



# HILLSDALE ESTATES

## Continuous Quality Improvement Report

Date: June 1, 2023

### **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 "To provide a community that embraces excellence in person-centered care" and strives to continuously improve the delivery of care and services for the residents while managing 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 Hillsdale Estates 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 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 MLTC
- Municipal Benchmarking Network Canada (MBNC)

The Hillsdale Estates 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. 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 home level actions which address areas in the divisional 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**

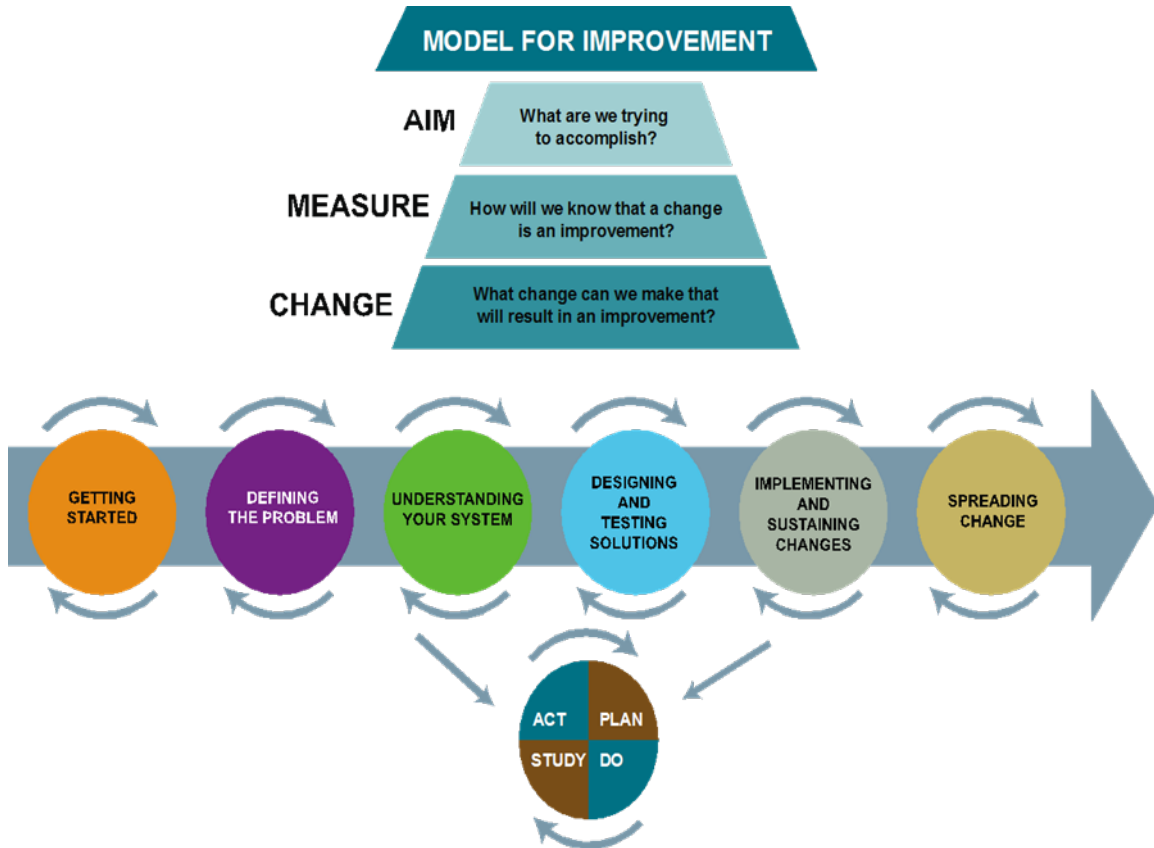
A key component to quality improvement work is the setting of clear goals; goals that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals are established, key performance measures are monitored to ensure the outcomes of the initiatives are trending in the positive direction. 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 (PDSA) 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 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
- Use of clinical leads/champions to communicate directly with peers

## **2022 Hillsdale Estates Successes**

- Medication Safety Self Assessment Score of 82%
- The introduction of more scratch cooking in the home exceeded goal –80%of menu now features homemade/scratch cooking which is an increase of 22% from last year
- Implemented new technology in 2022 -Point of Care documentation for PSWs, Meal Metrics and menu planning software introduced.
- 4 full time registered staff clinical leads were hired (Medication Management RN, Falls and Restraints RPN, Skin and Wound RPN, Pain and Palliative RPN)
- Under provincial average in restraint use (2.4%)
- Gentle Persuasive coaches
- Introduction of new housekeeping carts
- New approach to care conferences
- Effective pandemic and IPAC management
- Implemented Palliative and End-of-Life Program

## **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.

## **2023/2024 Hillsdale Estates QIP submission**

- 1) **Improve the residents' rating of the overall care and services they experience at Hillsdale Estates by 4% from 76% to 80%.** This will be achieved by focusing on three areas determined to be key drivers of resident overall satisfaction.
  - Provide enhanced education to PSW on providing appropriate care with the clinical leads conducting audits on personal care with the goal of having trained 100% of the PSW staff.
  - Behavioural Supports will provide GPA training to a mix of PSW and interdisciplinary staff with the goal of training 24 staff in 2023.
  - Recreation will provide training to the interprofessional team on how to use sensory based programming with the goal of having at least 5 sensory based programs conducted by interdisciplinary staff other than Recreation.

2) **Review and reduce the % of residents without a diagnosis of psychosis who were given antipsychotic medication from 40% to 30%.** This will be achieved by:

- Review medication reconciliation against record of length of time on medication with the goal of 100% of residents on antipsychotic meds to have a clinical indication.
- Use Point Click Care Insights module to identify residents who trigger the Antipsychotic Use quality indicator and conduct an antipsychotic medication review for prescriptions on a quarterly basis. The goal is to ensure that 100% of the residents who are on antipsychotics will have a medication review completed quarterly.

3) **Reduce % of residents who have fallen by 5% from 23% to 18% by March 2024.**

This will be achieved by:

- Falls Clinical lead will educate/remind PSW/Registered staff about conducting post fall huddles and conduct weekly audits to check if post fall huddles are being completed with the goal of 100% of falls incidents having documented post fall huddles by March 2024
- Develop an online module for intentional rounding and educated direct care staff with the goal of having 100% direct care staff complete education on Intentional Rounding by March 2024.

4) **Reduce the % of residents who have developed a worsened stage 2-4 pressure ulcer from 3.80% to 2.4% to meet the provincial average.** This will be achieved by:

- Skin and Wound Clinical lead to deliver education on proper staging and treatment options for identified pressure injuries with the goal of 100% of PSW/Registered staff receiving education by December 2023.
- Skin and Wound Clinical lead to develop education regarding early identification and pressure injury education with the goal of education 100% of PSW by December 2023.
- Skin and Wound Clinical lead will recommend appropriate interventions for residents with pressure injuries with the goal of 100% of residents with pressure injuries will have interventions documented.

### **Additional Quality Improvement Initiatives**

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

- Additional 72 staff will be trained on Gentle Persuasive techniques
- Assess how to increase the care accountability for the PSW role by trialling PSW attendance to care conferences on identified home areas

- Improve care and shared knowledge amongst the team by RN's organizing care huddles 3 weeks post admission to prepare for the 6-week care conference
- Implementation of an Automated Dispensing machine (ADM))
- Implement Computerized Physician Order Entry by Dec 2023
- Review business office processes and practices.
- Explore opportunities to enhance technology – purchase OBIE and ZOOM for virtual programming options for residents.
- Implementation of Meal Suites software
- Offering Diversity, Equity and Inclusion opportunities for staff
- Look at staff recognition opportunities
- Increase volunteer and coop student recruitment.