



## Continuous Quality Improvement (CQI) Annual Report

Period: April 1, 2022-March 31, 2023

As required by the Fixing Long-Term Care Act, 2021

### Designated Lead for the CQI initiative:

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### Priority areas for quality improvement (QI) for the upcoming year:

Through the COVID pandemic, long-term care homes were not required to create a Quality Improvement Plan (QIP), in order that efforts could be put towards the important work being done to maintain safe environments. As such, the Quality Improvement Plan below is the first one the Home has created since 2019/20.

This QIP was created using an interdisciplinary approach, and has been submitted to Health Quality Ontario. The following priority areas are those that are identified in our QIP. The entire workplan (QIP), narrative report and quarterly progress on the indicators is posted in the Home's front foyer.

| Priority Area       | Indicator  | Proposed 2023/24 Target |
|---------------------|--|-------------------------|
| Quality of Care     | Number of avoidable resident transfers to the emergency department (hospital)                    | 10%                     |
| Quality of Care     | % of residents given antipsychotic medication without psychosis                                  | 21.5%                   |
| Resident Experience | % of residents responding positively to: "I can express my opinion without fear of consequences" | 100%                    |
| Family Experience   | % of families responding positively to: "I found admission day to be a positive experience"      | Collecting Data         |

## Process we take to choose our priority areas for QI:

We utilize a number of resources to help us identify where gaps or improvement can be made with respect to the care and services that are provided to residents. Examples of documents/ resources we use to identify priority areas include:

- Results of the Resident / Family Experience Surveys
  - o Family Experience Survey conducted in October 2022
  - o Resident Experience Survey conducted in December 2022
- Residents' Council and Family Council minutes and feedback forms
  - o Residents' Council meetings occur the 1<sup>st</sup> Tuesday of every month\*
  - o Family Council meetings occur the 3<sup>rd</sup> Wednesday of every month\*

\*Meeting dates fluctuate due to Council request; the above dates are a guideline only
- Annual evaluations of major programs, as required by the Fixing Long-Term Care Act
  - o Abuse, Neglect & Retaliation – December 15, 2022
  - o Accommodation Services – December 30, 2022
  - o Continence Care & Bowel Management – September 15, 2022
  - o Dietary Services & Hydration – December 29, 2022
  - o Falls Prevention & Management – September 21, 2022
  - o Family Council – December 16, 2022
  - o Infection Prevention & Control – September 19, 2022
  - o Medical Services – September 12, 2022
  - o Medication Management – December 28, 2022
  - o Nursing & Personal Support Services – September 13, 2022
  - o Pain Management – December 28, 2022
  - o Palliative Care – August 23, 2022
  - o Quality Improvement – December 16, 2022
  - o Recreation & Social Activities – December 5, 2022
  - o Religious & Spiritual Practices – December 28, 2022
  - o Reporting & Complaints – December 16, 2022
  - o Residents' Council – December 27, 2022
  - o Responsive Behaviours – December 28, 2022
  - o Restorative Care – August 23, 2022
  - o Restraints & PASDs – September 8, 2022
  - o Training & Orientation – December 15, 2022
  - o Volunteer Program – December 27, 2022
- Review of any inspections or critical incident reporting completed in the year
  - o Complaints inspection with Ministry of Long-Term Care – December 2022
- Identified areas/suggestions made during quarterly CQI meetings
  - o CQI Committee was newly formed in August 2022
  - o Quarterly meetings: April, July, October & January
- Concern/complaint records
- Required program meeting statistics (ie. Falls Prevention & Management)



## **Process we take to monitor and measure progress, and identify and make adjustments to our QI initiatives:**

When setting our goals for the year, we identify measurable outcomes for each goal so that we know how close we are to reaching our goal on that particular measure. At our quarterly CQI meetings, we review each of the initiatives and determine our progress to date.

- When we are on target, we explain results of audits and/or any follow-up required to maintain at the current level.
- When we are not meeting the target, we discuss the reasons for this and develop an action plan to further progress on this. Action plan examples include increased audits, education and communication.
- If we have again not met the target after the action plan has been implemented for three months, discussion will be had about the need to adjust the target so that improvement can still be made, albeit not to the extent originally planned.

## **Process to communicate outcomes on our QI initiatives:**

Communication about our quality improvement initiatives occurs in the following ways:

- The planned initiatives for the year are reviewed by our Management Committee (reporting to a Board of Directors) for final approval. Due to a delay in meetings, this was completed on May 11, 2023.
- The approved quality improvement plan was posted in the Home on April 3, 2023.
- On a quarterly basis, the CQI committee reviews progress on the initiatives, which includes work completed to date and the applicable benefits, as well as roadblocks. This progress report is then provided to both the Residents' and Family Councils.
- Additionally, when something that affects all residents/family and/or staff, it is shared in the applicable newsletter. Both "Home Happenings", our resident/family newsletter, and "Home Matters", our team member newsletter, are published once a month,

## **Resident & Family Experience Surveys:**

Recognizing the value of the resident and family voice, we conduct a survey each year, where we seek the feedback of residents and families of their experience living at and visiting Mount Nemo. On September 6, 2022 the Residents' Council was asked for their input on the survey process. The Council requested that a separate survey be conducted for residents and families, to ensure the resident voice could be heard. On September 21, 2022, the Family Council issued their requests for the Family Experience Survey; all changes were implemented.

- The Family Experience Survey was completed through the month of October 2022, with a response rate of 31%.
- The Resident Experience Survey was completed through the month of December 2022, with a response rate of 93% (of the representative sampling of residents).



## Results of our Experience Surveys:

Overall, the response to both surveys was largely positive. Respondents generally feel staff are friendly and take the time to get to know the residents. However, main areas for improvement from the Experience Surveys included:

- 1) Home-like feeling – residents do not feel that Mount Nemo feels like home.
- 2) Lack of visiting spaces – residents and families both expressed that there is a lack of available space in which to visit.
- 3) Resident bedtime – residents expressed they feel staff sometimes put them to bed earlier than they would choose for themselves.
- 4) Physiotherapy time – residents expressed they wish they could have more access to physiotherapy services.

The results of the survey were shared, as follows:

- January 2023 – “Home Matters” ~ Team Member Newsletter
- January 3<sup>rd</sup> – at the Residents’ Council meeting
- January 18<sup>th</sup> – at the Family Council meeting
- January 26<sup>th</sup> – at the Management Committee meeting (reporting to the Board of Directors)
- March 2023 – “Home Happenings” ~ Resident/Family Newsletter

The full write-up of both surveys are available in the binders beside the “All About Us” bulletin board in the front lobby.

Ongoing, we provide our Residents’ Council, Family Council and Continuous Quality Improvement Committee with the additional quality improvement initiatives we’ve undertaken, and seek their input on how things are going or if they have any questions. Questions/comments are reflected in the respective minutes of each meeting, and is documented below.

## Actions taken to improve the experience of residents and families:

- 1) Home-like feeling – at the Residents’ Council meeting on January 3<sup>rd</sup>, the Council was asked for their suggestions about this concern. The Council requested access to snacks outside of established meal and snack times. At the meeting, the Council was reminded that food is always available in each home area fridge, as well as the coffee bar that was implemented the previous year.

We also provided reminders to our team members about the ways staff can help or hinder residents to feel “at home”. Suggestions were included in an article in our January 2023 newsletter, such as using more respectful volumes when communicating with coworkers.

- 2) Lack of visiting spaces – at the Family Council meeting on January 18<sup>th</sup>, the Council asked that the leadership team consider how more visiting spaces could be added to the Home. On February 15<sup>th</sup>, the plan was communicated to the Family Council to add two new visiting spaces into the Home – one in the North Wing and one in the basement. This was reported to our Residents’ Council on March 7<sup>th</sup>, and was included in our March newsletter to residents and families. The East Lounge was also updated by a family member, to include more decorative and home-like items. To date, the Family Visiting Lounge in the basement is rarely used, however, the North Wing lounge and East lounge are often occupied.
- 3) Resident bedtime – we provided education to our team members at weekly communication rounds about ways to promote resident’s right to choose. Using the bedtime concern as an example, we educated our staff that they may assist a resident with getting into their pajama’s, but then still provide the opportunity to stay up to watch a show. Further education was provided about how staff word a question can be leading, and to encourage more choice-based phrasing, such as, “would you prefer to go to bed or stay up and watch TV” vs “It’s time for bed. Are you ready?”. This was communicated at the Residents’ Council meeting on February 7, 2023 and the Council expressed thankfulness for the education provided to staff.
- 4) Physiotherapy time – we are working with our physiotherapy provider to assess all residents who are currently receiving physio services to determine their continued appropriateness for the program. Those residents who do not benefit from the program are discharged from the program in order that increased services can be provided to those with continued ability to maintain or improve current functioning. As residents are discharged from the program, the POA for care is notified. As this work is ongoing, it has not been communicated to our residents. Once all assessments have been done, we plan to present a report to Residents’ Council outlining how the change has impacted the number of treatments residents on the PT program are receiving, and will seek the feedback from the Council about if the impact has been noticed.



Additional actions taken through the year include:

Q1: April-June 2022

- Work completed in relation to Fixing Long-Term Care Act legislation (phase 1):
  - o Updated the resident menu rotation, resulting in more choice and liberalized diets.
  - o Implemented annual offence declarations to be completed by staff, volunteers and Board Members/Management Committee members, in an effort to enhance safety for residents. All declarations were completed by May 11, 2022, as required.
  - o Including the Essential Caregiver program as part of our permanent policy. The full policy was reviewed with the Residents' Council at the June 7<sup>th</sup> meeting, an overview was included in our June 2022 resident/family newsletter, and was posted on our website on April 10, 2022.

The above changes were communicated to the Residents' Council at the May 3, 2022 meeting. The Council was pleased to hear these changes and applauded the Ministry, especially for recognizing the importance of the Essential Caregiver program.

- April 2022 – Resident/Family Handbook was re-written and redistributed via email and regular mail to families. A note was placed in the Resident/Family newsletter, indicating that additional copies were available for pick-up, and it was discussed at Residents' Council on April 5. Families were thankful for this update, especially with the addition of the “quick reference sheet” for key contacts at the Home.
- April 2022 – Resumed community outings and external entertainment post-COVID restrictions. All events are published on our monthly calendars which are posted in the Home and on our website, are included in our monthly newsletter, and are communicated at monthly Residents' Council meetings. Special events are always very well-attended, by residents and families.
- May 2022 – new IPAC Lead began, with a renewed focus on completing audits and providing in-the-month education. Audits identified that resident hand hygiene wasn't consistently being completed before meals. Following brainstorming sessions with front-line staff, a new protocol involving hand wipes was implemented. Our Residents' Council was asked for their input about the new protocol on April 5<sup>th</sup>, and reported staff are using the hand washing wipes regularly and they feel their hands are cleaner.
- June 4, 2022 – Hosted a “Spring Spruce Up Day” to improve the external grounds.
- June 23, 2022 – hosted an Elvis (impersonator) show in our parking lot. This was the first time all our residents were able to gather together for a program together since early 2022, as we were able to continue to cohort residents by their home area. All reviews were very positive from residents, families and staff.



## Q2: July-September 2022

- July 2022 – pandemic plan was re-written, in line with the requirements of the Fixing Long-Term Care Act. Our pandemic plan was posted on our website on July 11, 2022, and a copy was shared with the chairperson of both our Residents' and Family Councils.
- July 2022 – transitioned from a palliative care approach to a comfort care philosophy, through the re-writing of our interdisciplinary policy and providing education to staff in September 2022 through a mandatory in-service. A comfort care philosophy allows staff to provide supportive care from day one of admission, thereby enhancing the experience of residents who call Mount Nemo home.
- August 2022 – introduced a Social Service Worker position to provide service to residents. This position is largely focused on assisting residents with the transition to long-term care and adjusting to living in a communal setting. This position was introduced to residents at the September 6 Residents' Council meeting. The Council was pleased to hear of this position, and requested further information about how the SSW would work with the Social Worker who provides services through Behavioural Support Services.
- September 2022 – initiated the Emergency Shelter Agreement for Burlington with other local long-term care homes. This is part of our emergency plan and ensures that we have a plan to ensure resident care and services can continue to be provided in the rare occurrence when temporary relocation would be necessary.
- September 2022 – added hours to Life Enrichment department, specifically on weekends. This allows for more stimulation and support to be provided to residents. While this wasn't formally communicated, the increased programming on the recreational calendars was noticed, and appreciated.

## Q3: October-December 2022

- November 2022 – new flooring was installed throughout the common areas of the North and West Wings. Feedback was sought from the Residents' Council at the December 6 meeting and impacted residents reported they feel more pride in their home.
- November 2022 – following water pressure issues, a cistern was installed. The cistern allows for constant adequate water supply. Upon its completion, feedback was sought from the Residents' Council at the meeting on December 6. The Council reported they noticed a change in the water pressure, however, requested that the mess on the East patio (where the cistern was installed) be repaired. It was explained that this work would be completed in the Spring.
- December 2022 – successful Christmas Bazaar hosted by our Residents' Council, with the funds being used to support outings and entertainment. The Bazaar raised over \$2,200. The Council was congratulated for this successful event in the January 2023 newsletters.
- December 2022 – we adopted a pet rabbit named Floyd. Floyd was first introduced to residents at a Christmas program and provides weekly visits ongoing. A write-up about Floyd was also included in both the Resident/Family and Staff newsletters in January 2023.
- Ongoing – ongoing hiring in all departments to allow for maximal care and services to be provided, in line with provided Ministry funding.



#### Q4: January-March 2023

- March 1 – COVID-19 vaccine mandate was removed, resulting in enhanced eligibility for Essential Caregivers and volunteers. This was shared with the Residents’ Council at the March 3<sup>rd</sup> meeting. The Council appreciated that we must follow the guidance of the government and public health officials, but requested that no further changes be made at this time, such as continuing to require rapid testing.
- February 2023 – Whisper Audiology attended the Home to provide hearing service to residents; this is a new offering for staff (education-based) and residents (service-based). Before making arrangements, residents and families were asked for their interest in this service at the respective Council meetings on October 4/22 and September 21/22. As there was much interest, this was organized and communicated in the February newsletter.
- March 2023 – picture boards placed on all units, which are updated monthly with the resident highlights of the month. This is meant to act as an orientation for residents, and be a communication tool for families to understand more about life in the Home. Communication about the availability of the picture boards was made through the March resident/family newsletter.

#### **Distribution of this Report:**

- Posted on the Home’s website
- Copy provided to Residents’ Council Chairperson
- Copy provided to Family Council Chairperson –
- Copy provided to Management Committee (reporting to Board of Directors)
- Copy posted in the Home, with our Quality Improvement Plan