



FAIRVIEW LODGE

Continuous Quality Improvement Report

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Designated Leads

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Fairview Lodge is an accredited Long-Term Care home that provides care and services for 198 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. Fairview Lodge 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 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, 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 satisfaction survey, the home reviews various other sources to determine opportunities. Some of 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 MLTC.
- Municipal Benchmarking Network Canada (MBNC)
- New best practices identified in the industry.

The Fairview Lodge 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 determines 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.

Fairview Lodge 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 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

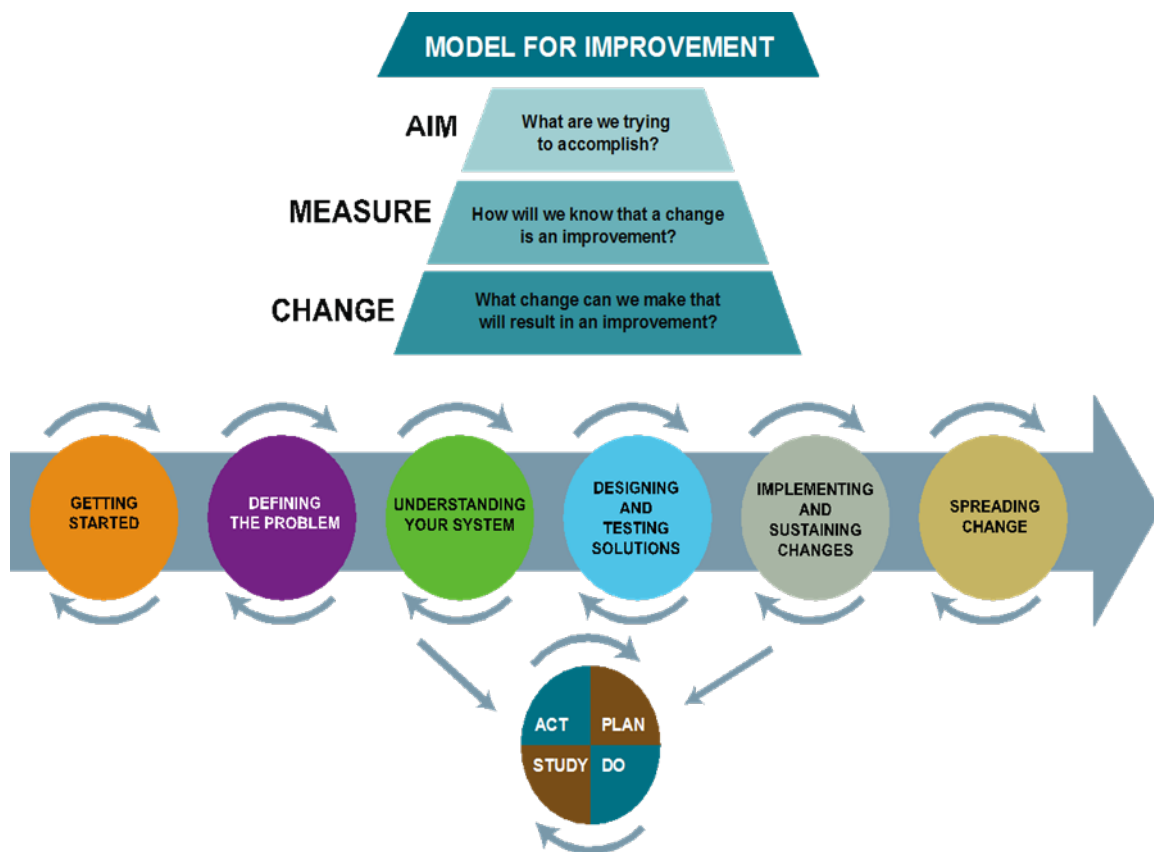
A key component to quality improvement is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals are established, key performance measures are developed and monitored to ensure the outcomes of the initiatives are trending in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

2023 Fairview Lodge Successes

The following are the success from Fairview Lodge for 2023.

- Resident Satisfaction increased from 86.7% to 87.0% in 2023.
- Family Satisfaction was 88% in 2023.
- The Home welcomed 67 new resident admissions in 2023.
- Home has 51 active registered volunteers who dedicated 3472 hours of volunteer service in 2023.
- Hosted 42 clinical student placements.
- Received Accreditation with Commendation through Accreditation Canada.
- Medication Safety Self Assessment score for 2023 was 88%
- Implemented and educated staff on 3 new protocols – Pressure Injury treatment guidelines, Skin Tear treatment guidelines and a new Bowel protocol.
- Home saw improvements in the following clinical areas:
 - 17.2% improvement in reducing the percentage of residents with a worsened stage 2-4 pressure ulcer
 - There are no residents who have daily physical restraints
 - 23.6% improvement in increasing the percentage of residents with improved bowel continence
- Implemented Integrated Medication Management in the electronic health record to improve efficiency with medication ordering.
- Implemented the electronic Three-Month Medication Review (TMR), which saves time and provides live, up-to-date, and relevant information.
- Hired 3 RPN and 6 PSW Float positions to meet the 4 hours of care requirement, support the emotional based model of care and support other quality improvement initiatives.
- Implemented MealSuite Touch Instant Ordering in all home areas.
- Launched Activity Pro Gold for design and printing of all recreation calendars.
- Spiritual Programs increased and more resident facilitated programs were implemented.
- New technology was launched on BSU – Budii, interactive murals and door wraps were installed on BSU.

- Increased communication through holding bi-monthly general staff meetings for departmental updates.
- Introduced new incontinence products.
- Was a pilot home for the Province's Resident Death Notice.
- Worxhub work order to completion time decreased 1-2 days.

2024 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 2024/25 are listed below.

1. Improve the residents' rating of overall satisfaction at Fairview Lodge. This will be achieved by:

- Fairview Lodge will be creating a working group to develop strategies for improving internal processes and will be implementing a process to improve laundry services that will reduce the number of lost laundry items.
- Fairview Lodge will be educating all staff on "Dignity in the Details" to improve caring staff within the home. This education focuses on promoting residents' rights and preventing resident abuse at a detailed level.
- The Recreation department will be exploring ways to improve residents' social life at Fairview Lodge through expanding opportunities for meaningful activities and social connections in consultation with Residents' and Family councils. This includes opportunities for residents and their families to engage in group activities and programs on weekends.

2. Reduce the percentage of residents experiencing harmful falls. This will be achieved by:

- The Falls clinical lead will complete a monthly analysis that will be reviewed by the interdisciplinary team and review the Fracture Risk Scale (FRS) at the Resident Review Committee to identify residents at risk of injury due to falls. Through review and discussion, suitable preventative measures will be implemented.

- The Falls clinical lead and interdisciplinary team members will provide education to staff on fall prevention and interventions as well as post-fall huddle documentation.

3. Reduce the percentage of residents experiencing worsened stage 2-4 pressure ulcers. This will be achieved by:

- The Skin and Wound clinical lead will develop education on pressure injuries, appropriate wound product choice and application using the Seymour wound care model. The education will then be presented to registered staff along with 10 educational in-services with vendors regarding wound specific products.
- The Skin and Wound clinical lead will develop educational materials on pressure injury prevention, early identification and interventions and will be providing PSW staff with this education and training.
- The Skin and Wound clinical lead will complete monthly audits on all residents with pressure injuries to track and recommend appropriate resident-specific interventions and treatment plans.

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.

- Implementation of Secured Conversations and Practitioner Engagement modules in PCC.
- Standardizing the Medication Room.
- Enhance interdisciplinary communication via the 24-Hour Resident Report Sheet.
- Participate in the UTI antimicrobial stewardship project.
- Implementation of an auditing software tool to monitor performance.
- Re-launch surplus food donations to those in need within the community.
- Planning and will be facilitating education sessions on hydration and safe feeding.
- Re-launch “Did you know” resources to enhance communication with residents, families, and staff on the variety of food that is always available as menu options.