



## LONG-TERM CARE DIVISION

<b>PREPARED BY:</b>	Lacy Ferguson
<b>REVIEWED BY:</b>	Carolyn Hodges, Administrator Michael Gorgey, General Manager
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<b>CORPORATE LEAD:</b>	Quality Assurance Manager	Lacy Ferguson
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### **PRIORITY SETTING PROCESS**

North Lambton Lodge (the Lodge) has an Internal Quality Team which is comprised of members of the leadership team as well as the leads from a variety of programs (i.e., Falls Prevention and Management, Skin and Wound Care, Continence Care, Pain Management etc.) The team meets quarterly to discuss goal for programs, Quality Indicators, and offer suggestions for improvement based on the data presented. The internal team will provide suggested priorities based on:

- analysis of performance data available from the Canadian Institute for Health Information (CIHI); with negatively performing areas and/or where benchmarking against the provincial average suggests improvement is required
- Elder, family and staff experience survey results
- mandated provincial improvement priorities (e.g. HQO)
- opportunities for participation in projects through organizations (e.g. Ontario Centre for Learning, Research and Innovation in Long-Term Care {CLRI})
- emergent issues identified internally (trends in critical incidents) and/or externally
- input from Elders, families, staff, leaders and external partners, including the MOLTC

The Internal Quality Team's suggested priorities will be subsequently presented and discussed with the broader Quality Improvement Council. This Council has representatives from Residents' Council, Family Council, the home's leadership team and mandatory programs, physiotherapy, pharmacy as well as the medical director. The Council will determine which indicators are most important for the Home and suggestions for appropriate actions are discussed.

The Lodge will align the Quality Improvement Plan (QIP) that will be submitted to Health Quality Ontario (HQO) with the Quality Initiative indicators chosen through this process.

## **2024/25 PRIORITY AREAS**

The Lodge's Quality Improvement Plan (QIP) focuses on high level priorities for the Home. The Home's Internal Quality Improvement Team met to review a variety of indicators including the previous year's Elder Feedback Survey, nursing indicators and internal data. Areas of opportunity were identified and presented to the Home's Quality Improvement Council. In review of the data and planned action items, the Quality Improvement Council chose to highlight the following three indicators prioritized for 2024:

- 1) Reduction of Falls that Occur in the Afternoon
- 2) Ability to Speak Up
- 3) Reduction in Elders experiencing Urinary Tract Infections (UTIs)

All the priority indicators will be reviewed throughout the year at the home's monthly leadership meetings, quarterly Internal Quality Team Meetings and mid-year Quality Improvement Council meeting.

### **INITIATIVE #1: Reduction of Falls that Occur in the Afternoon**

In 2023, there were 112 falls on the afternoon shift out of the total 276 falls that year. The Lodge is aiming to reduce this by 10% to a total of 101.

For this initiative, the Lodge will be tracking all the falls that occur in the home and sharing the data with the frontline staff at neighbourhood meetings. This will be measured by the number of meetings that have the falls data shared.

With funding provided in 2024, the Lodge has chosen to increase in staffing on the afternoon shift to match the number of staff on the day shift. Investigation has begun for a neighbourhood assistant position on the afternoon shift to assist with engagement and non-care related tasks.

Training has been provided to all staff on purposeful rounds, meaningful engagement, and pro-attention during the year's Mandatory Training event. Improvements in these areas assist with meeting the Elder's needs in a timely manner which has also been shown to reduce the occurrence of falls in long-term care.

### **INITIATIVE #2: Ability to Speak Up**

On the resident Annual Feedback survey, Elders are asked if they feel they can express their opinions without fear of consequence. From last year's survey results, 65.5% of the Elders who answered the survey responded positively to "I can express my opinion without fear of consequences". This year the goal is a 20% increase in positive responses.

The team at the Lodge plans to provide information to all Elders on the whistleblower policy and whistleblower protection which will be measured by the number of new Elders who move in and receive this information.

Additionally, they will be working on is ensuring that all staff have more access to knowing information about each Elder (i.e., interests, things of importance to them etc.) through the Personhood section of the plan of care.

### **INITIATIVE #3: Reduction in Elders experiencing Urinary Tract Infections (UTIs)**

In the 2023/24 fiscal year, the provincial average for Elders with a urinary tract infection was 4.0%. The Lodge's rate was 3.7%. The goal is to reduce the rate to 3.0% by the fiscal year end.

To reduce the rate of UTI at the Lodge, a daily point of care infection surveillance and an assessment related to delirium will occur which will highlight any early signs of infection.

### **FEEDBACK SURVEY**

The 2022 feedback survey results were presented to the Residents' and Family Councils in May 2023 along with the proposed action plan based on the results. Both Councils were encouraged to provide any suggested actions or additions that the Lodge should be working on in response to the survey results. The plans were also updated with the Councils in November 2023.

Various items were worked on throughout the 2023 including reviewing the survey results with stakeholders, follow up from supervisors, and review of various processes.

The 2023 feedback survey was completed between May and September 2023. A draft copy of the survey was shared with the Residents' and Family Councils during the May 2023 meetings. The results of that survey and the proposed action plan was presented in May 2024 to Family Council and in June 2024 to Residents' Council.

Additionally at the May and June 2024 meetings, the proposed 2024 feedback surveys as well as how they will be conducted was presented to Residents' and Family Councils for any input or feedback. The planned survey period will be between June and September 2024.

### **CONCLUSION**

A formalized Quality Improvement Plan (QIP) has been submitted to HQO to outline the various change ideas The Lodge will undertake throughout 2024 to improve upon the results presented in this report. These ideas have been discussed and determined by the Lodge's Internal Quality Team as well as their Quality Improvement Council.

The Quality Improvement Council members have all reviewed the above report and have provided input to assist with its creation.

The Lodge will continue to look for opportunities to improve while providing the best possible care to the people living in the Home.

For further information related to Quality Initiatives, please see the Quality Improvement Board or the Home's Administrator.