



LAKEVIEW MANOR

Continuous Quality Improvement Report

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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” 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 Lakeview Manor 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 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 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 Lakeview Manor home leadership teams 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. 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.

Lakeview Manor 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

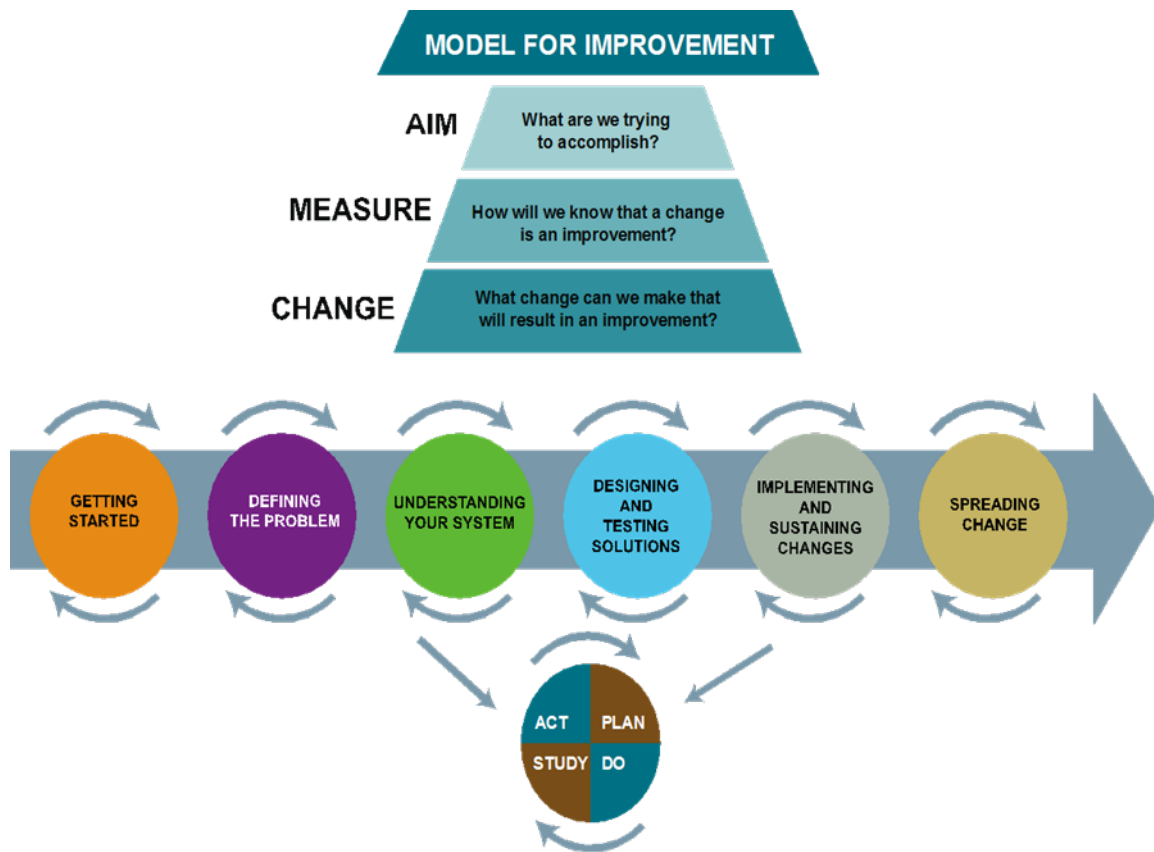
A key component to quality improvement work is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals are established, key performance measures are monitored to ensure the outcomes of the initiatives are trending in the positive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

The following are the successes from Lakeview Manor for 2022

- Resident satisfaction increased 3% from 78% in 2021 to 81% in 2022

- Family satisfaction rate for 2022 was 93%
- Revamp of the homes pain program which resulted data is showing the percentage of residents who have pain is 0.6% which is below the provincial average of 4.69
- There are no residents with restraint
- The % of residents who are on antipsychotics without a diagnosis of psychosis dropped from 7.5% to 4.5% and is well below the provincial average of 21%.
- Medication Safety Self Assessment score improved 3% to 79%
- 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.
- Purchased and utilized OBIE, an Interactive Gaming Console that detects the most subtle hand or body movement to revolutionize the world of therapeutic play.
- Implemented new technology in 2022 - Medication Automated Dispensing cabinets (ADC), Point of Care documentation for PSWs, Meal Metrics – menu planning software introduced.
- Staff members now trained as Gentle Persuasive Coaches (GPA) coaches

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 Lakeview Manor QIP Submission

1. Improve the residents' rating of the overall care and services they experience at Lakeview Manor by 2% from 80 to 82%. This will be achieved by focusing on two areas determined to be key drivers of resident overall satisfaction.

- Increasing the number of evening and weekend programs offered to residents.
- Review of Recreation staff schedules and job routines
- Seek feedback from Residents' Council regarding programming

2. Reduce the % of residents with worsening pressure ulcers by 1% from 3% to 2% to align with the provincial average. This will be achieved by:

- Recruiting and training and Clinical Lead RPN for the Skin and Wound program
- Ensuring the skin and wound protocol is used on any resident with a pressure injury with the goal of training all registered staff on the skin and wound protocol.

3. Reduce the number of harmful falls. This will be accomplished by:

- Weekly interdisciplinary meetings to review assessments and trending for falls
- Recruiting and training a Clinical Lead RPN for falls prevention program.
- Quarterly nursing leadership meetings to review trending and discuss environmental and other possible contributing factors
- Train all nursing staff on 4P's/Intentional rounding with the goal of having all nursing staff trained by October 1, 2023.
- Increase staff awareness of falls prevention techniques providing information/posters.

Additional Quality Improvement Initiatives

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

- Look at opportunities to partner with the community to improve resident transportation to recreational and medical appointments.
- Organize a meet and greet event for new residents and families.
- Look at opportunities to improve communication in the home.
- Train 40 staff members in Gentle Persuasive Approach.
- Reduce the % of residents with worsened mood from symptoms of depression
- Formalize a student preceptorship program and train all preceptors
- Introduction of new incontinence products
- Implement document manager in PCC
- Upgrade our medication administration software to allow for full integration with pharmacy
- Implement computerized physician order entry.
- Introduce meal ordering via computer tablet