



LAKEVIEW MANOR

Continuous Quality Improvement Report Interim Report

Designated Lead

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Quality Improvement Priorities for 2022

Lakeview Manor is an accredited 149 bed facility, that includes one short stay bed for respite care. Lakeview Manor is one of four Long-Term Care homes operated by the Regional Municipality of Durham, Long-Term Care and Services for Seniors. Our vision, “to provide a community that embraces excellence in person-centered care”.

The homes business plan is derived from the Regional Municipality of Durham Long-Term Care divisional vision and business plan; review of resident and family satisfaction surveys; inspection results; CIHI quality indicators; staff satisfaction surveys; informal feedback: audits: and industry and regional initiatives.

The COVID-19 pandemic has significantly impacted the home over the last two years, presenting many challenges to both the physical and mental health of residents, families, volunteers, and staff. Lakeview Manor has created a 2022-23 Business Plan with a focus on “reconnecting” with residents, families, volunteers, and staff post pandemic. We have also identified quality improvements that we can initiate within the overall care and services and the fall prevention and management program.

Lakeview is pleased to provide this quality improvement plan. This year, while still in the COVID-19 pandemic we have decided to focus on the following initiatives.

1. The home will reconnect residents, families, volunteers, and staff.

Actions:

- Reinstatement of monthly resident and family connection luncheons
- Reinstatement of monthly family drop in events
- Reinstatement of volunteer appreciation event
- Reinstatement of staff appreciation events and celebrations
- Reinstatement of resident/family celebrations events such as birthday parties, designated holiday events
- Reinstatement of resident/family barbecue's
- Start to replace virtual meetings with in-person meetings
- Host annual community picnic event
- Return external partners who have office space in the home

- Observe for fear-based behaviours and responses from staff as restrictions lessen in the province and LTC. Establish and offer EAP sessions on a regular basis.

Measurement

- Work Life Pulse survey, informal meetings, resident/family satisfaction survey, complaint process.

2. Resident experience “overall quality of care and services”

Our current performance in this area is 78.3%. Our target is to reach 83.7% to align us with the Canadian LTC benchmark. Lakeview showed a 5.8% decrease in “overall satisfaction” from 2020.

A) The recreation department will improve the resident experience by resuming fulsome recreation and spiritual programming

Actions:

- Rebuild and ongoing recruitment of the home’s volunteer pool
- Establish connection with new residents and their families
- Reconnect with families whom we know
- Introduce residents to each other as cohorts come down and home wide socializing returns to the norm
- Reinstate the homes recreation and spiritual programs to pre-pandemic state and the COVID-19 restrictions lessen
- Replace virtual and window visits with in-person visits as applicable.

Measurement:

- Annual resident/family satisfaction survey, complaint process

B) The Environmental Services department will work to ensure residents feel that their personal belongings are safe.

Actions:

- The Laundry labeling process will be reviewed by Environmental Services
- ES will revisit hosting “lost and found” days for resident/family retrieval
- Staff, residents, and families to receive coaching upon admission for the safekeeping of items being brought in
- Encourage families to take valuables home for safekeeping
- Assist residents and families to gain a better understanding of cognitive impairment, wandering and rummaging behaviours

Measurement:

- Annual resident/family satisfaction survey, complaint process, # of missing items reported, # of items recovered at lost and found days

3. Maintain our harmful falls rate at 13%. Focus on our fall prevention and management program - processes, education, and quality improvement successes.

Actions:

- The admission nurse will identify all new residents at high risk for harmful falls and initiate individualized risk reduction strategies
- Continue to assess residents falls risk quarterly, with a change in condition and after any fall
- The team will monitor for trending and implement prevention strategies as required
- All residents who have a fall will be reviewed weekly by the interdisciplinary team through risk management team
- Investigate the implementation of regular comfort rounding for residents

Measurement:

- In-house data collection; CIS; weekly nursing risk meeting

Determination of Priorities

Determining the homes priorities each year is an interprofessional process that involves many stakeholders. The first step is to identify potential gaps and opportunities for improvement.

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

In addition to the resident satisfaction survey, the home reviews various other sources to determine opportunities. Some of these other sources include:

- Internal Key Performance Indicators
- Internal audit results including inspection protocols
- 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 required
- 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 MLTC
- Municipal Benchmarking Network Canada (MBNC)

The home leadership teams also work together with the other three Region of Durham Long-Term Care Homes, and together with the divisional office constructs a divisional

strategic plan. This puts forth the strategic direction for the division over the next few years. The plan incorporates initiatives and projects that are in alignment with the Regional Municipality of Durham Strategic Plan. Divisionally, the Long-Term Care Division also seeks input and suggestions from a Divisional Advisory Council which is made up of residents and family members from each home.

Lakeview Manor will then develop a home specific operational plan and a quality improvement plan. The home has a dedicated Interprofessional Quality and Resident Safety Committee (IQRS). The IQRS committee serves as a forum to monitor progress of QI activities, review performance data, analyze program goals and performance measures and to coordinate communication for education and 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.

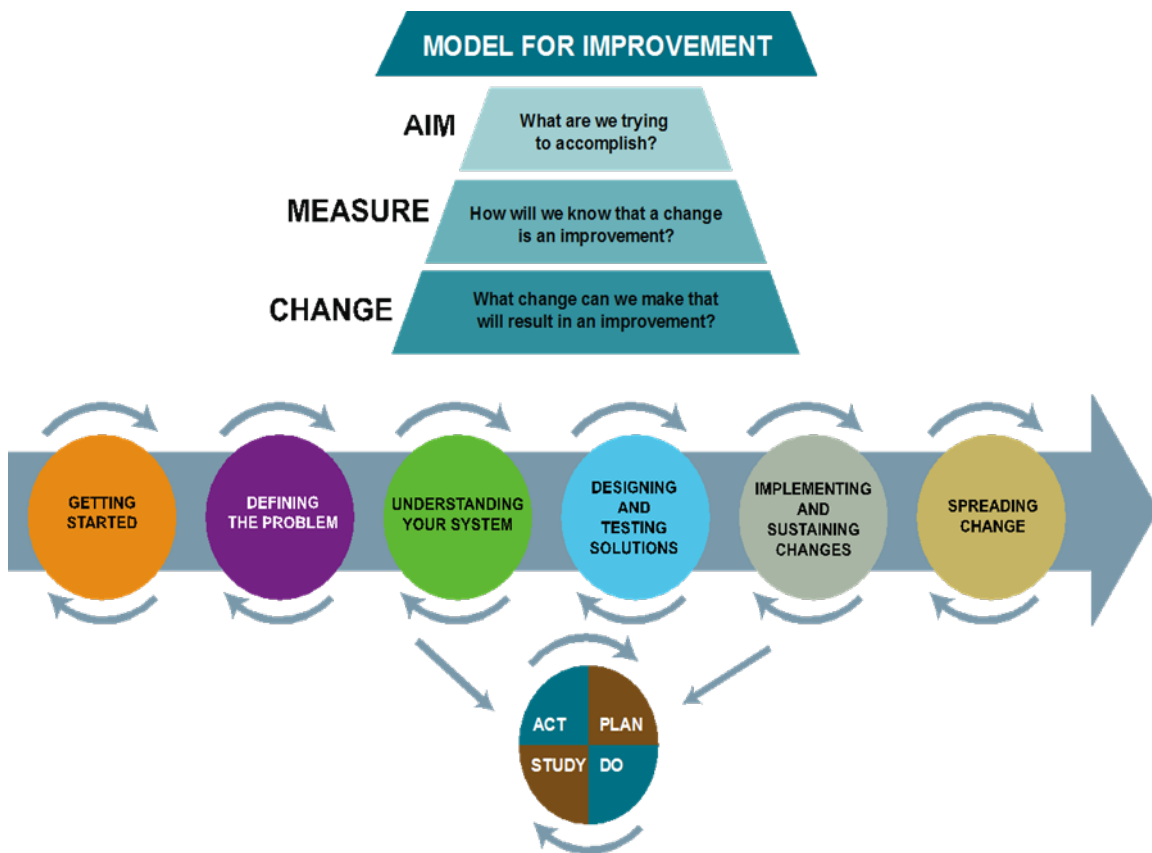
Monitoring, Evaluation, and Adjustment

A key component to quality improvement work is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals have been established, key performance measures are 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, etc. 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 to be nimble 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) Implement change and sustain



Communication

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

- Posting on unit 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
- Use of clinical leads/champions to communicate directly with peers