



# LAKEVIEW MANOR

## Continuous Quality Improvement Report

April 1, 2024

### **Designated Lead**

Barb Surge Administrator, Jennifer Huitson, Manager of Nursing Practice

Lakeview Manor is an accredited Long-Term Care home that provides care and services for 149 residents. It is one of four Long-Term Care homes owned and operated by the Regional Municipality of Durham, Long-Term Care and Services for Seniors. Lakeview Manor is committed to the Division's mission of "Strong People, Caring Communities, Our Future" and strives to continuously improve the delivery of care and services for residents while managing risk.

The home is committed to continuous quality improvement and actively refines required programs on a regular basis. This entails developing, implementing, and evaluating new processes to provide high quality care and service to residents in an environment that promotes choice, dignity, and respect. The interprofessional team at Lakeview Manor rely on several resources to identify trends/patterns, learn from incidents, improve processes and systems, implement controls, and develop prevention strategies.

### **Determination of Priorities**

Determining the homes priorities each year is an interprofessional process that involves many stakeholders, including staff, residents, families, volunteers, and community partners. The first step is to identify potential gaps in care and service and define opportunities for improvement.

Every year the home conducts a resident/family satisfaction survey. This survey identifies areas of satisfaction and areas they would like to see improved. The resident voice is identified as the most important feedback that the home can obtain. This combined with Residents' Council and Family Council feedback can help the home to determine the voice of our customers.

In addition to the resident satisfaction survey, the home reviews various other sources to determine opportunities. Some of these other sources include:

- Internal Key Performance Indicators
- Internal audit results

- External assessments/audit results such as Medication Safety Self Assessment and Accreditation Canada Survey and Inspections.
- Review of new legislation
- Performance data from Canadian Institute for Health Information (CIHI); with a focus on areas indicating a performance decline and/or where benchmarking against the provincial average suggests improvement is necessary.
- Emergent issues identified internally (trends in Critical Incidents, Risk Related issues)
- Feedback from stakeholders including Residents' Council, Family Council, Divisional Advisory Council, external stakeholders including MLTC.
- Municipal Benchmarking Network Canada (MBNC)
- New best practices identified in the industry.

The Lakeview Manor home leadership teams also work together with the other three Region of Durham Long-Term Care Homes, and together with the divisional office develops a divisional strategic plan. This determines the strategic direction for the division over the next few years. The plan incorporates initiatives and projects that are in alignment with the Regional Municipality of Durham Strategic Plan. The Long-Term Care Division also seeks input and suggestions from a Divisional Advisory Council which consists of staff, residents, and family members from each home.

Lakeview Manor then develops home level actions which address areas in the divisional strategic plan. The home has a dedicated Interprofessional Quality and Resident Safety Committee (IQRS). The IQRS committee serves as a forum to monitor progress of Quality Improvement (QI) activities, review performance data, analyze program goals and performance measures and to coordinate communication for education for building awareness for staff, volunteers, residents, clients, and families. This team together with the home's leadership team determines the key priority areas for improvement based on their identified gaps, opportunities, and strategic direction for the year.

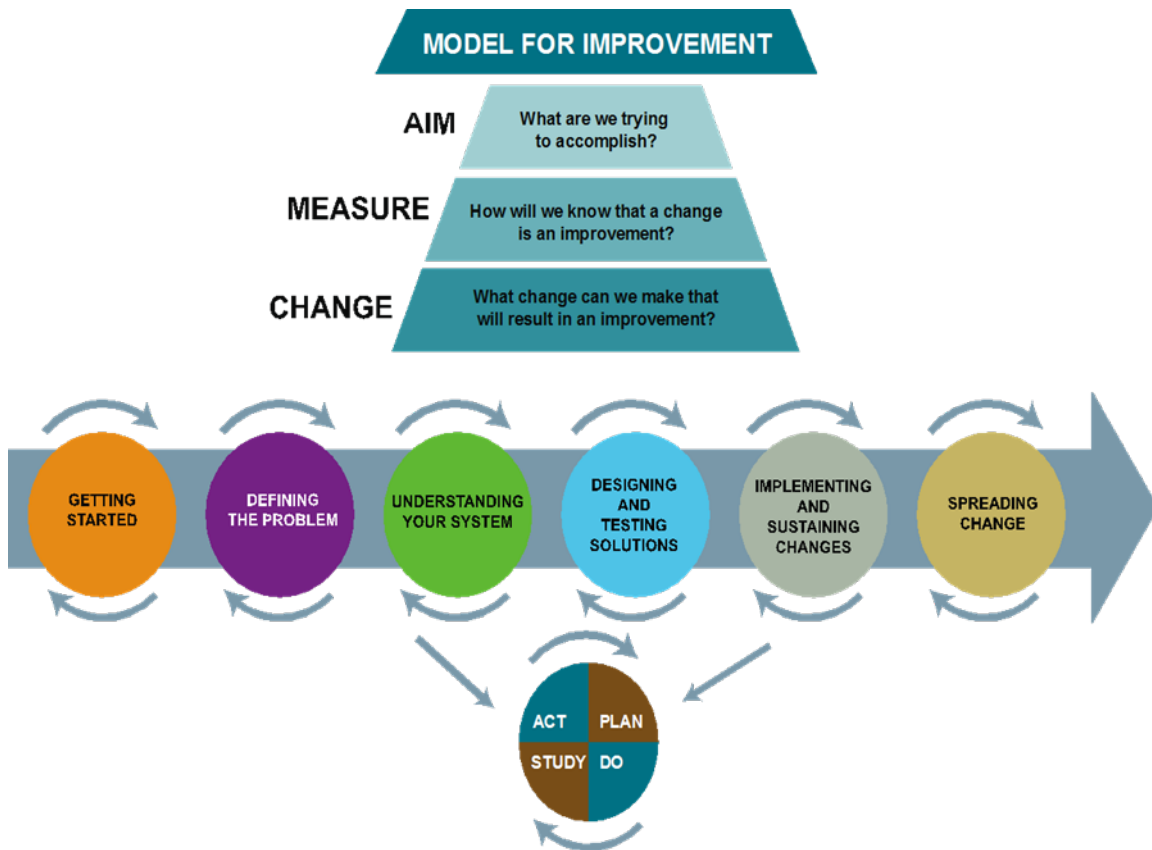
### **Monitoring, Evaluation, and Adjustment**

A key component to quality improvement is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals are established, key performance measures are developed and monitored to ensure the outcomes of the initiatives are trending in the positive direction. If not achieving desired outcomes, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc. Where feasible the home will use the Plan-Do-Study-Act method of improvement, in which small tests of change are tested and piloted prior to full implementation. This allows the home flexibility in pivoting improvement ideas when necessary.

## Approach to Continuous Quality Improvement

Long-Term Care and Services for Senior policies, combined with practice standards, provide a baseline for staff in providing quality care and service. The Region of Durham Long-Term Care Homes has adopted the Model for Improvement to guide quality improvement activity. Interprofessional quality and resident safety teams, including resident and family advisors, work through the phases of the model to:

- 1) Analyze the problem.
- 2) Set Improvement goals.
- 3) Develop and Test change ideas.
- 4) Decide whether to Adapt, Adopt or Discard change.



## Communication

Communication strategies correspond to the specific improvement initiative. These include, but are not limited to:

- Posting on unit quality boards, in common areas and in staff lounges
- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Handouts and 1:1 communication with residents
- Presentations at staff meetings, townhalls, Residents' Council, Family Council, Divisional Advisory Council
- Huddles at shift change

- Training initiatives
- Use of clinical leads/champions to communicate directly with peers.

## **2023 Lakeview Manor Successes**

The following are some of the successes from Lakeview Manor for 2023

- Resident satisfaction rate for 2023 was 77.2%
- Family satisfaction rate for 2023 was 93%
- Welcomed 56 new resident admissions in 2023.
- Home has 26 active registered volunteers who provided 1393 hours of volunteer service in 2023.
- Hosted 10 clinical student placements.
- Received Accreditation with Commendation through Accreditation Canada.
- Medical Safety Self Assessment score improved by 1% to 80%
- Home saw improvements in the following clinical areas:
  - Saw a 20% reduction in the percentage of residents with worsened mood from symptoms of depression
  - 33.8% increase in the percentage of residents with improved locomotion
  - 60% increase in the percentage of residents with improved bladder continence
  - . Saw a 9.6% reduction in the number of harmful falls.
- The following clinical areas were better than the Provincial Average (PA):
  - Percentage of residents with one of more infections is at 5.8% with th PA of 8.9%
  - There were no residents with restraints for 4 consecutive quarters
- 4 staff members now trained as Gentle Persuasive Coaches (GPA) coaches and an additional 40 staff trained on Gentle Persuasive Approach.
- Purchased and utilized OBIE, an Interactive Gaming Console that detects the most subtle hand or body movement to revolutionize the world of therapeutic play.
- Reintroduced the new resident and family Welcome Lunch as well as the resident and family traditional holiday dinner.
- 100% of staff have completed relevant Diversity, Equity and Inclusion training.
- Implemented MealSuite Touch technology in all home areas.

## **2024 Quality Improvement Initiatives**

Each year as per of Ministry of Long-Term Care and Ontario Health requirements, Long Term Care homes are required to submit a quality improvement plan (QIP). This plan incorporates priority areas which the home has identified.

In addition to the QIP submission, the home has identified many other QI projects. The details of the QIP and additional quality initiatives for 2024/25 are listed below.

## **2024/2025 Lakeview Manor QIP Submission**

**1. Improve the residents' rating of the overall care and services they experience at Lakeview Manor.** This will be achieved by focusing on three areas determined to be key drivers of resident overall satisfaction.

- Lakeview Manor will be supporting improved socialization and relationship building amongst residents, families and team members by continuing with a monthly welcome lunch for newly admitted residents and their families with Family council reps and 1-2 members of the home's leadership team.
- The Social Worker and Admission Nurse will support the transition to long-term care for residents and their families throughout the admission process. They will contact the new resident and their family on admission day and follow up post-admission as required.
- Lakeview Manor will be providing more education to staff to utilize their time to promote meaningful interactions with residents and engage in resident-centered conversations when working with residents to enhance the therapeutic relationships between staff and residents.

**2. Reduce the number of harmful falls. This will be accomplished by:**

- The registered staff will complete a post-fall huddle note after every resident fall and the interdisciplinary team will meet weekly to assess residents' falls risk and review resident specific falls prevention interventions.
- Staff will be sent quarterly falls updates via poster, newsletter and/or email to increase awareness of falls prevention. These updates will include data collected from Achieva, CIHI, documentation and bedside audits to outline falls statistics, findings and possible fall prevention interventions.
- A small working group will be created to investigate opportunities for 'silent' technology for falls prevention interventions for residents who are at high risk for injury but consistently remove their pin/chair alarms. One of the identified possible alternatives will then be trialed in a small sample size.

**3. Reduce the % of residents with worsening stage 2-4 pressure ulcers. This will be achieved by:**

- The Skin and Wound clinical lead will be providing education to registered staff on the Pressure Injury (PI) protocol that is to be used upon discovery of a

pressure injury until a skin and wound team member is able to complete an assessment.

- The RAI Coordinator, Nurse Practitioner and Skin and Wound clinical lead will improve pressure injury monitoring by meeting monthly to review in-house pressure injuries and verify their staging and treatment. Any trending findings will be identified and shared with registered staff.
- The Skin and Wound clinical lead will develop and deliver education to PSW staff on pressure injury prevention, including repositioning, adequate hydration and moisturizing.

### **Additional Quality Improvement Initiatives**

In addition, after evaluating all program areas and setting actions for the operational plan, Lakeview Manor has identified the following improvement activities:

- Looking at ways to reduce the noise in resident areas
- Looking at ways to support meaningful connections
- Conduct an analysis with Behavioral Supports and Resident Assessment teams on the percentage of residents who have taken antipsychotics and percentage of residents with worsened mood from symptoms of depression.
- Reduce the use of personal technology by staff and instruction on the proper use of home technology
- Implement the following new technologies – Secure Conversations, Physician Engagement and Computer Physician Order Entry
- Install additional security cameras throughout the home's common areas