support to registered staff through education sessions and audits. The following are

to be covered in education – Pressure Injury (PI) staging, proper completion of assessments, care planning for skin issues, review of PI protocols, and pressure injuries vs moisture associated skin damage.

- The Skin and Wound clinical lead will be providing focused support to PSW staff through education sessions and audits on prevention, identification, and care for pressure injuries.
- The Skin and Wound clinical lead will be tracking pressure injuries and collaborating with registered staff to identify appropriate interventions.
- The Skin and Wound clinical lead will be ensuring the accuracy of MDS data by identifying residents who triggered worsened stage 2-4 pressure ulcer, reviewing their health record regarding the wound, and discussing etiology and coding with the RAI-MDS coordinator if there are any coding discrepancies.

**3) Reduce the percentage of residents who experience falls in the 30 days leading up to their assessment.** This will be achieved by:

- The Falls clinical lead will review fall incidents, identify residents who had multiple falls, collect pertinent information, and arrange interdisciplinary huddles for residents who have had multiple falls.
- The Falls clinical lead will conduct weekly audits, noting any gaps and developing a corrective action plan.
- Hillsdale Estates will be providing education to PSW staff on intentional rounding. Any PSWs unable to attend in person will receive the training materials and new PSWs will receive the education during home orientation day.

**4) Reduce the percentage of residents who were given antipsychotic medication without a diagnosis of psychosis in the 7 days preceding their resident assessment.** This will be achieved by:

- Hillsdale Estates will utilize the Antipsychotic Medication Review (AMR) User Defined Assessment (UDA) at the three-month medication review and Point Click Care Insights tracking will be reviewed and shared with staff. There will also be a focus on resident antipsychotic use during all new admissions.

### **Additional Quality Improvement Initiatives**

In addition, after evaluating all program areas and setting actions for the operational plan, Hillside Estates has identified the following improvement activities:

- Initiate a Skin and Wound Care Committee
- Strengthen the Pain and Palliative Care Committee
- Education rounds for PSWs regarding Pain
- Implement new technologies – Physician Engagement and Secure Conversations
- Educate staff on TENA process, Rescue Drug, Medication Destruction, Continence and UTIs
- Look at communication between all disciplines and positions in the home.
- Create a plan that effectively connects like minded residents together to form friendship/relationships.
- Continue with the laundry quality improvement project, implementing change ideas to reduce the number of lost laundry items.