



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

Allendale Long-Term Care Home
2022-2023

Overview

Allendale is a 200 bed Long-Term Care home located in the Milton community that is a part of Halton's Regionally run Long-Term Care homes. As a Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®), recognized by the Registered Nurses Association Ontario (RNAO), and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International, we uphold the highest standards of excellence.

Our philosophy of care focuses on person-centered care, making meaningful connections and prioritizing the unique needs, values, and preferences of our residents. At Allendale, we are committed to fostering dignity, respect, and an exceptional quality of life for the residents under our care and continuously engage in quality improvement initiatives to ensure continued organizational success.

Services for Seniors Mission, Vision and Values

In 2022, Halton Service for Seniors division introduced new Mission, vision and core values. Our Mission, Vision and core values were updated based on feedback from Residents, clients, families/caregivers and team members.

Mission

To provide person-centered care that promotes dignity, respect, and quality of life.

Vision

To achieve excellence in the provision of person-centered care and service that ensures the safety, comfort, dignity, and well-being of each person served.

Core Values

Services for Seniors' core values are:

- Quality Care
- Dignity & Respect
- Equity & Inclusion
- Privacy

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is a systematic and ongoing process that involves identifying areas for improvement, developing strategies to address these areas, implementing changes, and measuring the impact of those changes. CQI is an essential component of ensuring high-quality care and service delivery to residents.

Halton Region's Long-Term Care homes are committed to using evidence-based resources to support and sustain best practices that ensure the best possible resident care. Halton Region's Long-Term Care homes use a variety of methodologies to support their quality improvement efforts. These methodologies include Plan-Do-Study-Act (PDSA), Lean, and Kaizen.



Plan Do Study Act (PDSA) Cycle

Identifying Areas of Priority

The Long-Term Care homes operated by the Region are committed to aligning their improvement efforts and initiatives with organizational priorities and the Division's strategic and operational plans to ensure standardization and reduce variability. In April 2022, the Ministry of Long-Term Care introduced the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22, which aimed to transform the organization and delivery of care in Long-Term Care homes across Ontario. These legislative and regulatory changes have had significant operational impacts on the service delivery, policies, and procedures of Long-Term Care homes. In collaboration with the Division's Continuous Quality Improvement (CQI) team, Allendale has implemented and executed these changes in its homes. The implementation of these legislative requirements has enabled the identification of areas for improvement at both the home and Divisional levels. Regular updates on the progress of these efforts will be shared with stakeholders.

At the home level, our quality priorities are driven by several factors including:

- Fixing Long-Term Care Act (FLTCA) and Ontario Regulation 246/22
- CARF standards
- RNAO best practice guidelines
- Key Performance Indicators (CIHI, Point Click Care)
- Program evaluations
- Health Quality Ontario (HQP) priority indicators
- Internal audits
- Resident and family satisfaction & experience surveys
- Feedback from stakeholders including Residents' Council, Family Council, and external stakeholders including MLTC

Annually Allendale develops Quality Improvement Plans (QIP's) that include key areas of focus aligned to Provincial system priorities to focus on three core themes; timely and efficient care, Patient/Client/Resident/Provider experience, and safe and effective care. The Quality Improvement Plan (QIP) for the 2023/2024 year has identified the following priority areas for improvement work:

1. Reduce the number of potentially avoidable visits to the Emergency Department
2. Improve rating on how well staff listen to residents
3. Improve rating on "I can express my opinion without fear of consequences"
4. Reduce the percentage of residents on antipsychotic medication without a diagnosis of psychosis

The home's Quality Improvement Plan (QIP) goals are integrated into the home's operational and strategic planning process. These priorities align with the organizations goal to improve care and deliver service excellence. The goals and change ideas from this plan continue as multi-year initiatives as the home works to sustain improvements in effective care and service excellence and resident experience.

Performance Monitoring & Measurement

Allendale prioritizes quality initiatives by leveraging its measurement and accountability systems. Our routine quality and risk management review processes includes monitoring and evaluating:

- Performance indicators tracked at the home and program level
- Priority indicators outlined in the Annual Quality Improvement Plans
- Professional Advisory Clinical Indicator Reporting
- Quality and Safety Advisory Incident Reporting
- Municipal Benchmarking Indicators
- Satisfaction & Experience Survey & Other Survey Results

Allendale publicly reports its clinical outcomes, which serve as a valuable resource to support quality improvement across the industry. During the 2021/2022 reporting period, Allendale's clinical outcomes were favorable compared to provincial averages. These results showcase the quality of care provided at Allendale and highlight the continuous improvements in practice, policy, and education that our home has implemented.

Quality Indicators	Ontario	Allendale
Falls in the Last 30 Days	16.2	13.9
Worsened Pressure Ulcer	2.4	0.9
Potentially Inappropriate Use of Antipsychotics	21.1	20.2
Restraint Use	2.5	0.5
Worsened Depressive Mood	21.3	12.6
Experiencing Pain	4.7	2.1
Experiencing Worsened Pain	8.9	6.0

Data Source: CIHI Public Reporting Site, Your Health System

Halton Regions Dementia Strategy Framework

Halton Region's Dementia Care Strategic Framework was designed using leading best practices and learnings from a variety of dementia care best practices and aims to enhance how we provide dementia care to the people living with dementia in our Long-Term Care homes, assisted living programs, and adult day programs. The framework is built on four strategic focus areas, which include supporting individual needs, developing our workforce, increasing collaboration, and enhancing the built environment.



The overarching goals of the framework are to:

- Improve dementia care, lived experiences and outcomes by establishing relationships and providing care focused on the unique needs of individuals and the development of meaningful relationships and emotional well-being;
- Have inspired, engaged and well-trained team members that deliver the highest quality of relationship-based dementia care, feel valued for their efforts and have opportunities to make a difference;
- Accelerate dementia care improvements by fostering greater collaboration and innovation to support improved health outcomes for older adults with dementia; and
- Enhance social and living spaces to reflect a home-like environment, support cognitive health and foster meaningful engagement.

The framework was designed to build on best practices while remaining flexible in responding to the unique needs of persons living with dementia. An implementation plan for the framework has been developed which outlines key actions and deliverables to take place over the next three years to improve the experience of persons living with dementia that receive our care and support.

In 2023, Services for Seniors will be exploring key performance indicators and reportable health metrics that can be monitored to evaluate the impact of the Dementia Care Strategic Framework and included in future CQI reports. Specific focus will be put on the focus area of developing our workforce in 2023, as we strive to have 100 per cent of our Services for Seniors team members trained in the Gentle Persuasive Approaches (GPA) program and the Living the Dementia Journey (LDJ) program.

Resident Family/Caregivers Experience Survey

At Allendale, we conduct annual resident and family satisfaction surveys as part of our commitment to providing high-quality care. We value the feedback of our residents, clients, and family caregivers, and use this information to identify areas for improvement at the home. We strive to achieve high response rates by promoting completion of these surveys. Residents and family caregivers have the option to complete the survey electronically or by using a paper-based version.

In November 2022, the Annual Resident and Family Satisfaction survey was conducted. Allendale uses both formal and informal channels such as newsletters, town halls, resident/family council meetings, etc., to review and discuss survey results with team members, residents, families, and caregivers. The survey results guide the identification of the home’s priority areas for quality improvement. We are committed to acting on survey results to improve how we deliver programs and services to our residents and their families.

Figure 3: Three Year Comparison of Allendale Resident Satisfaction Survey Results to Key Questions

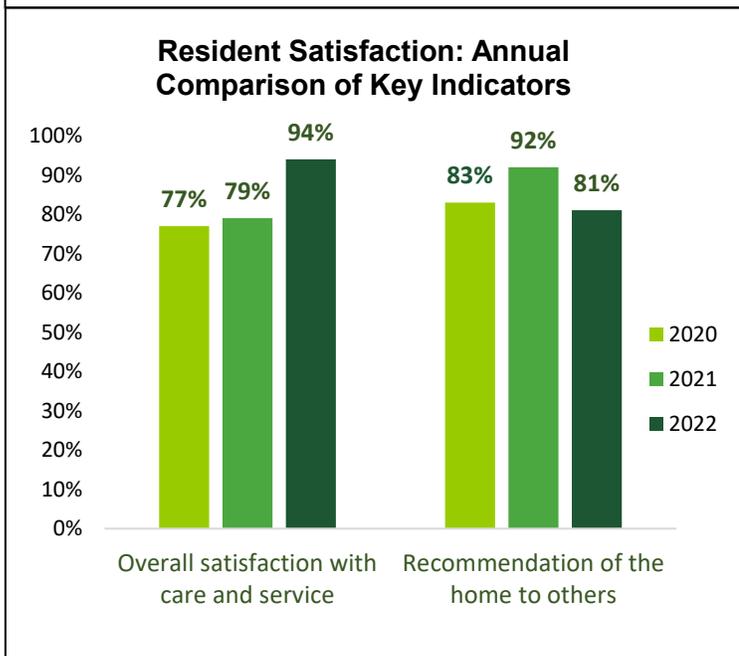
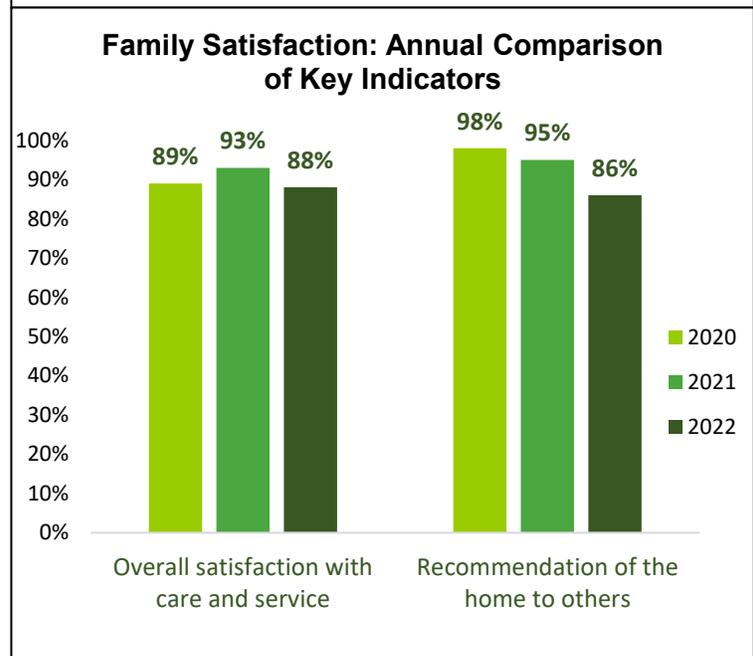


Figure 4: Three Year Comparison of Allendale Family Satisfaction Survey Results to Key Questions



Data Source: Services for Seniors 2020, 2021, 2022 LTC Resident and Family Satisfaction Surveys

The following table showcases key outcomes from the satisfaction surveys and their associated action items aimed at achieving the set objectives

Figure 5: Allendale Resident and Family Satisfaction Survey Action Plan 2022-2023		
AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
Concerns Being Addressed and Followed Up in a Timely Manner	<ul style="list-style-type: none"> • Conduct a comprehensive review of the concern/complaint process to ensure its effectiveness and efficiency in addressing resident and family concerns. • Adhere to established guidelines and time frames for following up on concerns and complaints, ensuring timely resolution and effective communication with residents and their families. • Include a dedicated agenda item to review the complaints/concerns process during registered team members meetings, fostering a culture of continuous improvement and proactive management of resident feedback. 	Q2 2023
The Continence Care Provided by Team Members	<ul style="list-style-type: none"> • Identify and address specific concerns raised by residents, ensuring personalized care plans are developed and implemented accordingly to address their individual needs and preferences. • Provide education and training to team members regarding continence management, skin and wound care, including the appropriate use of products and techniques to promote optimal outcomes and resident comfort. • Conduct education sessions on urinary tract infection (UTI) prevention and management, equipping team members with the knowledge and skills to identify early signs, implement preventive measures, and respond effectively to UTIs. • Utilize the RAI (Resident Assessment Instrument) to review and monitor significant weight loss on a quarterly basis, and follow up during quarterly continence meetings to address any underlying causes and implement appropriate interventions to support resident health and well-being. 	Q3 2022

Figure 5: Allendale Resident and Family Satisfaction Survey Action Plan 2022-2023

AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
<p>Personal Care Offered in the Home</p>	<ul style="list-style-type: none"> • Provide comprehensive education and training on Activities of Daily Living (ADL) care to ensure that team members possess the necessary knowledge and skills to assist residents with their personal care needs effectively. • Deliver education and training on the Gentle Persuasive Approaches (GPA) and Living the Dementia Journey (LDJ) education and approach, enabling team members to provide person-centered care and support for residents with dementia. • Implement regular performance reviews (PR) for both new hires and current team members, providing constructive feedback, identifying areas for improvement, and recognizing achievements to enhance team members development and performance. • Conduct a thorough review of the orientation process for new team members, ensuring that it is comprehensive, standardized, and aligned with best practices to facilitate a smooth transition into their roles. • Regularly review and update the plan of care and Kardex documentation to reflect residents' personal preferences, ensuring that individualized care is provided in a manner that respects and honors residents' choices and preferences. 	<p>Q3 2023</p>
<p>Opportunities to Participate in Resident Care Conferences</p>	<ul style="list-style-type: none"> • Enhance communication during the admission process to provide clear and comprehensive information to families, ensuring a smooth and well-informed transition for the resident. • Maintain ongoing communication with families, encouraging their active participation in care conferences (CC). Follow up closer to care conferences to ensure their availability and participation, fostering collaborative decision-making and shared understanding of the resident's care. • Identify and leverage other opportunities to communicate with families, such as regular updates through newsletters, Council meetings, and designated communication channels, to keep them informed about their loved one's well-being, activities, and any relevant updates or changes in care. 	<p>Q3 2023</p>

Communication Strategy

Services for Seniors' stakeholder communications are guided by an overarching communications plan which is reviewed annually. The communications plan outlines the strategies used to distribute communications to various stakeholders, including residents, family care partners, and team members. Services for Seniors utilizes both paper and electronic communication mechanisms, where possible, in order to maximize accessibility by stakeholders.

Services for Seniors utilizes a multi-faceted approach to communication with all stakeholders. Monthly newsletters, memos and posters are used to communicate with residents and family care partners. Emails and the iceAlert automated messaging system are also used to communicate with family care partners. We also connect directly with Residents' and Family Councils to provide updates on operations, priority projects, and consultations, as needed.

We communicate with team members using a variety of mechanisms which include: monthly home-specific newsletters, memos, posters, emails, and iceAlert automated messages. Urgent/time-sensitive communications are also posted on the landing page of the Workforce Management app, which team members use to view their work schedule.

Quality Improvement Initiatives 2022-2023

In 2022-2023 Allendale achieved success in the following areas:

- Continuing to collaborate with team members on wellness initiatives and recognition programs to support team members so that they could better support the residents including team member's mural project, massages and seasonal events.
- Continuing year three of the Long-Term Care Best Practice Spotlight Organization (BPSO) candidacy with the RNAO focusing on implementation and spread of best practices for fall prevention and management.
- Implementing new base schedules to align consistent team staffing across the Resident Home Areas (RHA) to support a stabilized workforce and continuity of care.
- Implementing new positions to support resident care- IPAC lead, Resident Services Coordinator, and full-time PSW positions to support a stabilized workforce and continuity of care.
- Implementation of regularly scheduled compliance audits across all departments to improve processes and address gaps in practice.
- Continuing education to attain the goal of training 100% of Allendale's team members on Living the Dementia Journey (LDJ) strategy – 50 % of Allendale's team members completed LDJ training in 2022.
- Allendale's Diversity & Inclusion Committee utilized Diversity and Inclusion Toolkit by Centres for Learning, Research & Innovation (CRLI) to develop strategies to address four key areas: education and training, environment, family and resident engagement, and outreach. The team created a Reflection room for residents, team members and family members to utilize as a quiet space, prayer room in the home to embrace the culture and diversity of our resident's and team members.
- To support enhanced infection prevention and control measures within the Long-Term Care home, environmental services team increased housekeeping staffing hours— 28 additional hours per week.
- Introduction of the Walk-A-Mile initiative where by members of the leadership team work alongside frontline team members in different positions to gain better understanding of what

areas of improvements can be targeted to improve the flow of work most connected to our residents.

- Christmas Door Decorating Competition across the home to promote a positive and fun environment leading up to the holiday season. Resident, Team members and Family involvement promoted cross stakeholder engagement.

Looking Ahead: Priorities for 2023-2024

- Working towards completion of the LTC WiFi project in the home for eventual free WiFi for all residents to access in their rooms, and in all areas of the building to support programs and improve resident experience.
- Through consultation with various stakeholders, review of communication methods currently in place across the home for residents, team members and families to ensure the most efficient process is used to share important information.
- Ensure all milestones along the roll-out of the Dementia Strategy are achieved in 2023.
- Conduct a review of current new-hire orientation processes to ensure we are addressing potential gaps prior to beginning work independently with residents in a hope to improve overall resident care and reduce staffing pressures.
- Re-establishing a strong and consistent employee wellness committee that will aid in supporting different initiatives across the home to promote a culture of health and wellness.
- Explore opportunities for technology integration for programs within Life Enrichment where residents will be able to benefit from recent advancements.
- Continue to focus efforts on updating building and environmental spaces across the home that align with dementia best practices of dementia strategy.

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