



FAIRVIEW LODGE

Continuous Quality Improvement Report

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Designated Leads

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Fairview Lodge, an accredited 198 bed facility is one of four Long-Term Care homes operated by the Region Municipality of Durham, Long-Term Care and Services for Seniors. Fairview Lodge is committed to the divisional vision "To provide a community that embraces excellence in person-centered care" and strive to continuously improve the delivery of care and services and manage risk.

The home is committed to continuous quality improvement and actively refines required programs on an annual basis. This entails developing, implementing, and evaluating new processes to provide high quality care and service excellence to residents in an environment that promotes choice, dignity, and respect. The interprofessional team at Fairview Lodge rely on several 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. 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 guidelines
- 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 team also work together with the other three Region of Durham Long-Term Care Homes, and together with the divisional office develops 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. The home then develops actions specific to the home to address the areas of the strategic 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

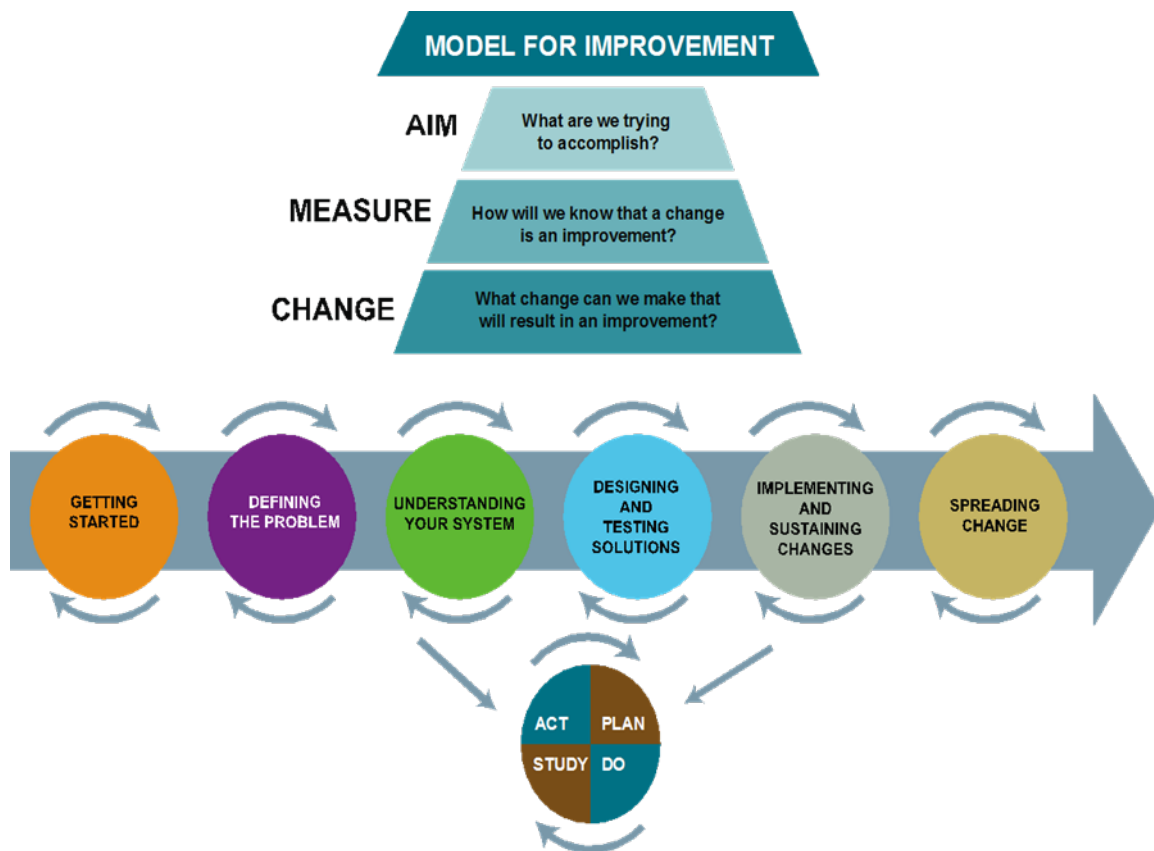
A key component to quality improvement work is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals have been established, key performance measures are monitored to ensure the outcomes of the initiatives are trending in the 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

2022 Fairview Lodge Successes

The following are the success from Fairview Lodge for 2022.

- Resident Satisfaction increased from 86% to 87% in 2022
- Family Satisfaction was 89%
- 4 full time registered staff clinical leads were hired (Medication Management RN, Falls and Restraints RPN, Skin and Wound RPN, Pain and Palliative RPN)
- Medication Safety Self Assessment score increased from 84% - 90%
- FVL is one of 10 provincial Institute of Safe Medication Practices (ISMP) champion homes
- Medication management clinical lead conducted the presentations to ISMP office hour, ISMP provincial webinar and OLTC on “The journey from Ebox to Automatic Dispensing carts (ADC) and Key Learnings.
- Champion Home Rapid Fire Presentation, November 03, 2022- Fairview Lodge Journey from EBox to ADC and Pearls of Knowledge to Trailblazer Homes
- % of resident falls remained under the provincial average
- There aren't any residents with physical restraints in the home
- Staff trained in Gentle Persuasive Approach (GPA)
- Project to introduce more scratch cooking in the home exceeded goal – 48% of menu now features homemade/scratch cooking which is an increase of 23% from last year
- Implemented new technology in 2022 – Medication Automated Dispensing Cabinet, Point of Care documentation for PSW, Meal Metrics – menu planning software
- Resident Satisfaction higher than divisional average in areas of Recreation and social activities.

2023 Quality Improvement Initiatives

Each year as per of 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 many other QI projects. The details of the QIP and additional quality initiatives for 2023/24 are listed below.

1) Increase in residents' rating of overall quality of care and services at Fairview Lodge.

Action Items:

- continuing to review the admission process to ensure that the resident and families have a positive experience with the goal of ensuring that all new admissions/Substitute decision makers speak with an admission team member within the first week of admission

- Reconnecting with residents and families during the admission 6-week care conference by having each new admission will have a 6-week care conference where all applicable departmental managers/ designates attend to improve communication.

2) Decrease the number of residents prescribed an antipsychotic medication without diagnosis of psychosis

Action Items:

- Review of residents on antipsychotic using the Antipsychotic Medication Review in PCC. This is done by the Nurse Practitioner and Medication Management Clinical Lead in collaboration with the physicians.
- Capturing active hallucination/delusion during observation period.

3) Decrease the number of residents with a stage 2-4 pressure injury

Action Items:

- The Skin and Wound lead will create and provide education for staging and treatment options for wounds with the goal of having all nurses trained by the end of 2023.
- The Skin and Wound lead will create and deliver education for PSW on how to identify and relieve pressure with the goal of having all the PSW trained by the end of 2023.
- Skin and Wound Clinical lead will track and recommend appropriate interventions for residents with the goal that all residents who have pressure injuries will have appropriate interventions documented.

4) Decrease the percentage of residents who have worsening pain

Action Items:

- Initiating monthly audits of PRN pain medication received by each resident. Resulting in:
- Any resident more than 10 PRN pain medications will receive a Comprehensive Pain Assessment, and an assessment of their medications by RNEC or Physician and have their current Pain Management interventions reviewed by the interdisciplinary team with the goal that all residents on 10 or more PRN medications will receive a comprehensive pain assessment by Dec 2023.

Additional Quality Improvement Initiatives

In addition, after evaluating all program areas and setting actions for the operational plan, Fairview Lodge has identified the following improvement activities.

- Reduction of harmful falls

- Environmental upgrades to make resident home areas. Decorative coverings on doors and creation of spas in tub rooms.
- Review all forms of communication
- Implementation of the Integrated Medication Management system (IMM) in the home with 100% of registered staff trained on IMM.
- Purchase an OBIE in the home to focus on resident interactions and quality of life.
- Train all Food Service and PSW to use Meal Suites
- Reduce avoidable ED transfers