

Dearness Home for Senior Citizens 2023/2024 Continuous Quality Improvement Plan Report

Overview:

The Corporation of the City of London - Dearness Home, is a fully accredited Municipal Home owned and operated by the City of London. Dearness is home to 241 permanent residents and provides 2 respite beds for those members of the community who require short term or respite stays; however, since the start of the COVID-19 pandemic, and at the request of the Home and Community Care Support Services (HCCSS) both our respite beds are being occupied by permanent residents for the foreseeable future. Of our total 243 beds, 27 are located on a secure unit, including one of the respite beds. Our mission statement, "Compassionate people enriching the lives of others. Always", keeps us focused on achieving our vision, standards of care and commitment to our residents and supports the Home in achieving success in safety, compliance, and resident satisfaction. Our Continuous Quality Improvement (CQI) team have chosen, for the 2023/24 Continuous Quality Improvement Report Plan (QIP), to focus on and address the Ontario Health identified priority areas of Potentially Avoidable Emergency Department Visits, Resident Experience in terms of "Having a Voice" and "Being Able to Speak Up About the Home", and Potentially Inappropriate Antipsychotic Use. In accordance with Ontario Health, our team believes these priority areas are important to the overall health care system and have been particularly impacted by COVID-19 and require attention to support the health system recovery. For this QIP, the Dearness Home will strive towards meeting an in house established respectable Theoretical Best target with respect to ED visits and Resident Experience, and the Provincial Benchmark for Potentially Inappropriate Antipsychotic Use. Our strategic direction and the initiatives that support it also align with our Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation Standards and meet the requirements of our Long-Term Care Service Accountability Agreement (LSAA).

In order to implement our plan for continuous improvement over 2023/2024, our continuous quality improvement lead and chair of the Continuous Quality Improvement Committee, Jason Westbrook, Manager of Support Services and Business Operations, will review our progress monthly with the management team, and quarterly with the Continuous Quality Improvement Committee. Further, the Home's lead will review and share our progress regularly with relevant partners, including the family and resident councils and the licensee. Along the way, we will ensure we celebrate our successes while allowing for time and space to discuss next steps or changes in strategy in areas we are failing to see improvement.

Reflections Since Our Last Mandatory Ontario Health QIP Submission:

With the emergence of the COVID-19 virus, we, like most in the health care sector, had to abruptly pivot, reset, and focus the majority of our quality efforts over the last 3 years towards a new formidable threat to the health and wellbeing of those we care for. To say the pandemic has changed our quality improvement work over the last 2 years would not give it the weight or demonstrate the impact it so deserves. The pandemic has disproportionately affected and continues to affect the population we are dedicated to caring for. Further, our staff and all those working and living in congregate settings continue to be at higher risk of infection, yet we carry on our work.

At Dearness Home, we believe that safety and service are fundamental to delivering the highest quality of care. This commitment is notable in our lower than provincial average in restraint use, and our continued decline in use of antipsychotics. We also have a very engaged and active health and safety team, in addition to a robust team of health and safety professionals at the corporate level, providing the Home on-going guidance and support.

In line with this dedication to safety and service for our residents, the Dearness dietary team began the implementation of our Paperless Menu Management system, MenuStream, in 2022. MenuStream's ability to enhance dietary safety and service for our residents, is the reason it was chosen by our team, as the Home's greatest quality improvement initiative in the past year. The MenuStream Application is installed on tablets in the dining rooms and serveries. The app provides staff members with immediate access to each resident's dietary information, such as diet texture, food consistency, dislikes and food allergies, as well as what types of food each resident can safely eat. Any changes to a specific resident's dietary need will be uploaded into MenuStream by food services managers, and staff can immediately see if any changes to a person's food or drink texture requirements have been made. These features reduce the risk of errors in food delivery to residents and supports resident centred care through easy access to likes and dislikes, while remaining compliant with dietary requirements and restrictions.

Resident Partnering and Relations

Dearness Home's mission is "Compassionate people enriching the lives of Others. Always" and we strive to accomplish this by engaging our residents and families in numerous ways. We promote transparency with residents and families by requesting their participation in various activities such as quality improvement projects, satisfaction surveys, various committees, and active Resident and Family councils. More generally, we also openly share Ministry inspection reports, quarterly indicator results, accreditation survey results, as well as concerns and successes in the Home. On an individual basis, we also involve residents and/or families by discussing their unique needs, preferences and concerns and then building their plan of care based on these discussions.

Provider Experience

The COVID-19 pandemic has had a significant impact on healthcare workers experiences. Throughout the pandemic, our staff at Dearness faced a range of challenges, including extended work hours, staffing shortages and instability, less scheduled time off, changes in the methods of care delivery, fluctuations in directives and policy, and uncertainty as it relates to a new and deadly virus.

While many of these challenges could not be easily mitigated or rectified due to the current environment, at Dearness we have implemented various strategies, policies, and events to throughout this time to help support the staff through. Some examples include:

Pandemic Pay: the corporation began offering Pandemic Pay to all staff at the Home who were required to isolate or were experiencing symptoms of COVID-19 in March of 2020. While pieces of the policy have fluctuated with the ever-changing COVID climate, Pandemic Pay remains in place for staff at the Dearness Home. This payment is given to any staff member who tests positive on a PCR test and continues from the date of the test until they are considered cleared to return to work (up-to 10 days from onset of symptoms or a positive test in the case of asymptomatic carriers). The payment covers 100% of what would have been lost wages for any scheduled shift in the time they were off due to COVID.

Employee Assistance Program: Dearness offers all its employees' access to confidential professional support through Life Works EAP. Through this program our staff and their family members have around-the-clock access to a safe, confidential resource to manage stressful circumstances and personal issues.

Quiet Room: Located on the 4th floor at the end of the corridor in Dearness Home, the Quiet Room is a space available to staff who need a respite away from the busy LTC environment while on shift. It is designed to bring a sense of peace and comfort to those entering the room with its muted colouring and lighting as well as new couches and chairs (it is also a dedicated smudging space).

Mental Health First Aid: beginning in December 2022, Dearness has started training staff in MHFA. MHFA is the help provided to a person developing a mental health problem, experiencing a mental health crisis, or a worsening of their mental health. This training is designed to help increase awareness and confidence in addressing mental health, while at the same time, decreasing stigma related to it.

Staff Appreciation Events: since the start of the pandemic, in recognition of the increased stress placed upon the staff, the Home has held various and numerous staff appreciation events. Some of these events include a free food truck on site for all staff, offering of snacks on various shifts and days (chips, pop, granola bars, cookies, muffins etc.), regular delivery of food/drink care baskets to units when in outbreak, free meal days (roast chicken, submarine sandwiches, pizza), draws for gift baskets, draw for a large flat screen TV, ice cream days etc.

Recruitment: recognizing the human resources constraints within the industry, the Home has instituted weekly interviews and weekly orientation days for new staff. With this active, consistent, ongoing recruitment, it is hoped some of the staffing constraints can be resolved, which plays a significant role in burnout amongst health care workers.

Resident Safety

Analyzing and learning from resident safety incidents, whether they result in harm or not, provides critical insight into the risks within our setting and possibly how we can mitigate them. It also provides opportunity for insight to support our continuous quality improvement work.

At Dearness we have a number of processes and systems in place to learn from our resident safety incidents. These systems and processes include, but are not limited to:

Professional Advisory Committee: This committee meets quarterly to promote resident safety and physical well-being through a regular review of system and home level issues and incidents that may contribute to resident risk while collaborating and discussing issues that impact other disciplines. Two key pieces of this committee are the review and analysis of medication incidents and falls. The review and analysis for both areas are presented to the interdisciplinary team as an opportunity for each member to provide input and discussion around trends and prevention. The Director of Care chairs this meeting with Public Health, the Medical Director, Pharmacist, Respiratory Therapist, Physiotherapist, Occupational Therapist, Dietician, Dietary Manager, Environmental Services Manager, Administrator, Manager of Community Life, Social Worker and Assistant Directors of Care in attendance.

Medication Incident Review Committee: This committee meets quarterly to complete an in-depth review and analysis of each medication incident. An action plan is then developed for each incident to minimize the risk of similar future events. The Medication Management ADOC Lead attends, along with the pharmacist, and the medical director.

Critical Incident Reviews: Within 30 days of any Critical Incident submitted to the Ministry of Health, a thorough review of the CI is completed. The review looks at the details surrounding the event associated with the CI, what actions were taken related to the event, where we could have done things differently or anything we may have missed as part of any process (e.g., were the

outside grounds searched prior to calling the police after a code yellow is called), and who is responsible for any action items identified for future improvement. The old version of the ministry Inspection Protocols are also reviewed to ensure compliance was met in any scenarios as appropriate and any applicable policy is also reviewed.

Medication Incident Follow-Up: Following every medication incident, the Assistant Director of Care overseeing medication management meets with the nurse involved, reviews the incident, reviews factors that may have contributed to the incident, discusses strategies to prevent future similar incidents, and provides a medication education package and quiz that they must complete and return to the ADOC.

Beyond the individuals directly involved and in attendance during the review and analysis of resident safety incidents, at Dearness we share any learning back with Dearness via unit specific meetings, committees, memos, care conferences, our internal home page, emails, communication binders etc. This distribution of the knowledge gained from the analysis of incidents is vital to preventing future recurrences and keeping our residents safe.

Health Equity

The City of London recognizes and is actively working to reduce disparities experienced by diverse populations including Indigenous Peoples; Black, racialized, and 2SLGBTQIA+ communities; Francophone populations; high-priority populations; and older adults in their quality improvement efforts.

Together, the corporation's People Services and the Anti-Racism and Anti-Oppression Division are leading the development of an Equity and Inclusion Action Plan. The first step in forming this plan is to collect demographic data and information about employee experiences of inclusion and belonging via a voluntary and confidential Equity and Inclusion Survey.

This enterprise-wide survey ran throughout February and March of 2023. The information collected by a third-party vendor will be shared with the staff through a themed overview report once the survey is closed. Most importantly, the data collected will be used to tailor the Equity and Inclusion Action Plan with the purpose of creating a more equitable and inclusive workplace for all, driving higher employee engagement and retention.

The City of London also hosted the Municipal Anti-Hate Symposium, in partnership with the cities of Oshawa, Hamilton and Kingston, as well as the municipalities of Clarington and Durham, with support from Immigration, Refugees and Citizenship Canada. The virtual event took place December 10th, 2022.

Participants had the opportunity to hear from equity, diversity and inclusion experts, network with colleagues from various municipalities, and walk away with tangible actions to apply towards combating hate, oppression and discrimination. The symposium covered topics such as anti-hate policies, anti- Indigenous, Asian, Muslim, Black and LGBTQ2S+ hate. It also included discussion on next steps and the work that needs to be done in our cities to eradicate hate.

In the last number of years, our region has also experienced an increase in Alternate Level of Care (ALC) days for seniors with responsive behaviours in conjunction with an increase in high acuity mental health patients overall, placing a significant strain on the Emergency rooms and hospitals in general. Dearness addresses these concerns by supporting a robust in-house Behavioural Supports Ontario team and ensuring all residents in need have a timely referral and response.

Dearness is also privileged to be able to offer access to a Full-time Social Worker to address the mental health concerns of our residents. Our social worker and BSO team collaborate with our team of in-house physicians to reduce the numbers of hospital transfers for mental health reasons where appropriate. In addition, Dearness works closely with the Regional Psycho-Geriatric outreach team. This team focuses on elderly individuals who struggle with mental health illnesses such as depression, psychotic disorders and dementia. The team consists of a Geriatric Psychiatrist and a Clinical Nurse Specialist with expertise in mental health. Services provided by the team include clinical consultation, education, and community development. The Regional Psycho-Geriatric team uses Cognitive Behavioural Therapy as their therapeutic approach to care.

Dearness also offers a secure Home Area for residents requiring a safe and secure environment, such as those individuals suffering with significant responsive behaviours, dementia, mental health and addiction illnesses, and/or other disorders. Over the last couple of years, the Home has been working with an external partner to create meaningful sensory experiences for our residents on this unit. With the adapted 'scene-scapes' we have designed a sensory rich environment that incorporates Montessori components and reminiscing themes. Over the next year, four key living areas of our secured unit will be transformed to include a Homemaker Sensory-scape with laundry and a nursery, a Sun Porch Sensory-scape, Moving Train Sensory-scape and a Retro Parlor Sensory-scape adapting and using features from our Snoezelen environment and creative and colourful murals. These Sensory-scapes have been shown to be effective in calming, reducing agitation and anxiety, while improving overall mood in elderly suffering from dementia and other mental health and development issues.

Throughout the year, Dearness has committed to training the majority of all direct care staff in the Gentle Persuasive Approach (GPA). The Home has experienced great success with a similar initiative in the past. Dearness has 6 GPA certified coaches who guide the participating staff members to understand responsive behaviours in order to respond effectively and appropriately. There is a focus on respectful, self-protective and the gentle redirection technique for use in situations of risk.

Dearness has in home access to a Snoezelen room. Snoezelen rooms have proven to be effective in calming aggressive behaviour, reducing agitation and anxiety, and improving mood overall in elderly suffering from dementia and other mental health and development issues. This unique equipment is also portable to travel to residents within our Home based upon the individual's assessed needs.

At Dearness Home each floor has a list of staff who speak languages other than English. These staff can be called upon as needed to support communication with residents and families.

Dearness Home also has an interpretation services resource binder at each nursing station which includes Pictographic Communication Resources, Language Translation Resources, Resource Access to CNIB and Canadian Hearing Society.

Dearness also supports a robust team of physicians, which provides in-house care to our residents 5 days per week, with access to an on-call physicians 24 hours per day, 7 days a week. As a teaching facility of resident physicians, we also have regular access to several resident physicians above our standard compliment of in-house doctors.

Workplan

Theme:	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
Timely and Efficient Transitions										
Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions per 100 LTC residents	Rate per 100 residents / LTC home residents	CIHI CCRS Oct 2021-Sept 2022	35.74	25.74	In house theoretical best benchmark	1) Add a nurse practitioner to the team. 2) Enhance staff's abilities to manage mental health challenges in the Home.	Once implemented, the NP will receive an online referral following every fall with injury - during business hours, the referrals will be followed up with a telephone call and the NP will assess all residents with post-fall injury prior to hospital transfer (with the exception of emergencies). The ADOC overseeing our secured unit will plan for and implement specialized mental health training for the Full-Time and Part-Time staff working on that unit.	Percentage of referrals received by the NP for falls resulting in injury. Percentage of FT and PT staff from the secured unit who attended the specialized mental health training in 2023/24	80% of all falls resulting in injury will have an associated referral to the NP. 80% of FT and PT staff working on the unit in January 2023 will receive the training.
Safe and Effective Care										
Safe	Percentage of LTC residents	%/LTC home residents	CIHI CCRS/ July-Sept 2022	21.41	19	Target chosen to meet	1) Enhance Antipsychotic Rounding Program	Pharmacist will increase the running of reports on antipsychotic usage in the	Number of antipsychotic rounding meetings held in the 2023/2024 fiscal year	24 antipsychotic rounding meetings will be held in the 2023/2024 fiscal year

without psychosis who were given antipsychotic medication in the 7 preceding their resident assessment	provincial benchmark	Home from monthly to 2x per month. Interdisciplinary review meetings will be held twice monthly on the units identified as having the highest usage.	(April 1 2023-March 31 2024)
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Theme: Service Excellence	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
Resident-Centred	Percentage of residents responding positively to "What number would you use to rate how well the staff listen to you?"	% / LTC home residents	In house data Survey April 2022-March 31 2023	91.43	95	Target chosen as in-house theoretical best benchmark	1) Provide education to staff and management on emotional intelligence to increase their capacity to engage in therapeutic relationships judiciously and empathetically.	The Home will engage external partners to provide training opportunities for staff.	Number of staff trained in emotional intelligence in 2023.	30 staff will receive training.
	Percentage of residents who responded positively to the statement "I can express my opinions without fear of consequences"	% / LTC home residents	In house data Survey April 2022-March 31 2023	89.5	95	Target chosen as in-house theoretical best benchmark	1)Residents will have increased access and exposure to the management team	Morning interdisciplinary / management huddle will be held in the activity room on a specified unit	Number of morning huddles held on any given unit monthly	Each unit will have morning huddle in their activity room 1x monthly

Policies, Procedures and Protocols

Relevant policies, procedures and protocols to be references in addressing and working through our Continuous Quality Improvement Plan include, but are not limited to, the Antipsychotic Rounding Procedure, Medication Advisory and Professional Advisory Committee Terms of Reference, Medication Review Policy, Call-in Shift Replacement Procedure, Continuous Quality Improvement Committee Terms of Reference, Continuous Quality Improvement Committee Policy, Quality Improvement Program Policy, and Morning Nursing Huddle Procedure.