



Continuous Quality Improvement (CQI) Annual Report

Period: April 1, 2023-March 31, 2024

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:

All care occupancies are required to have a sprinkler system installed by January 1, 2025. Due to our rural location, our LTC Home is unable to meet this requirement due to water supply issues. We have therefore entered into a Closure Plan with the Ministry of Long-Term Care (MoLTC), and have agreed with the MoLTC that September 13, 2024 will be the Home's date of intended closure. Accordingly, the priority areas for our remaining operational months will be focused on ensuring a smooth transition for residents as they move to their new homes, and providing supports to our staff to allow them to find employment elsewhere.

Our Quality Improvement Plan (QIP) was developed 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 2024/25 Target
Access & Flow	# of avoidable resident transfers to the emergency department (hospital)	24%
Equity	% of leadership staff who have completed relevant equity, diversity, inclusion and anti-racism education	100%
Resident Experience	% of residents who moved to their new LTC Home with necessary supports in place	100%
Safety	% of residents who fell in the 30 days leading up to their assessment	10%
Safety	# of residents without psychosis who were given antipsychotic medications in the 7 days preceding their resident assessment	19.43%

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 2023
 - o Resident Experience Survey conducted in December 2023
- Residents' Council and Family Council minutes and feedback forms
 - o Residents' Council meetings occur the 1st Tuesday of every month*
 - o Family Council meetings occur the 3rd 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 29, 2023
 - o Accommodation Services – January 8, 2024
 - o Continence Care & Bowel Management – December 12, 2023
 - o Dietary Services & Hydration – November 28, 2023
 - o Falls Prevention & Management – November 23, 2023
 - o Family Council – December 13, 2023
 - o Infection Prevention & Control – December 19, 2023
 - o Medical Services – November 21, 2023
 - o Medication Management – September 12, 2023
 - o Nursing & Personal Support Services – December 6, 2023
 - o Pain Management – December 19, 2023
 - o Palliative Care – December 14, 2023
 - o Quality Improvement – December 29, 2023
 - o Recreation & Social Activities – December 31, 2023
 - o Religious & Spiritual Practices – December 31, 2023
 - o Reporting & Complaints – December 29, 2023
 - o Residents' Council – December 14, 2023
 - o Responsive Behaviours – December 28, 2023
 - o Restorative Care – December 20, 2023
 - o Restraints & PASDs – December 6, 2023
 - o Training & Orientation – January 7, 2024
 - o Volunteer Program – December 27, 2023
- Review of any inspections or critical incident reporting completed in the year
 - o Proactive Compliance Inspection with Ministry of Long-Term Care – July 2023
 - o Complaints inspection with Ministry of Long-Term Care – Sept/Oct 2023
 - o Critical incident inspection with Ministry of Long-Term Care – December 2023
 - o Complaints inspection with Ministry of Long-Term Care – February 2024
- Identified areas/suggestions made during quarterly CQI meetings
 - o Quarterly meetings: April, July, October & January
- Resident/Family concern/complaint records



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

When evaluating 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, or policy/intervention changes.
- 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). The plan was first approved by the Committee Chairperson March 20, 2023, and was approved by the Management Committee at the regularly scheduled meeting on April 24, 2024.
- The approved quality improvement plan was posted in the Home on April 1, 2024.
- 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 October 3, 2023 the Residents' Council was asked for their input on the survey process. The Council approved that residents receive a separate survey from families. On September 20, 2023, the Family Council approved the survey and distribution plan for the Family Experience Survey.

- The Family Experience Survey was completed through the month of October 2023, with a response rate of 29%.
- The Resident Experience Survey was completed through the month of December 2023, with a response rate of 100% (of the representative sampling of residents).



Results of our Experience Surveys:

Overall, the response to both surveys was largely positive. Respondents generally feel resident-staff interactions are friendly, dignified and helpful. However, main areas for improvement from the Experience Surveys included:

- 1) Residents are hesitant to raise a concern for fear of consequence.
- 2) The dining program requires improvement, particularly related to taste of food and noise level in dining room.
- 3) Recreational programs are not always things the residents would choose to do.

The results of the survey were shared, as follows:

- January 17th – at the quarterly CQI meeting
- February 6th – at the Residents’ Council meeting
- February 6th – at the Family Council meeting
- February 14th – at the Management Committee meeting (reporting to the Board of Directors)

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) Raising a Concern – at the Residents’ Council meeting on February 6th, the Council was asked for their suggestions about this concern. Some Council members stated they prefer to speak to their family member and have them advocate on their behalf. Another Council member indicated they are more comfortable speaking to certain staff, such as the Life Enrichment Coordinator, so ensure they voice their concerns to trusted individuals.

In February 2024, all staff completed an in-service which included information about the importance of providing person-centered care, and how adopting that approach helps to handle resident complaints and concerns.

Additional communication was completed through the April 2024 employee newsletter, in which the results of this survey questions were shared. Staff were reminded of our policy to see complaints as opportunities for improvement, and provided additional suggestions for how to listen to and acknowledge when someone is raising a concern.

- 2) Dining Program – each Residents’ Council meeting includes a Food Council portion, during which concerns with meals, snacks and the dining experience are discussed. There are both specific questions asked, as well as an opportunity for “open discussion”, during which residents are welcome to raise any concerns, to which the Home develops an action plan. As our Home will be closing later this year, the Residents’ Council was specifically asked about what they would like the spring/summer menu to include to allow for maximal enjoyment. Accordingly, the spring/summer menu (to be implemented in early-June) was designed largely by our residents, with necessary input and approval from our Registered Dietitian.

In the April 2024 employee newsletter, we also shared information with our team members about the feedback received through the surveys and Residents’ Council meetings about the noise level in the dining room. Additional reminders were provided about our Dining with Dignity policy which involves residents receiving a pleasurable dining experience.

- 3) Recreational Programs – at the February 6th Residents’ Council meeting, Council members were asked for their suggestions for recreational programs they would enjoy. The Council provided only one suggestion (a pottery class). The Family Council was also asked for their feedback at their meeting that also occurred on February 6th. The Family Council was surprised at this finding, indicating that there appears to be a large variety of offerings, but suggested that perhaps there are language barriers that prevent resident involvement or with determining a resident’s previous interests.

The Life Enrichment Department is now in the process of creating BSO’s “My Personhood Summary” for each resident, and is using family input where required. This resource will be provided to the resident’s new LTC home to enable a successful transition of that individual.



Additional actions taken through the year include:

Q1: April-June 2023

- Throughout quarter:
 - Increased the volunteer pool to provide more outdoor opportunities for residents.
 - New physiotherapist re-assessing residents on program, with a view to discharging residents who are no longer appropriate to enable more service to residents who will benefit from increased service.
- April 2023, with reduction in COVID-19 requirements, we shifted towards a more normalized community, including:
 - Decreased signage throughout the Home, to enable a more home-like environment;
 - Removed active screening of staff and visitors;
 - Removed rapid testing requirements for staff and visitors;
 - Removed requirement of daily temperature checks for residents.
- April 2023 – With Residents’ Council, confirmed a new process to honour the lives of residents who pass away, as follows:
 - An “in memory” placement is put at the resident’s spot in the dining room;
 - An announcement is made after the prayer by the Life Enrichment Staff;
 - A Loving Memories Circle is provided, an opportunity for residents and staff to gather together after a resident has passed away to share their memories and celebrate the life of the resident.
 - Our Comfort Care policy was updated in line with the above improvements.
- May 2023 – Implemented a resident art wall in the lobby of the Home.
- May 2023 – Leadership Team attended 2-day Dementiability training program.
- May 2023 – Celebrated World Hand Hygiene Day through providing education about hand hygiene and increasing hand hygiene audits.
- May 2023 – Transitioned care conferences back to in-person (previously held virtually due to COVID); and updated the invitation to care conferences to specifically request POAs to invite their loved one to the care conference (if applicable).
- May 2023 – New HVAC unit was installed in the West Wing.
- May 2023 – A “prayer partners” program was started, where different residents say the prayer on the PA system before a meal
- June 2023: Implemented a “mask friendly” policy. This policy means that while masks are no longer required to be worn at all times, people are welcome to wear one and we continue to make masks available.
- June 2023: Family members were again able to assist their loved one in the dining room with their meal. At the same time, we also re-introduced family meal tickets so that residents and families could enjoy a meal together. These were both temporarily ended due to COVID.
- June 2023: the Home and Family Council co-hosted a Spring Spruce Up Day to beautify the outdoor areas of the Home.
- June 2023: Installed a new stainless-steel countertop and metal mesh utensil drawer for easier cleaning in the kitchen.



Q2: July-September 2023

- Through quarter:
 - New medication pouches were implemented in the quarter to more clearly indicate high-risk medications.
 - Increased focus on having end-of-life discussions earlier in the resident's journey, including providing families with a Comfort Care brochure and asking the resident/family to complete an All About Me page on admission, which includes end-of-life support wishes.
- Through July & August 2023 – An outdoor meal program was implemented to allow residents more opportunity to enjoy the outdoors.
- July 2023 – Increased Life Enrichment Aide hours (additional 34 hours/week), and Social Service Worker hours (additional 7.5 hours/week) to provide more support to residents.
- August 2023 – Made a new resource available to family members, a book called "Now What? Managing the Emotional Journey of Long-Term Care".
- August 2023 – Implemented Point Click Care's Skin & Wound program, which allows Registered Staff to take photos of wounds to upload into PCC and then the system automatically stages/tracks progress.
- August 2023 – New IPAC surveillance report was created to simplify the identification of trends in infection rates/types.
- August 2023 – Increased Registered Dietitian hours to allow more direct support to residents.
- August 2023 – Completed a whole-Home mock evacuation.
- September 2023 – Family Council hosted tours of the Home for existing families as a number of residents were admitted during COVID.

Q3: October-December 2023

- October 2023 – developed and implemented a Contractor Education Package for direct care contractors.
- October 2023 – Introduced a Spiritual Support Worker position 2 days per week.
- December 2023 – Residents' Council planned a Christmas Bazaar and Basket Raffle and raised almost \$3,000, which will be used to enhance recreational programming in the following year.
- December 2023 – Hydration Management Program re-written to make it more interdisciplinary, require more documentation by RNs on all shifts and more involvement of the Registered Dietitian.
- December 2023: UTI Policy written and education provided to applicable staff.
- December 2023 – Implemented Project AMPLIFI which allows for the digital exchange of resident information between the Home and hospital.

Q4: January-March 2024

- January 2024 – Announcement of Home closure, with an expected ending date of September 13, 2024. Much focus in the quarter was placed on ongoing communications with residents, families and staff; providing resident information to Home & Community Support Services to open application files; and developing resources and protocols for the eventual transition of residents to their new home.
- Through Quarter – Family Council is offering monthly staff appreciation events until the Home’s closure.
- January 2024 – Installation of a stove/oven in the Rose Room, to allow for resident baking and cooking programs.
- January 2024 – Introduced iN2L, “It’s Never Too Late”, which is an electronic system that offers all kinds of engagement for residents.
- January 2024 – Introduced a new pen pal writing program between residents and a local high school.
- February 2024 – Provided resources to staff about grief management, in relation to the upcoming changes in the Home.
- February 2024 – Hosted a Lucky Ducky Day on February 29th for the entire community to celebrate getting one extra day at Mount Nemo.
- March 2024 – Falls Management protocol revamped, including the development of a new Post-Falls Assessment Tool and updates to the 72-Hour Post-Fall Assessment. The new protocol was implemented April 2024.
- March 2024 – Skin & Wound Program Policy was re-written.

Distribution of this Report:

- Posted on the Home’s website
- Copy provided to the Residents’ Council
- Copy provided to the Family Council
- Copy provided to Management Committee (reporting to Board of Directors)

Copy posted in the Home, with our Quality Improvement Plan