



## **HILLSDALE ESTATES**

### **Continuous Quality Improvement Report**

**Date: June 1, 2025**

#### **Designated Leads**

Jean San Luis (Manager of Nursing Practice) and Alicia Sluggett (Manager of Recreation and Therapy)

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 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 (CQI) 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 Hillsdale Estates rely on resources to identify trends/patterns, learn from incidents, improve processes and systems, implement controls, and develop prevention strategies.

#### **Priority Areas for 2025**

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 2025/2026 are listed below.

#### **1. Enhance Palliative Care Program**

- Hillsdale Estates is part of the CLRI Palliative Care Collaborative in 2025 – online courses on palliative approaches to care
- Create a process in which change of status care conferences are held early for residents who have a change of status and are approaching end of life.
- Create Palliative Care Champions in the home

**2. Increase satisfaction with food and meal services. This will be achieved by:**

- Continuation of Food Advisory Group to develop ala cart menu
- Launch of “More Choices Program” which involves:
  - Training on new module of MealSuite software
  - New Processes in the kitchen
  - Purchase of new equipment to support the initiative

**3. Reduce the number of internally acquired 2-4 pressure injuries. This will be achieved by:**

- The Skin and Wound clinical lead will obtain SWAN certification in 2025
- Early identification of stage 1 pressure injuries
- Prevention of pressure injury with focus on proper use of ROHO cushions and footrests
- Focus on difference between Moisture Associated Skin Damage (MASD) and Pressure Injuries

**4. Action items from the Resident and Family Satisfaction Survey**

- Design an education session for families on palliative care
- Increase meaningful activities
- Implement more choices program in food services
- Implement shift to shift report and communication updates in PCC to improve communication amongst all shifts regarding resident care

**Additional Quality Improvement Initiatives**

In addition, to the above quality improvement initiatives in the QIP, Hillsdale Estates is also working on these additional initiatives in 2025.

- Implementation of the new LTCF Inter Rai Assessment
- Food Service
  - Flexible breakfast window: As per usual, warm breakfast options are available from 8 am to 8:45 am. Starting January 2025, continental breakfast has been offered from 8 am until 9 am and during AM nourishment time. This additional option allows breakfast options for residents who choose to stay in bed later in the morning.
  - Better access to food by implementing resident pantries and refrigerators in all dining rooms: The home received funding to create pantries and buy refrigerators for every home area dining room. They would store basic snacks and beverages made available to residents 24 hours a day.
- Environmental Services
  - Development of greenspace for residents to allow more outdoor visiting and leisure space: Various options for sitting space for Hillsdale community members

to use. Moreover, plans to add planters on one of the outdoor pads to be used as gardening area for residents.

- Tub room renovations: A total of six (6) home areas will have newly renovated tub rooms equipped with brand new tubs and shower stalls.
- Recreation Services
  - Memory Care home area refresh to improve programming and Resident engagement by updating the home area's esthetic (furniture, paint, and engaging murals, etc.).

### **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/family satisfaction survey, the home reviews various other sources to determine opportunities. 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 the Ministry of Long-term care (MLTC)
- Municipal Benchmarking Network Canada (MBNC)
- New best practices identified in the industry.

The Hillsdale Estates home leadership team also works together with the other three Region of Durham Long-Term Care Homes, and the divisional office to develop a divisional strategic plan. The plan determines the strategic direction for the division over the next few years and 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 a home level action plan which supports the divisional strategic plan. The home has an 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. The homes IQRS (Interprofessional Quality and Resident Safety Committee) along with the home leadership team not only sets the direction of the quality improvement work but also monitors data to determine if the home is seeing results to their quality improvement work.

Communicating our progress and outcomes on these initiatives is an important step. We communicate to our residents, family members and staff using a variety of communication strategies. These include, but are not limited to:

- Presentations at staff meetings, townhalls, Residents' Council, Family Council, Divisional Advisory Council
- 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
- Huddles at shift change
- Use of clinical leads/champions to communicate directly with peers.

### **Resident Satisfaction Results**

Resident satisfaction surveys were conducted on September 23<sup>rd</sup>, September 24<sup>th</sup> and September 27<sup>th</sup> 2024, at Hillsdale Estates. In total 94 residents completed the annual survey. The overall satisfaction by residents was 84.5%. This was an increase from 79.1% the year prior. The main areas of satisfaction were Respect, Privacy and Safety and Security, and the opportunities for improvement were Staff and Resident Bonding and Activities. With these results, an action plan was developed and both were communicated to Residents Council on

January 28, 2025; Family Council on January 11, 2025; and staff on January 13, 2025. These initiatives are included in the annual operational plan.

### **Quality Improvement Work in 2024**

#### **Resident Satisfaction**

The home's 2024-25 performance was 84.50%, which is an improvement from previous year's (79.10%) and identified target (83%). Various initiatives were in place which included:

- Roll-out of Dignity in Details (DiD) training for direct care staff (March-April 2024): The workshop focused on worth and dignity of people in general, of those who live in long-term care (LTC), and people who work in LTC. It highlighted the vulnerabilities that residents of LTC encounter on an ongoing basis and how staff can appreciate and engage with residents in a dignified manner.
- Introduction of Food Advisory Group (June 2024): This initiative stemmed from 2023-24 Resident Satisfaction Survey result, aiming to better engage with residents and families. The group is comprised of residents, family members, and food service team members collaborating to develop implementation plan that reflects various perspectives from group members. This initiative is well-received and will continue onwards.
- Boosting of dining audits, followed by corrective actions which started in 2024.

#### **Reduction of falls**

The home surpassed the target (16.50%) and performed at 15.63% by the end of the 2024-25 QIP year. Interdisciplinary huddles for residents who had multiple falls; review of intentional rounding with direct care staff (September 2024); and timely review, analyses, auditing, and implementation of corrective actions (ongoing) were instrumental in achieving the target goal.

#### **Reduction of antipsychotic use for resident without psychosis**

The home met the target (32%) with performance of 30.90% by the end of the 2024-25 QIP year. Behaviour Support Team, including the Nurse Practitioner (NP), reviewed and evaluated efficacy of antipsychotic use of residents under their case load (ongoing). In addition, Antipsychotic Medication Review (AMD) during quarterly medication review was developed for physicians (ongoing since April 2024). This initiative aims to review antipsychotic use, leading to adjustments of dosage/discontinuation of medication/addition of appropriate diagnoses.

#### **Additional Quality Improvement Initiatives in 2024**

- Quarterly Celebration of Life events commemorating residents who passed away.
- Implementation of PCC modules: Secure Conversations and Three-Month Review

- Reduction of missing personal belongings through a focus group comprised of representation from residents, families, nursing and environmental services teams.
- Urinary Tract Infection (UTI) reduction program: Education provided to nurses by IPAC Leads about recognizing and treating actual UTIs.
- Standardizing clean utility rooms to promote better access to PPEs
- Hand Hygiene campaign during mealtimes and nourishments

### **IQRS Committee**

The IQRS committee of the home has at least a representative from all departments, along with a physician, resident(s), and family member(s). There are several committee meetings all throughout the year, and for every meeting the representatives present quality improvement initiatives or provide update on them. This venue is also used to seek feedback from members.

### **Communication of QI Plans to Resident Council, Family Council, and Staff**

The administrator attended Resident Council (January 28, 2025) and Family Council meetings (January 11, 2025, informing council members about Satisfaction Survey results. Those meetings also aimed to seek recommendations, which are considered for Business Plan development. When the Business Plan was finalized, the administrator attended another Resident Council and Family Council meetings to provide an update. Department heads received copies of Business Plan, which they communicate to their staff through departmental meetings.