



LONG-TERM CARE DIVISION

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PRIORITY SETTING PROCESS

Marshall Gowland Manor (the Manor) 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. This working committee 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 Manor 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

Marshall Gowland Manor's (the Manor) 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 in the Number of Falls that Result in Injury
- 2) Ability to Speak Up
- 3) Reduction in Potentially Inappropriate Antipsychotic Use

These 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 in the Number of Falls that Result in Injury

In 2023, there were 157 falls that resulted in injury out of the total 586 falls that year. The Manor is aiming to reduce this by 15% to a total of 133 falls that result in injuries. The type of injury varies from pain, redness, bruising to skin tears or fractures.

For this initiative, the Manor will be enhancing training related to falls equipment throughout 2024. A review of the equipment used for Elders as well as investigation of potential equipment and technology will also be undertaken this year.

This will be measured by reviewing the percentage of direct care staff (PSW, RPN and RN) that receive training.

Training will be 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, 56.6% of the Elders who answered the survey responded positively to "I can express my opinion without fear of consequences".

Based on these results, the Manor's team has initiated a brief follow-up survey to receive more details to assist with improving this indicator. The results from the follow-up survey will be used to create a more defined action plan.

Additionally, consultation regarding expressing opinions and fear of consequence will be held with Residents' Council meetings at least twice this year.

INITIATIVE #3: Reduction in Potentially Inappropriate Antipsychotic Use

In the 2023/24 fiscal year, the provincial average for antipsychotic medication usage without the diagnosis of psychosis was 21.1%. The Manor's rate was 31.0%. The goal is to reach the provincial average of 21.1% by the fiscal year end.

For this initiative, the Manor will continue the efforts made over the last year to reduce the potentially unnecessary antipsychotic medication usage. There is a focus at quarterly medication reviews on indications for usage as well as reviewing the potential for safe titration downwards of medications that do not have indications for use. The team at the Manor will be working in collaboration with the Pharmacy Representative at the home to identify individuals who may benefit from a reduction in antipsychotic medication usage and consultation with the physician will occur.

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 Manor should be working on in response to the survey results. The plans were also updated with both councils in September 2023.

Various items were worked on throughout the 2023 including creating information pamphlets on services available and ensuring it is provided to new Elders and families, developing an Elder centered newsletter, weekly music programs, implementing rummage bins, staff training on purposeful rounds and initiating a grief and loss group.

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 April 2024 to both Councils.

Additionally at the April 2024 meeting, 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 Manor will undertake throughout 2024 to improve upon the results presented in this report. These ideas have been discussed and determined by the Manor'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 Manor 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.