

## 2023/2024 Quality Improvement Plan for Ontario Long Term Care Homes

### Overview

Nisbet Lodge's Mission Statement is "As a Christian organization serving in the heart of the Danforth, we are dedicated to enhancing the lives of those whose home is our seniors housing and long-term care residences." Our values include: Respect, compassion, wellbeing, excellence, accountability, integrity, teamwork, community and partnerships.

In keeping with these values our goal is to provide resident-centred care, services and accommodation. This is achieved in part through our Continuous Quality Improvement Program. It is led by our Executive Director and the data is reviewed by the Board Quality Care Committee.

We are pleased with the work that was done this past year. Nisbet Lodge continues to be below the provincial average in most of our clinical indicators including;

- Residents who have Fallen
- Residents who are restrained
- Residents experiencing pain
- Residents with worsened depression
- Worsened behavioural symptoms
- Worsened mood from symptoms of depression
- Has one or more infections

In our 2023-2024 Quality Improvement Plan (QIP) we will seek to improve the following;

- To continue to improve percentage of residents responding positively to "what number would you use to rate how well staff listen to you".
- To continue improve percentage of residents who responded positively to the statement; "I can express my opinion without fear of consequences".
- To strengthen our mandatory program to reflect the new fixing long term care act
  - Infection Prevention and Control Program
  - Skin and Wound Care Program
  - Incontinence Program
  - Palliative Program
  - Responsive Behaviour Program
  - Fall Prevention Program
- To further reduce the number of residents receiving antipsychotics without symptoms of psychosis;



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We will continue to improve the overall quality of care and services provided at Nisbet Lodge. Our goal for the 2023/2024 QIP is to further improve resident and staff safety.

### **Reflections since your last QIP submission**

COVID-19 has caused unprecedented challenges here at Nisbet lodge. All aspects of nursing activity and other departments are affected by this pandemic. Since our last QIP submission, the number of ED visits remain below the provincial average and remain within the target threshold of our home. Nisbet Lodge continues to utilize Nurse Lead Outreach Team (NLOT) from Michael Garron Hospital. They have worked and supported us to help prevent avoidable hospital admissions.

From our last QIP submission, two of our Planned Improvement Initiative Changes includes improving the percentage of residents responding positively to what number would you use to rate how well the staff listen to you and I can express my opinion without fear of consequences. Despite our effort to improve these indicators, we were not able meet our target threshold but the percentage slightly improve compared from the 2021 result.

Nisbet Lodge continues to recognize that we have a lot of work to do to improve the number of residents who were given antipsychotic medication without symptoms of psychosis. We will continue to seek ways on how we can improve this indicator with the help of our new Behaviour Support Lead.

### **Patient/Client/Resident Partnering and relations**

Nisbet Lodge is very involved with our residents and staff, through this involvement has developed a number of partnerships.

We have been working with our fall prevention team along with our physiotherapist to implement ways to further improve incident of fall rates within the home. We implemented hourly rounding for fall prevention and utilizing the 4 Ps approach. 4 Ps includes positioning, pain management, personal belonging should be within reach (like call bells, telephone, remote control, eye glasses, etc.), and personal care needs being addressed like toileting and brief change. The hourly rounding anticipates and addresses the needs of the residents. It also promotes residents safety, reduce fall incidents, and reduces pressure injuries or ulcers. This approach will also develop trusting relationship with residents. The hourly rounding promotes resident good outcome, resident as well as family and staff satisfaction. In addition, with the use of visual care plan to facilitate more effective delivery of care.



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To manage infection rate within our home and to provide safety for our residents and staff, Nisbet Lodge reinforced the practice of hand hygiene not only for the staff but also for the residents to break the chain of transmission preventing and/or controlling the spread of infection. Our Infection Prevention and Control (IPAC) lead increased hand hygiene audit in all areas of the home. IPAC lead is also conducting frequent reminder on the 4 moments of hand hygiene and its importance as an effective way. Our home also implemented the following strategies to improve hand hygiene compliance and to reduce infection rate; Availability of Alcohol-based hand rub at point of care for staff and resident, education for the staff, written or verbal reminders to staff during daily IPAC rounds.

We manage our home from a resident centred perspective and actively seek to engage residents, their families and staff in revisions being made in the home. We regularly survey our residents and staff for feedback throughout the year to enable us to be responsive to their changing needs and feedback on their experience. Resident Council and Family Council are active committees in the home and we share upcoming projects and events with them to enable them to actively participate.

### Provider Experience

Address complaints from residents and families through collaboration with resident's council and family council in a way that protects their confidence to report without fear of retaliation from staff

Example #1: Respond in writing post receiving a concern or suggestion from the Family Council. This will help communicate to resident council the results of your investigations and potential action plan

Example #2: Seek input from residents /family council through surveys on compliance issues and share potential action plans aimed at fixing the issues

Empowering residents by respecting their rights and teaching them about their rights.

Example #1: By giving residents choices and respecting their decisions.

### Workplace Violence Prevention

Having a safe place for residents to live and staff to work is a priority for the organization. This is reflected in our Strategic Plan. Our goal is:

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- To provide quality person-centred services and accommodations
- To optimize the work experience of our human resources

Our main goal is to develop a program to implement the workplace violence policy that includes the following:

- Measures and procedures to control identified risk factors;
- Measures and procedures to summon immediate assistance when workplace violence occurs or is likely to occur;
- Measures and procedures for workers to report incidents;
- How incidents or complaints will be investigated and dealt with
- Developed, in consultation with the joint health and safety committee or health and safety representative, if any, a program to implement the workplace harassment policy that includes:
  - Measures and procedures for workers to report incidents to a person other than the employer or supervisor if they are the alleged harasser;
  - How incidents or complaints will be investigated and dealt with.
  - How information about a harassment incident or complaint, including the names of those involved, will not be disclosed unless necessary for the investigation or corrective action;
  - How a worker and the alleged harasser will be informed of the investigation results or taking any corrective action
  - How incidents or complaints will be investigated and dealt with;
  - How information about a harassment incident or complaint, including the names of those involved, will not be disclosed unless necessary for the investigation or taking corrective action;
  - How a worker who alleged harassment and the alleged harasser will be informed of the investigation results or any corrective action including:
    - What conduct is considered workplace harassment including workplace sexual harassment;
    - how and to whom to report incidents of workplace harassment;
    - How the employer will investigate and address incidents or complaints of workplace harassment;
    - how the employer will report result of the investigation to worker alleging harassment and the alleged harasser

Our Board receives information on several quality indicators including the number of Critical Incidents (CI) reported to the Ministry and the number of WSIB cases.

In terms of the year ahead our Health and Safety Committee will be reviewing the definition of workplace violence and creating a more effective tracking tool. This year another goal is to



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strengthen the role of the Health and Safety Committee by having regular quarterly meetings and to be more vigilant about any conflict between staff through the use of the collective agreement process.

Part of our strategic plan is to optimize the work experience of our staff. This includes a safe work environment where staff, residents' families are treated with respect.

### **Patient Safety**

Nisbet Lodge promotes resident safety through several key initiatives. Multidisciplinary Risk Huddles are held twice weekly whereby we look at prevention strategies for emerging trends in predetermined categories. We triage the risks from a multidisciplinary perspective, look at root causes and develop a work plan to address/mitigate future risks. We do a monthly tending and evaluation of the risks to assess for emerging trends to ensure our work plans are effective.

We track and evaluate Critical incidents that are submitted based on alleged or confirmed actual harm or risk of harm to our residents. Each incident is fully investigated and reported. We keep our physician and the family involved throughout the investigation and provide an outcome assessment of the concern and prevention.

We follow our internal policy for reporting of concerns and undertaking internal enquiries to determine if the concern can be validated. Mitigation strategies are undertaken to ensure policies and our FLTC legislation is upheld. Families are involved in seeking resolution. We also self-report to the Ministry of Health through the complaints procedure if the concern meets the criteria for reporting.

We host monthly Quality Rounds in a multidisciplinary team and wrap up these results for our quarterly report which is shared with our Board of Directors and the extended Quality Team. We have set annual targets for each program and compare our results with the provincially reported indicators where available. We strive to sustain outcomes aligned with the top 10% of the province.

Our residents and their families participate in annual care conferences whereby we plan collaboratively with the multidisciplinary team for the care of the resident that is aligned with their wishes and input of the family. We will call a special care conference for residents that require significant changes in their Care plan so that we can reflect their wishes as their needs change. Part of our team includes palliative planning and discussion related to changes in care as their journey through their final stages of life unfold.



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### Health Equity

As a Christian based home, we accept and respect all races, religions to provide quality care for our residents. Many people who come to tour the home say they chose it due to its central location and close proximity to public transportation.

To ensure the spiritual needs of the residents are met, the chaplain continues to reach out to other denominations within the community. Our in-house Chaplain visits' are twice a week, along with bible stories and individual and group Holy Communion services on every unit. Activation programming includes hymn sing with piano entertainment.

Participation in residents' council has grown significantly over the last year as we share information regarding issues within the home. During residents council we continuously encourage and educate residents of the Residents Bill of Rights and how it pertains to them on a daily basis. The council is very involved in reviewing and participating in regular satisfaction surveys to continuously manage our quality standards in the home and where we need to improve.

As we continue to improve resident involvement in programs, one of activations focus is to reduce residents at risk and keep depression levels low and ISE – socialization scores on a monthly basis. To rectify this, activation will have 3 full time staff assigned to each team to increase programming and increase socialization scores an include more programs of inclusivity and socialization.