



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

Post Inn Village Long-Term Care Home
2022-2023

Overview

Post Inn Village is a 228 bed Long Term Care home located in the Oakville community and is one of Halton's Regionally operated 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), 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 Post Inn Village, we remain 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

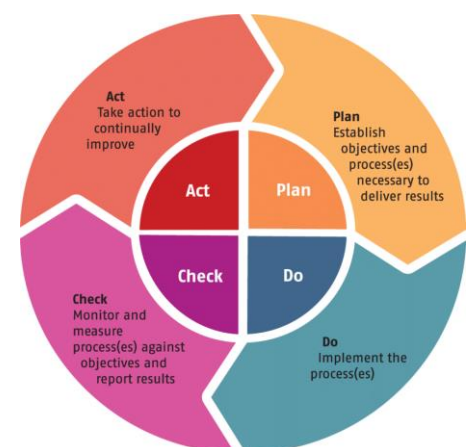
Services for Seniors' core values are:

- 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, Post Inn Village 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 Post Inn Village 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

Post Inn 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

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

Figure 2: Post Inn Village CIHI Performance Indicators 2021-2022		
Quality Indicators	Ontario	Post Inn Village
Falls in the Last 30 Days	16.2	9.1
Worsened Pressure Ulcer	2.4	0.1
Potentially Inappropriate Use of Antipsychotics	21.1	16.2
Restraint Use	2.5	0
Worsened Depressive Mood	21.3	12.6
Experiencing Pain	4.7	1.0
Experiencing Worsened Pain	8.9	3.3

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 staff trained in the Gentle Persuasive Approaches (GPA) program and the Living the Dementia Journey (LDJ) program.

Resident Family/Caregivers Experience Survey

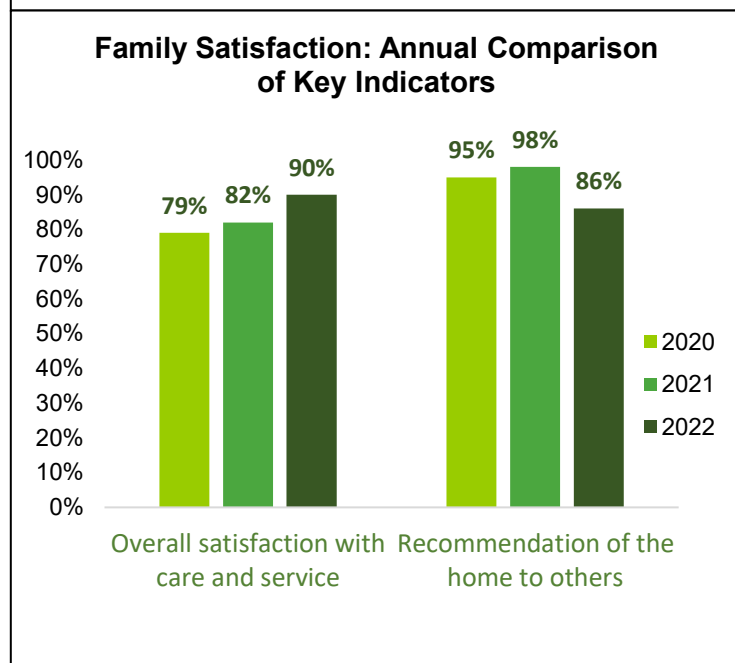
At Post Inn, we conduct annual resident and family satisfaction surveys as part of our commitment to providing high-quality care. We value the feedback of our residents, clients, and family caregivers, and use this information to identify areas for improvement at the home. We strive to achieve high response 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. Post Inn uses both formal and informal channels such as newsletters, town halls, resident/family council meetings, etc., to review and discuss survey results with staff, 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 Post Inn Resident Satisfaction Survey Results to Key Questions



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



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

Continuous Quality Improvement Initiative Report 2022-2023

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

Figure 5: Post Inn Village Resident and Family Satisfaction Survey Action Plan 2022-2023		
AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
Variety of Menu Choices	<ul style="list-style-type: none"> • The kitchen staff will receive training to effectively utilize the new rationale oven in the receiving kitchen, aiming to enhance menu variety and elevate the nutritional value of our offerings. • Implement initiatives to enhance family satisfaction, such as reintroducing welcome meals for new families to sample food, coordinating food fairs, and providing opportunities to sample food at meetings/town halls. • Continue Food First program once a month if possible to increase variety for residents- goal of 20 residents participating per month • Implement the fresh bread program by the beginning of the fall/winter menu 	Q2 2023
Quality of Food	<ul style="list-style-type: none"> • In collaboration with our Production Kitchen Nutrition Services Supervisor, we will diligently work towards creating innovative and nutrient-dense menu options once our new production kitchen is fully operational. • Our commitment to sourcing and integrating local food products into our offerings will persist, considering the projected supply chain challenges anticipated in 2024/2025. • Implementing initiatives to enhance family satisfaction, such as reintroducing welcome meals for new families to sample food, coordinating food fairs, and providing opportunities to sample food at meetings/town halls. 	Q4 2023 and ongoing
Dining Experience	<ul style="list-style-type: none"> • The second phase of our comprehensive staff training program on pleasurable dining experiences is scheduled to be rolled out in early fall 2023, or earlier if feasible. • Comprehensive audits of the dining rooms and snack carts will be completed in accordance with the established schedule, subsequently followed by Continuous Quality Improvement (CQI) reporting and the implementation of action plans. • An exhaustive onboarding process will be implemented to ensure that a significant influx of new team members is thoroughly acquainted with their respective roles and equipped with a comprehensive understanding of expectations. • The Nutritional Services Supervisor (NSS) will conduct formal audits of the first independent shift in the servery, ensuring adherence to established standards. • As part of our Dementia Strategy, we will enhance the dining rooms by introducing artwork and other enhancements to create a more supportive and engaging environment. 	Q3 2023 and ongoing

Figure 5: Post Inn Village Resident and Family Satisfaction Survey Action Plan 2022-2023

AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
Clinical services (clinics combined –eye, dental and foot)	<ul style="list-style-type: none"> • Quarterly meetings will be scheduled with Clinical service providers to review their current status, address any challenges or concerns raised, and ensure effective communication and collaboration. • Written processes will be established and maintained for clinics, encompassing clear guidelines for communication with residents and their families, ensuring seamless and effective information sharing. 	The home will continue to monitor services on an ongoing basis
Physio/Rehab Services	<ul style="list-style-type: none"> • The Regional Manager will present an overview of physiotherapy services to families, fostering transparency and providing valuable information during the Family Town Hall meeting (April) • A dedicated presentation will be made to the Resident Council, ensuring that residents are well-informed about the available physiotherapy services and encouraging their active participation. • As part of the admission package, an information package from Life mark will be included to enhance the knowledge and awareness of residents and their families regarding the services offered. • For residents receiving physiotherapy services, comprehensive care conference notes will be completed and shared in the absence of the therapist, promoting continuity of care and effective communication. • In cases where families have multiple unresolved concerns, the Regional Manager will be actively involved in care conferences, ensuring that all concerns are addressed and resolved in a timely manner. 	Q2 2023
Variety of activities offered to the Residents	<ul style="list-style-type: none"> • We acknowledge the drop of 5% in the score for this particular area from 2021 Satisfaction survey results and identify it as an area for improvement, warranting focused attention and efforts. • An evaluation of the calendar will be conducted to ensure a balanced representation of domains, and quarterly statistical reports will be compiled to assess the effectiveness and impact of the programs. 	Ongoing monthly with calendar development

Figure 5: Post Inn Village Resident and Family Satisfaction Survey Action Plan 2022-2023

AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
	<ul style="list-style-type: none"> • Collaborative brainstorming sessions with the LE (Life Enrichment) team will be organized to explore and generate ideas for various programs that can be implemented once the restrictions are lifted, aligning with the evolving needs and preferences of the residents. • Resident feedback will be actively sought and valued as an essential source of input for continuous improvement and refinement of our programs and services. 	
<p>Quantity of activities offered to the Residents</p>	<ul style="list-style-type: none"> • Our objective is to enhance family awareness of the activities taking place within the home, fostering a sense of engagement and involvement. • We will ensure that all programs, including individual one-on-one sessions, are recorded on the calendar and well-documented for comprehensive reference. • Aiming to maximize visibility and accessibility, we will increase the number of programs offered in the bar/café area, creating a vibrant and engaging atmosphere. • We will actively extend invitations to families, encouraging their increased participation in various activities, reinforcing the sense of community and strengthening bonds. • Regular updates through CCTV systems, newsletters, and informative posters will be implemented to keep families well-informed about the latest news, events, and initiatives within the facility. 	<p>Q3 2023</p>
<p>Improve the dissemination of information regarding activities and initiatives to residents, their families and caregivers</p>	<ul style="list-style-type: none"> • To enhance residents' awareness of the activities and events taking place within the home, we will implement a comprehensive communication strategy. This strategy includes leveraging resident council meetings, newsletters, CCTV systems, white board communication, posters/notices, calendars, and verbal notifications. These channels will collectively contribute to keeping residents informed and engaged in the vibrant happenings within our community. 	<p>Ongoing Monthly</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 Post Inn Village achieved success in the following areas:

- Collaborated with the Prevention of Error Based Emergency transfers (POET) Project team to implement POET in the home, including providing education to registered team members on appropriate conversation with families related to consent and hospital transfers. completed
- Implemented a new Daily Observation Sheet (DOS) to support quality service through the gathering of objective and measurable data about persons living with Dementia and utilized by clinical teams to identify patterns and trends which are analyzed and used to support care.
- Integrated nursing care plan into the kardex to ensure standard method of communicating resident care needs to the Personal Support Worker (PSW).
- Collaborated with team members through an engaged team member's council on wellness initiatives and recognition program to support team members so that they could better support the residents including a massages, Employee Assistance Program (EAP) support during challenging times and seasonal events.
- Maintaining our designation as a Best Practice Spotlight Organization (BPSO) through implementation of Nursing Leadership Best Practice Guideline and training of additional champions.
- Implemented new positions to support resident care- IPAC lead, Resident Services Coordinator, PSW and Registered Staff positions to support a stabilized workforce and continuity of care.
- Enhanced our telephone response system through collaboration with Regional partner to ensure live answer and as such enhancing the customer experience.
- Implemented scheduled compliance audits across all departments to improve processes and address gaps in practice.
- Continuing education to train 100% team members on Living the Dementia Journey (LDJ) strategy— 79 % completed in 2022.

Looking Ahead: Priorities for 2023-2024

- Utilize the new equipment in the receiving kitchen to increase menu variety and enhance the nutritional value of our offerings.
- 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.
- Collaborate with our Production Kitchen Nutrition Supervisor to develop new, nutrient-dense menu options once our new production kitchen is fully operational. This will involve increased dining room/snack cart audits, Continuous Quality Improvement (CQI) reporting, and thorough orientation of new team members.
- Provide comprehensive education on pleasurable dining to all staff, ensuring they are equipped with the knowledge and skills to create enjoyable dining experiences for residents.
- Deliver training on Gentle Persuasive Approaches to Care and Positive Approaches to Care to all staff, fostering a person-centered approach and enhancing the quality of care provided.
- Implement measures to reduce avoidable emergency department transfers by 12.5%, emphasizing proactive and effective care management within our Long-Term care home.
- Utilize the Situation-Background-Assessment-Recommendation (SBAR) communication tool to effectively communicate with physicians prior to sending residents to the hospital.
- Aim to reduce the number of residents on antipsychotic medication without a diagnosis of psychosis to 10%, aligning with best practices for appropriate medication use.
- Increase the involvement of residents and families in the development of individualized care plans, fostering a collaborative and person-centered approach to care.
- Enhance the capacity of the nursing team in delivering palliative care in LTC by training three Personal Support Workers (PSWs) in each Resident Home Area (RHA) and ensuring 10% of registered staff complete the Fundamentals of Palliative Care education.
- Implement a PSW communication checklist to report changes in the resident's health status to registered staff, promoting efficient and accurate communication.
- Foster increased partnerships and collaboration with residents, family care partners, and other external stakeholders in the operation of the home, ensuring a collaborative and inclusive approach to care and decision-making.
- Promote Diversity, Equity, and Inclusion (DEI) through Life Enrichment Programming, ensuring that activities and events reflect the diverse needs and interests of our residents.
- Leverage the use of technology and accessible resources to enhance communication and engagement for staff, residents, and families.
- Implement Activity Pro, a streamlined Life Enrichment documentation system, to facilitate ease of reporting, family and volunteer engagement, and efficient management of activities.
- Ensure the implementation of the Divisional Dementia Care Strategy Framework across all departments, aligning with best practices and providing specialized care and support for residents with dementia.

Home Quality Lead Contact Information

Magen Vieira

Resident Service Supervisor

magen.vieira@halton.ca

905-825-6000