

Dearness Home for Senior Citizens 2024/2025 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 2024/25 Continuous Quality Improvement Report Plan (QIP) to address the Ontario Health identified priority areas of Access and Flow, through a view of Potentially Avoidable Emergency Department (ED) Visits, Resident Experience in terms of "Having a Voice" and "Being Able to Speak Up About the Home", Safety through a focus on Potentially Inappropriate Antipsychotic Use, and Equity centred on anti-racism and anti-oppression. In accordance with Ontario Health, our team believes these priority areas are important to the overall health care system, with many being particularly impacted by COVID-19. For this QIP, the Dearness Home will strive towards meeting an in house established respectable Theoretical Best target with respect to ED visits, Resident Experience, and Equity, 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 2024/2025, our continuous quality improvement leads, Jason Westbrook, Manager of Support Services and Business Operations and CQI Committee Chair, and Virpal Rai, Clinical Nurse Educator, will review our progress monthly with the management team, and quarterly with the Continuous Quality Improvement Committee. Further, the Home's leads 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.

ACCESS AND FLOW:

Dearness Home prides itself on being an engaged partner in optimizing system capacity, timely access to care, and patient flow to improve outcomes and the experience of care for all residents and the larger community. Throughout 2022/2023 we have implemented a number of strategies and new positions to these ends and will continue to do so throughout 2024/2025.

In early 2022 we implemented 30 new PSW positions (15 Full-Time and 15 Part-Time), expanded both the Behavioural Supports Ontario RPN and Restorative Care RPN positions to Full-time, from Part-Time, and increased the Registered Dietician hours from 29hrs per week to 49hrs per week. In 2023 we hired an additional Assistant Director of Care, extra Float PSWs to be available in the event of a staff call-in, a Full-Time Clinical Nurse Educator, a Part-Time Infection Prevention and Control (IPAC) manager to support the work of our Full-Time IPAC manager, 4 PSW and 2 RPN Auditors to review day to day work of our nursing department, and a PT Registered Dietician. We continue to recruit for a Full-Time Nurse Practitioner.

The Home also boasts a secured Home Area with expertly trained staff, access to an in-house Psychiatrist, a Full-Time Social Worker, Full-Time Physiotherapist, and a Part-Time Occupational Therapist. In addition, we have a robust team of physicians, which provides inhouse 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 for resident physicians, we also have regular access to several resident physicians above our standard compliment of inhouse doctors.

The new positions outlined above, combined with our established systems and positions discussed herein, will enable us to provide enhanced preventative care to our residents, improve upon early identification of resident health concerns, support professional growth and skill development in all staff areas and positions, and strengthen engagement amongst the interdisciplinary team members.

Ultimately, it is hoped our initiatives will work towards decreasing the number of avoidable Emergency Department visits and unnecessary hospitalizations in 2024/2025.

EQUITY AND INDIGENOUS HEALTH:

Dearness Home is committed to improved and equitable outcomes to reduce health inequities within our community. The corporation of the City of London continues to develop an Equity and Inclusion Action Plan which includes a strong focus on Diversity, Anti-Racism and Anti-Oppression. Dearness is an enthusiastic supporter of this Plan and has both spearheaded and participated in many initiatives.

The corporation's Workplace Equity and Inclusion Action Plan 2024-2027 is aimed at furthering efforts to become a more inclusive workplace for all employees, including those belonging to equity denied groups. The first step in forming this plan was 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 was then shared with the staff through a themed overview report after the survey closed. The data collected was then used to tailor the Equity and Inclusion Action Plan.

The Equity and Inclusion survey showed that City of London employees belonging to equity-denied groups experience barriers to full participation in the workplace. The Workplace Equity and Inclusion Action Plan 2024-2027 outlines measurable Actions or Areas of Focus to dismantle those barriers and create a more equitable and inclusive workplace. These measurable Actions or Areas of Focus are divided in the Action Plan amongst 5 key categories that emerged from the survey results. The 5 categories are, Workplace Demographics, Hiring and Representation, Leadership Capabilities, Policies and Procedures, Career Paths and Advancement, a Culture of Inclusion and Belonging. Much of the work outlined in the plan has already started; however, we still have much to do and will continue to strive towards a more equitable and inclusive workplace.

At Dearness Home we have begun rolling out education focused on Anti-Racism and Anti-Oppression through our in-person mandatory training sessions. By the end of 2024, all staff in the Home, including management level staff, will have completed this education.

The Corporation, in partnership with Western University, has provided access for all staff to 2 new online education modules, Unpacking and Addressing Antisemitism and Unpacking and Addressing Islamophobia.

The Anti-Racism and Anti-Oppression Division at the City of London has committed to marking significant dates across the world. The purpose of this initiative is to assist with scheduling and planning events and meetings that are inclusive and respect the diversity of our teams and to raise awareness, respect, and celebrate the diverse cultures, religions, and backgrounds across the world.

The City of London also supports and encourages employees to participate in Employee Resource Groups (ERGs). ERGs are communities of belonging for employees who share a common social identity or experience and their allies. ERGs facilitate activities that help to foster an inclusive workplace culture. Members of the ERG act as a resource to each other to achieve their full potential at work and to the Corporation, by voluntarily sharing insights from their lived experiences. In 2023, the ERGs put together a collection of books covering a wide range of topics available for City employees to borrow, free of charge. Each book has been recommended by an ERG, many of which are authored by members of equity-denied communities. The books can be accessed in the Anti-Racism and Anti Oppression Division's area of City Hall.

The Director of Care of the Dearness Home is of Indigenous background and is a founding member of the City's Indigenous ERG, which held its first meeting in late 2022. The Indigenous ERG is an Indigenous-led community of support for Indigenous employees and friends who help to provide and support culturally responsive engagement aimed at progressing reconciliation efforts at the City of London. Further, it supports and creates opportunities for City of London employees to celebrate, honour and become informed about Indigenous cultures and ways of being. The ERG supports and empowers its members so they can grow as formal and informal leaders in the corporation and enjoy a sense of caring and shared experience.

The City of London employs a Full-Time Indigenous Community Liaison Advisor. This Advisor works to develop and strengthen the City's relationship with Indigenous people and communities. They recommend processes and initiatives that support the City of London in fulfilling its commitment to the Truth & Reconciliation Commission's Calls to Action, and facilitates the City's ability to align service delivery to the identified needs of Indigenous people and communities. In keeping with the City's commitment to dismantle racism and oppression experienced by Black and Indigenous people, other racialized peoples, persons with disabilities, members of the LGBTQ2+ communities, and women, the Indigenous Community Liaison Advisor reports to the Director, Anti-Racism and Anti- Oppression Unit, and works collaboratively with other members of the team to further develop systems, supports and accountabilities that will enable the Corporation to meet its strategic objectives.

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.

PATIENT/CLIENT/RESIDENT EXPERIENCE:

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 and 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.

While the pre-pandemic era made developing and maintaining these relationships through the methods outlined above relatively simple in retrospect, the pandemic created many challenges and opportunities, forcing us to become innovative and create new ways to meaningfully connect. Starting with the first wave of the pandemic, social norms, including face to face interactions and

meetings were upended for the larger community, but even more so for our sector when mandates to prevent spread of the virus were put into place that either prevented in person interaction entirely, except for the provisions of direct care, or at least significantly limited the amount of interaction depending on the stage and timing of the pandemic. This became a significant challenge most notably for our Family and Resident Councils, Resident Food Committee, and annual care conferences. Our recreation team has been phenomenal in supporting the residents in setting up technology for meeting, appointments and visits. As a result, throughout the pandemic, despite being given leeway by the Ministry of Health to temporarily pause all committees and care conferences, the Home was able to continue with all Resident and Family Council meetings, Resident Food Committee meetings, and annual care conferences without interruption. Further, many of the new ways of connecting were developed out of necessity during the pandemic, have been maintained, thereby improving our residents and families ability to participate in meetings and events through virtual options.

Annually, following a review of our Resident and Family satisfaction survey results, the management team creates an action plan for any item on the survey where the Home scored lower than 80%. This action plan is then shared with the Resident and Family Councils by the manager responsible for the specific action items. The Resident and Family Council members then have opportunity to provide recommendations and comments on individual action plan items.

PROVIDER EXPERIENCE:

As with many others in the health care sector during these unprecedented times, Dearness has experienced numerous human resource challenges during the pandemic.

To meet these challenges, we have implemented weekly interviews for nursing staff along with weekly orientation/start dates to ensure potential candidates have an opportunity to start with our organization as quickly as possible, thereby possibly preventing them from seeking employment elsewhere.

At Dearness we have created and continue to improve upon a mentorship program for our new PSW and RPN staff. This program has new staff connected to a long-standing staff member who spends 8hrs or more of 1 on 1 time with the new staff getting to know them, talking about the home, showing them around and orienting them to their new position. The mentor also provides their personal contact information, so the new staff member has someone to connect with and ask questions to. The goal of the program is to help retain new staff by providing a welcoming, low stress transition to the Home.

In 2022/2023 the Home also increased the Behavioural Supports Ontario and Restorative Care RPN hours to Full-Time and in 2023, as well as the Dietician hours from 29hrs per week to 49hrs per week. We created a new FTE RPN Auditor role and Admission RN role. While these positions have their specific duties and job descriptions, along with our Full-Time wound care nurse, they can be utilized on the floor to fill the role of a unit RPN, or in the case of the Admissions RN, a circulating RN should we experience a shortage that cannot be filled through the normal call-in process. This arrangement has assisted the Home greatly with regards to ensuring optimal staffing levels as it provides us access to a number of RPNs and an RN at any given time, who know our Home, policies, families, and residents, when needed.

The Home has recently worked collaboratively with our largest union in the Home to establish new scheduling practices for allowing casual and Part-Time staff to have greater flexibility in their scheduling to help retain and recruit them.

With the leadership of our largest union Chairperson and our Director of Care (DOC), who co-chair the committee, in 2023, the Dearness Home established a very active Positive Culture Committee. The purpose of the committee, as laid out in the Terms of Reference, is to promote a positive workplace culture, bring observations to the forefront, and act to propel positive change. The committee believes that workplace culture improvement requires collective action and dedication from not only the management team, but also the unions and the staff. As such, it was imperative for both the union Chairperson and the Home's DOC to act as co-chairs for this committee to demonstrate a commitment of mutual respect and dedication to the wellbeing of the Home, despite often being at odds in our respective roles. The committee is striving to achieve representation from every department in the Home, including management, nursing, housekeeping, recreation, dietary, clerical, maintenance, and laundry. The committee has held numerous events and workshops in the Home and thus far, the feedback has been that the committee has been successful in moving the Home towards a more positive culture and overall staff experience in the workplace.

The Dearness Home also provides a Quiet Room space for 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 Indigenous smudging space).

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, ice cream days etc.

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 remained in place for staff at the Dearness Home until the end of December of 2023. This payment was given to any staff member who tested positive on a PCR test and continues from the date of the test until they were considered cleared to return to work, which has varied throughout the pandemic. The payment covered 100% of what would have been lost wages for any scheduled shift in the time they were off due to COVID.

Dearness offers all its employees' access to confidential professional support through our Employee Assistance Program. 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.

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 piece of this committee is 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.

POPULATION HEALTH APPROACH:

In the last number of years, our regions have 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.

Additionally, Dearness 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. During the previous fiscal year, the Home added a Full-Time Recreation staff member to this secure Home Area to help meet the

specialized needs of those residing there. As a nonpharmacological intervention, recreational activities have a demonstrated effect in reducing aggression, wandering, screaming, and apathy -the most common behavioural symptoms experienced on the secured unit.

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 a number of 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-house access to a newly updated 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. Our room is located in a general area on the main floor for all residents who need to access it. Some of this unique equipment is also portable and can 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 on each floor, which includes Pictographic Communication Resources, Language Translation Resources, Resource Access to CNIB and Canadian Hearing Society.

As mentioned previously in the Access and Flow section, Dearness also has 5 days per week access to a large team of in-house physicians, in addition to an on-call physicians 24 hours per day, 7 days a week. The Home also supports the training of resident physicians, providing us care supports above our standard compliment of in-house doctors.

RESIDENT / FAMILY PARTNERING

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.

The results of our annual Resident and Family Survey are reflected in our Workplan, throughout the Narrative above, and an Action Plan. At Dearness, any item where the Home has scored 80% or less on the survey, is addressed in an Action Plan. This Action Plan is developed by the Management Team then presented and reviewed, along with the survey results, by both the Resident and Family Councils for their input and approval (the results of the survey and the action plan for this past years survey were presented to Resident Council on April 18th 2024, and Family Council on April 16th 2024). Each Department manager is then responsible for ensuring the Action Plan is adhered to and kept on course. The results are also shared with all staff, families, visitors, contractors, volunteers, through our monthly newsletter – the results of this particular survey were shared on May 1st, 2024, in the May newsletter.

QIP 2024/25 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	Rate 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 2022-Sept 2023	40.50	35.74	In house theoretical best benchmark Based on previous year's performance	1) Utilize the new Admission Nurse role to identify potential areas of risk that with early intervention would reduce the need for transfer to 2) Enhance the Behaviour Supports Ontario program.	On day of admission, Admissions Nurse to notify appropriate ADOC via email template of identified risks related to falls, mental health, respiratory illness for all new admissions Increase the hours of the BSO PSW from PT to FT starting in May 2024.	Percentage of new admissions for who the template is completed. Number of hours weekly the BSO PSW works in the assigned BSO role (not pulled to the unit to perform the regular PSW role)	100% of new admissions will have a template completed From May 2024-March 2025 the BSO PSW will complete 32 of their 40 hrs in the BSO role a week.
Safe and Effective Care										
Safe	Percentage of LTC residents without psychosis who were given antipsychotic medication in the	%/LTC home residents	CIHI CCRS/ July-Sept 2023	16.90	14.50	Target chosen to exceed performance of highest performing Region (NW region) in the Province	Complete quarterly assessment of those residents who had their antipsychotic medications dc'ed and experienced an increased DRS score	1Each quarter as part of the Responsive Behaviour committee, the review/assessment will take place. Referrals to be sent to the physician to re-consider the anti-psychotic, the diagnosis, and/or an alternate substitute	Percentage of residents who are reviewed at the committee from this subgroup.	100% of those residents who had their antipsychotic medications dc'ed and experienced an increased DRS score will be reviewed/assessed.

7 preceding their resident assessment for the anti-psychotic to address the change in DRS.

Theme: Safe and Effective Care

Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	%/LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.18	15.54	Target chosen to meet current provincial rate	Hold resident specific unit level falls meetings for identified frequent fallers.	Each month the Falls lead and Physiotherapist will review the number of falls on each unit. For residents who experienced 2 or more falls (frequent fallers) in the month, a unit level multidisciplinary falls prevention meeting will be held to review the falls as well as current and possible interventions to help reduce the number of falls and risk of injury.	Percentage of frequent fallers for whom a unit level multidisciplinary falls prevention meeting is held.	90% of residents who are frequent fallers (2 or more falls in a month) will have a unit level multidisciplinary falls prevention meeting held to review the circumstances and prevention/safety measures.

Theme: Service Excellence

Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
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 2023-March 31 2024	86.96	91.43	Target chosen as in in-house theoretical best benchmark based on previous years performance	1) Create "About Me" summaries for specific residents.	Following a new BSO referral, the BSO lead will create an "About Me" summary for the referred resident. The summary will then be posted in the resident's room for staff to read and get to know more about the resident, including how they best communicate and how to best communicate with them.	Percentage of resident's referred to BSO who have a summary created and posted within 1 month of a referral being received.	90% of resident's referred to BSO will have a summary created and posted within 1 month of the referral being received.

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 2023-March 31 2024	88.41	95	Target chosen as in-house theoretical best benchmark	1) Increase understanding (not just knowledge) of the Resident Bill of Rights.	Provide quarterly education to the nursing staff on 7 to 8 of the Rights, with relatable examples.	Number of "Increase Your Understanding of the Resident Bill of Rights" posters created and posted in the chart rooms from May 2024-March 2025	4 posters will be made with 7 to 8 rights on each with relatable examples.
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Theme: Equity	Measure	Population	Source/Period	Current Performance	Target	Target Justification	Planned Improvement (Change Idea)	Methods	Process Measure	Target for Process Measure
Equitable	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	% / LTC home residents	Local data collection / Most recent consecutive 12-month period	CB	80.00	Target chosen as in in-house theoretical best	1) Live, in-person education focused on equity, diversity, inclusion, and anti-racism will be provided to all staff and management of the Dearness	Live, in-person education focused on equity, diversity, inclusion, and anti-racism will be included in all Mandatory Education sessions starting in March 2024. Mandatory Education is required to be completed by all Managers and staff in the Dearness Home. The focus for 2024/2025 is to complete this education in-person to all for discussion and in-depth conversation.	Number of staff and managers at the Dearness Home who complete in-person Mandatory Education, which includes education focused on equity, diversity, inclusion, and anti-racism.	80% of all staff and managers will receive this training.

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.

Dearness Home Resident & Family Satisfaction Survey 2023 – conducted in March 2024

Q1. This survey was completed by

Answer Choices	Responses
Resident	72
Family Member	66
Other (please specify)	4
	142

Q2. Please indicate your overall rating of the assistance and preferences received in the following:

NURSING	Excellent		Good		Fair		Poor		Not Applicable		Total
Eating	19.71%	27	40.88%	56	9.49%	13	2.19%	3	27.74%	38	137
Bathing	23.36%	32	48.91%	67	16.06%	22	3.65%	5	8.03%	11	137
Bed Time Care (Undressing)	24.82%	34	47.45%	65	11.68%	16	0.73%	1	15.33%	21	137
Dressing	22.96%	31	48.15%	65	14.07%	19	1.48%	2	13.33%	18	135
Daily Mouth Care	10.95%	15	34.31%	47	13.87%	19	10.95%	15	29.93%	41	137
Morning Care	20.44%	28	52.55%	72	13.87%	19	0.00%	0	13.14%	18	137
Availability of the Nursing Staff	23.91%	33	51.45%	71	17.39%	24	5.07%	7	2.17%	3	138
Physician Availability for Consultation and Care	17.39%	24	41.30%	57	21.74%	30	7.97%	11	11.59%	16	138
Helpfulness of Physicians	20.29%	28	43.48%	60	15.94%	22	6.52%	9	13.77%	19	138
Courtesy of the Physicians	27.01%	37	40.15%	55	15.33%	21	2.92%	4	14.60%	20	137
Medical Care Provided	25.36%	35	50.00%	69	13.77%	19	5.07%	7	5.80%	8	138

Q3. Housekeeping & Building Services	Excellent		Good		Fair		Poor		Not Applicable		Total
Cleanliness of Resident Rooms	34.04%	48	46.81%	66	14.18%	20	4.26%	6	0.71%	1	141
Cleanliness of the Lobby	37.59%	53	50.35%	71	5.67%	8	0.71%	1	5.67%	8	141
Cleanliness of the Dining Area	41.13%	58	46.81%	66	3.55%	5	3.55%	5	4.96%	7	141

Cleanliness of the Washrooms	29.08%	41	51.06%	72	14.18%	20	2.84%	4	2.84%	4	141
General Repair and Upkeep of the Building and Grounds	23.57%	33	54.29%	76	11.43%	16	5.00%	7	5.71%	8	140
Availability of the Housekeeping, Laundry and Building Services Staff	15.71%	22	50.00%	70	12.86%	18	7.14%	10	14.29%	20	140
Helpfulness of the Housekeeping, Laundry and Building Services staff	22.14%	31	46.43%	65	14.29%	20	4.29%	6	12.86%	18	140
Overall Cleanliness of the Home	35.46%	50	53.19%	75	7.80%	11	1.42%	2	2.13%	3	141

Q4. Administration	Excellent		Good		Fair		Poor		Not Applicable		Total
Efficiency of dealing with my finances/accounting	27.21%	37	30.15%	41	4.41%	6	0.74%	1	37.50%	51	136
Bank Hours	7.41%	10	26.67%	36	11.85%	16	11.11%	15	42.96%	58	135
Availability of the Resident Bank Clerk	11.19%	15	27.61%	37	8.21%	11	3.73%	5	49.25%	66	134
Helpfulness of the Resident Bank Clerk	20.59%	28	25.74%	35	4.41%	6	0.74%	1	48.53%	66	136
Availability of the Administration Staff (Unit Clerks, Reception)	21.01%	29	33.33%	46	10.87%	15	2.17%	3	32.61%	45	138
Reception Hours	21.48%	29	41.48%	56	5.93%	8	2.22%	3	28.89%	39	135

Q5. Contracted Services	Excellent		Good		Fair		Poor		Not Applicable		Total
Experience with Beauty Salon	31.16%	43	31.88%	44	4.35%	6	2.90%	4	29.71%	41	138
If you are currently receiving Therapy, the Quality of Physiotherapy Services	18.52%	25	25.19%	34	13.33%	18	2.96%	4	40.00%	54	135
If your are currently receiving Therapy, the Quality of Occupational Therapy Services	12.12%	16	25.76%	34	6.82%	9	2.27%	3	53.03%	70	132
If you are currently receiving Foot Care, the quality of the Foot Care Services	10.87%	15	22.46%	31	7.97%	11	5.07%	7	53.62%	74	138
Experience with Silver Fox Pharmacy	23.19%	32	30.43%	42	9.42%	13	2.17%	3	34.78%	48	138
If you are currently using Natural Smiles Sight & Sound Services, the quality of this Service	2.33%	3	10.08%	13	2.33%	3	3.88%	5	81.40%	105	129

Q6. Food Services	Excellent		Good		Fair		Poor		Not Applicable		Total
Variety of the menu	17.27%	24	43.17%	60	29.50%	41	7.91%	11	2.16%	3	139
Special diet needs (i.e. diabetic, swallowing problem, etc.) are being met	12.14%	17	37.86%	53	7.86%	11	2.86%	4	39.29%	55	140
Quality of the food in general	14.89%	21	49.65%	70	24.11%	34	8.51%	12	2.84%	4	141
Availability and helpfulness of the Food Services Staff	27.66%	39	51.06%	72	12.06%	17	0.00%	0	9.22%	13	141
	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0

Q7. Recreation Programs, Social Work Services & Therapy Services	Excellent		Good		Fair		Poor		Not Applicable		Total
Availability of the Recreation staff	36.69%	51	44.60%	62	5.04%	7	1.44%	2	12.23%	17	139
Helpfulness of the Recreation staff	46.04%	64	38.13%	53	1.44%	2	0.72%	1	13.67%	19	139
Variety of activities offered	27.86%	39	45.71%	64	7.86%	11	5.00%	7	13.57%	19	140
Quality of activities offered	33.09%	46	46.04%	64	5.76%	8	2.16%	3	12.95%	18	139
How would you rate the volunteers' services in the home?	26.09%	36	42.03%	58	5.07%	7	0.72%	1	26.09%	36	138
Level of support received in adjusting to living in the Home	21.17%	29	47.45%	65	12.41%	17	1.46%	2	17.52%	24	137
Timely and clear communication is provided (Newsletters, TV Tour Memos etc.)	24.26%	33	54.41%	74	7.35%	10	2.21%	3	11.76%	16	136
Spiritual Care needs are being met	8.03%	11	32.12%	44	14.60%	20	8.76%	12	36.50%	50	137

Q8. Overall Experience	Yes		No		Total
Do you feel safe at the Home?	95.62%	131	4.38%	6	137
Does the Home provide an environment that promotes resident safety?	92.03%	127	7.97%	11	138

Do you feel you have a voice and are able to speak up about your Home?	85.29%	116	14.71%	20	136
Diversity is valued at Dearness Home	91.79%	123	8.21%	11	134

Q9. Please rate the following questions :	Definitely NO		Probably NO		Probably YES		Definitely YES		Total
I can express my opinions without fear of consequences	4.35%	6	5.07%	7	41.30%	57	49.28%	68	138
Would you recommend the Home to others?	2.19%	3	7.30%	10	31.39%	43	59.12%	81	137
How would you rate how well the staff listen to you?	1.46%	2	8.76%	12	45.26%	62	44.53%	61	137

Q10. Overall:	Excellent		Good		Fair		Poor		Not Applicable		Total
Please indicate your overall rating of the facility as a place to live	39.72%	56	47.52%	67	11.35%	16	1.42%	2	0.00%	0	141

Resident and Family Survey Results Action Plan (2023 Survey – Plan Implementation 2024)

The following is an action plan for all questions that received a rating of 80% or less in combined (resident and family) scores:

QUESTION	RATING	ACTION PLAN	DUE DATE
Bank Hours	59.74% combined rating; down 8% from 2022	Review other potential time schedules for the bank hours. Obtain feedback from staff and residents regarding their preference between the options.	May 2024
Availability of the Resident Bank Clerk	76.47% combined rating; down 5% from 2022	See above; availability of resident clerk should be reflective of what residents would like the bank hours to be. In changing the hours, the clerk’s availability may better suit the Home’s needs.	May 2024
Bathing	78.57% combined rating;(down 11%from 2022)	ADOCs to audit morning report/huddle time and effectiveness of recorded shift report – ADOCs will ensure any resident(s) who missed/refused their baths are added to the recorded shift report. 3 questions regarding bathing will be added to Morning Care Routine Questionnaire. ADOCs to complete 3 random survey’s of residents on their units with regard to morning care/bathing weekly. A) Overall were you happy with your morning care today? B) Were the staff providing your care courteous C) Did the staff satisfy all of your morning care needs? D)If you could change one thing about your morning care what would it be? E) Did you receive 2 baths this past week in the tub/shower? F) If no, was this at your request/refusal to not have 2 baths in the tub/shower G) Were you satisfied with your bathing experience?	April 16, 2024 April 16, 2024
Mouth Care	64.58% combined rating; (Down 8% from 2022)	<ul style="list-style-type: none"> Present data and review expectations at PSW mtgs over the next quarter (meetings have not been held since 2019; PSW meetings to be reimplemented in 2024)) Invite Natural Smiles to complete inservices on oral hygiene (morning and afternoon) for the PSW staff 	May 22, 2024 May 1, 2024 April 23, 2024

		<ul style="list-style-type: none"> • Ensure all residents continue to have a mouth care check in the TARs for the RPNs at HS med pass (ADOCs to ensure it is in place for each resident on their respective units) 	
Availability of Nursing staff	77.04% combined rating; Up 5% from 2022)	<ul style="list-style-type: none"> • In 2020 we saw a sharp increase in this percentage (11%) after implementing new signs for the units explaining why staff may not be available and how to contact them in an emergency. Given the phenomenon of ‘sign blindness’ we will change the colour and overall look of the signs this year. • Changes have recently be changed to PSW break times which will allow for all PSWs to be completed their breaks by lunch time. This will all for full availability of all unit staff after the lunch hour when families are more likely to visit. A committee is being formed to make changes to the evening breaks, which will hopefully also allow for better availability of staff when families and residents need them the most • Reminder will go out to PRNs to direct the PSWs on their units to chart throughout the unit (end alcoves etc.) rather than all at the front. This will allow for greater access to staff throughout the unit. • When rounding, ADOCs to encourage PSWs on their units to spread out throughout the unit when documenting 	April 16, 2024
			March 28, 2024
			April 15, 2024
			April 16, 2024
Physician Availability for Consultation and Care	66.39% combined rating; down 2% from 2022	Administrator and DOC will meet with physicians to review the survey results and discuss how they may be improved.	May 2024

Helpfulness of Physicians	73.95% combined rating; up 3% from 2022	Administrator and DOC will meet with physicians to review the survey results and discuss how they may be improved.	May 2024
Courtesy of Physicians	78.63% combined rating; down 0% from 2022	Administrator and DOC will meet with physicians to review the survey results and discuss how they may be improved.	May 2024
Spiritual Care needs are being met	63.22% combined rating; down 0% from 2022	<p>Ensuring that residents of all faith and religious groups are supported by offering enhanced spiritual care programming (i.e. weekly worship services, bible studies, etc.), visitations, in-person home wide programs (i.e. Memorial, Good Friday, etc.).</p> <p>The Chaplain will take leadership in supporting the increasing growth of the cultural/spiritual diversity needs in spiritual care supports for our residents through recruitment and ongoing backing of both diverse and qualified community partners (i.e. both registered and non-registered volunteers) as he rebuilds the Spiritual Care Committee and takes an active role in the Palliative Care Committee. This will be accomplished with the interactive work of the Chaplain with the Community Life Team.</p>	2024 goals
Availability of the Housekeeping, Laundry & Building Services staff	76.67% combined rating; up 2% from 2022	New HSK position added. HSK staff on site 7 days a week 7am-11pm	June 2024
Helpfulness of the Housekeeping, Laundry & Building Services staff	78.69% combined rating; up 5% from 2022	Speak with residents to see how we can be more helpful. What are they looking for from the staff.	June 2024

Variety of the Menu	61.76% combined rating; down 0% from 2022	This number has stayed static from last year. We are exploring new menus from Silver Group Purchasing to expand the foods available. The Cook team is eager and willing to explore new menu items. Spring Summer Menu will be ready for Implementation Mid May of 2024. We continue with our Food Committee meetings each month to explore menu options and receive feedback from residents who are willing to share.	
Quality of the food	66.42% combined rating; up 7% from 2022	We are pleased to see the improvement in this area. We aim to continue improving the food quality and are exploring new vendors and new recipes for the Spring Summer menu of 2024. Working with recreation we will be offering tours of the kitchen area to residents so they can see where the food is prepared and meet with the cooks who prepare it. Christine Pike Smithrim Erin Bechtel June 1, 2024	
Quality of Physiotherapy	76.09% combined rating; down 9% from 2022	Lifemark will conduct ongoing surveys post interventions for residents receiving PT services. This will ensure that a specific and accurate feedback for the services is received.	Ongoing
Quality of Foot Care Services	75.86% combined rating; down 1% from 2022	Home provides basic foot care. To get feedback of private foot care provided by Lifemark, we can arrange field staff to shadow Tony and after he has completed the treatment and Tony leaves the room, field staff will ask residents a short list of questions focusing on quality and Infection control.	2024
Experience with Silver Fox Pharmacy	70.00% combined rating; down 16% from 2022	Management will discuss rating with pharmacy and explore improvement strategies	May 2024
Quality of Natural Smiles Sight & Sound Services	70.00% combined rating; down 13% from 2022	Due to the late restart of service in the calendar year and the lack of a full evaluation period, action plan not required this year.	

PROGRESS REPORT FROM 2023/2024 QIP**Access and Flow | Efficient | Priority Indicator****Indicator #4**

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Dearness Home for Senior Citizens)

Last year's Performance (2023/24): 35.74**Last year's Target: 25.74****Change Idea #1** Implemented Not Implemented

Add a nurse practitioner (NP) to the team.

Process measure

- Percentage of referrals received by the NP for falls resulting in injury.

Target for process measure

- 80% of all falls resulting in injury will have an associated referral to the NP.

Lessons Learned

We were met with the unforeseen challenge of being unable to recruit an NP.

Change Idea #2 Implemented Not Implemented

Enhance staff's abilities to manage mental health challenges in the Home.

Process measure

- Percentage of FT and PT staff from the secured unit who attended the specialized mental health training in 2023/24.

Target for process measure

- 80% of FT and PT staff working on the unit in January 2023 will receive the training.

Lessons Learned

We were successful with this change idea and completed mental health training for the majority of these staff.

Change Idea #3 Implemented Not Implemented

Enhance the Behaviour Supports Ontario program

Process measure

- Number of hours weekly the BSO PSW works in the assigned BSO role (not pulled to the unit to perform the regular PSW role)

Target for process measure

- From May 2023-March 2024 the BSO PSW will complete 32 of their 40 hrs in the BSO role a week.

Lessons Learned

Unfortunately due to staffing challenges the BSO PSW continued to be utilized on the units as a unit PSW to meet the immediate care needs of our residents.

Comments

For 2024/2025 we foresee a more stable workforce that will allow our BSO staff to spend the majority of their hours in their BSO role helping support our staff to work with our residents with mental health challenges more effectively, thereby reducing hospital transfers related to mental health. In addition, we hope our engagement with a recruitment agency will assist us in securing a Nurse Practitioner in 2024.

Experience | Patient-centred | **Priority Indicator**

Indicator #3

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

Last year's Performance (2023/24): collection bias

Last year's Target: 95

Change Idea #1 Implemented Not Implemented

Residents will have increased access and exposure to the management team.

Process measure

- Number of morning huddles held on any given unit monthly

Target for process measure

- Each unit will have morning huddle in their activity room 1x monthly

Lessons Learned

Unfortunately this was not implemented during the last fiscal year. While working on the planning of this change idea it became difficult to find a time and place that worked for involved. Instead we have enhanced our regular morning huddle and expectations on what information the RNs come prepared with.

Indicator #2

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"

Last year's Performance (2023/24): 91.43

Last year's Target: 95

Change Idea #1 Implemented Not Implemented

Provide education to staff on emotional intelligence to increase their capacity to engage in therapeutic relationships judiciously and empathetically.

Process measure

- Number of staff trained in emotional intelligence in 2023.

Target for process measure

- 25 staff will receive training

Lessons Learned

While we were able to implement this change idea, we were only able to train 30 staff due to capacity limits. Those who attended reported a better understanding of EI and felt it would improve their ability to communicate.

Safety | Safe | Priority Indicator

Indicator #1

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Dearness Home for Senior Citizens)

Last year's Performance (2023/24): 21.41

Last year's Target: 19

Change Idea #1 Implemented Not Implemented

Complete quarterly assessment of those residents who had their antipsychotic medications changed and experienced an increased DRS score.

Process measure

- Percentage of residents who are reviewed at the committee from this subgroup.

Target for process measure

- 100% of those residents who had their antipsychotic medications dc'ed and experienced an increased DRS score will be reviewed/assessed.

Lessons Learned

We had great success with this change idea as reflected in our current performance, which exceeded our target.

Change Idea #2 Implemented Not Implemented

Enhance Antipsychotic Rounding Program

Process measure

- Number of antipsychotic rounding meetings held in the 2023/24 fiscal year.

Target for process measure

- 24 antipsychotic rounding meetings will be held in the 2023/24 fiscal year.

Lessons Learned

We had great success with this change idea as reflected in our current performance, which exceeded our target.

Comment

We had great success with both of these change ideas as reflected in our current performance, which exceeded our target.