



Tri-County Mennonite Homes

Continuous Quality Improvement Report

Designated Lead for Nithview Community LTC – Suzanne Gordon, ADOC

Introduction

A mission that inspires us- Make Everyday Matter - is a powerful motivator. Our vision, which furthers our ambitious pursuit of our mission, asks us here at Nithview to: Anticipate the needs of seniors and individuals with developmental disabilities and respond with housing, care, and supportive services. Challenge and encourage our residents, clients., staff, and volunteers to achieve their fullest potential. Be leaders in providing holistic responses to the physical, spiritual, social, and emotional needs of our communities. Look at challenges from new angles, respond with curiosity and ingenuity, and implement innovative solutions. Expand all aspects of our services for the broader fulfillment of our mission. Finally, our values lived and supported by all members of the Nithview community consist of compassion, caring, respect, trust, faith, stewardship, and being community minded. Each Director/Assistant Director is to report on activities to the CQI Team and bring forward any activities that require review and/or prioritization to the Committee. Reports, priority indicators, program evaluations, resident/family satisfaction survey outcomes, Critical Incidents, Complaints, Infection Control, and other priorities are to be reviewed at the CQI meetings based on the Annual CQI Teamwork Plan and as necessary.

Continuous Quality Improvement

Our Continuous Quality Improvement Committee plays a significant role in managing risk, outcomes, and guides strategic change as necessary within the Home. Quality of Care Committee examines critical incidents or occurrences for the purpose of learning from the events and improving the provision of health care at HHS. The comprehensive critical incident review process results in recommendations that help reduce the risk of future incidents. The Committee makes recommendations for changes in system /service provision to the appropriate committees within the home to achieve desired results or goals. One of our biggest successes, one we are most proud of, is our graduation as a best practice spotlight organization (BPSO). As an on-going practice, Nithview works with RNAO LTC Best Practice Coordinator to implement new BPGs as appropriate based on ongoing organizational needs assessment. This has highlighted our commitment to utilizing research based, standardized care in all aspects of resident care. In pursuing a Quality-driven facility, Nithview is striving for a shared team vision inclusive of residents and family council participation and collaboration. It allows for the growth of the team to a maturity that promotes good decision making, safe resident care and a dedication to improving the live of our residents through making every day matter.

Quality Improvement Plan 2023/24

The Quality Improvement Plan (QIP) is one component of our overall planning process, with initiatives selected to propel results against our strategic objectives while still ascribing to the mission, vision, and values of our Home. Aligning these components helps to ensure that we deliver high quality care, are accountable to our residents and families, and are prioritizing best practice and the highest of standards.

This QIP was developed with input from residents, families and Powers of Attorney through surveys launched, from all staff, and Senior Leadership, for direct input and the gathering of statistical data from various forums.

Quality Improvement Communication

- Quality improvement is communicated utilizing different strategies that are tailored to the specific improvement initiative and our outcomes. These include, but not limited to:
- Posting on communication boards in open areas
- Publishing stories on Tri-county website and various social media platforms
- Direct email to families and staff
- Handouts and 1:1 communication to residents; residents council, family council
- Presentations at meetings
- Leadership calls
- Huddles
- Champions/Educators to meet with staff on all shifts as required.

QIP 23/24

Timely and Efficient Transitions – Number of ED visits for modified list of ambulatory case-sensitive conditions*per 100 long-term care residents

Service Excellence -patient centered – percentage of residents who responded positively to “What number would you use to rate how well staff listen to you”.

Percentage of residents who responded positively to the statement “I can express my opinion without fear of consequences.”

Safe and Efficient Care – Percentage of medication errors per quarter

Safe – Percentage of residents without psychosis who were given antipsychotic medication in the 7 days prior to their resident assessment.

Safe – Medication Reconciliation: Total number of residents with medications reconciled as a proportion of the total number of residents upon quarterly assessment.

Safe – The amount of time from receipt of initial call bell system, to response time.

Equitable – Inclusion of all residents in our LTC home community.

ACCESS AND FLOW

Our goal was to reduce the overall number of Emergency Department visits. Despite our best efforts, we did not achieve the target reduction of total transfers to ED. In this endeavour however Nithview remains below the provincial average with an overall reduction of visits. Nithview will continue to build on the preadmission process. The pre-admission information is shared to all team members prior to admission. The pre-admission meetings help to gather a comprehensive understanding of the residents past medical history, psycho-social needs, and goals of care. This information also assists us in being proactive, in planning for appropriate supports and services in place prior to assist the resident with the transition. The goals of care are reviewed at the six-week admission care conference, annually and when a significant change in status occurs. Our home’s proactive approach to discussing and documenting health status upon admission and goals of care promotes the early identification of changes in resident health status and ultimately contributes to the reduction in avoidable ED transfers as staff, families and residents can make informed decisions. Overall, our goal is to ensure our team has the most accurate information about the

residents to provide the right care at the right time. This initiative was a goal from 2023 QIP but has been rolled into this year's QIP in an effort to realize our goal. Our initiatives in 2023 included the introduction of Clinical Pathways (Admission, Delirium, Resident and Family Centered Care) April 27, 2023. Through this initiative our home will:

- Implement standardized assessments and interventions presented to staff in a user-friendly manner.
- Provide education for the interdisciplinary team on evidence-based practices consistent with the BPGs.
- Improve and support quality, efficiencies, critical thinking, and sound judgment.
- Support inter-disciplinary evidence-based care planning that fosters resident/family engagement in the process.

The Benefits include:

- Enhanced staff knowledge and application of evidence-based, resident-focused care.
- Widespread use of standardized, comprehensive, and evidence-based assessment and care planning processes in Ontario's LTC homes.
- Readily accessible data to evaluate key performance measures aligned with the LTC home's quality improvement program and regulatory requirements.

In furthering this endeavour, as noted in our 2024/25 QIP, Nithview Nursing Leadership has built education sessions that encompasses all registered staff and is a complete review of physical assessments, systems assessment, education systems, fulsome skills' review, communication, and leadership, etc. all in an effort to continue the momentum of reducing the ER visits by our residents.

Additionally, Nithview experienced a high number of residents presenting themselves in ways that placed the other residents and staff at high risk. These residents required, at times, 1:1 staff to always remain with them to lower the risk to the residents themselves and/or the risk to others. There were critical incidents that required an intense amount of time and effort to manage the overall safety. The result was an unfortunately higher than wanted number of residents who were found to be taking antipsychotics that did not have a psychosis diagnosis. It is always the goal of the home to have residents experience life on as little medication as possible. When the opportunity arises for the antipsychotic to be discontinued, the immediate goal is to do so. There is a collaborative relationship that takes place throughout the year, on a quarterly basis, beginning April 1 and completing March 31 of the next year. Collaboration between Nithview Registered Staff, our Medical Director, ADOC, and Medi-System Pharmacy occurs to ensure every opportunity is taken to reduce antipsychotic use. Nithview will continue to work towards reducing the percentage.

EQUITY AND INDIGENOUS HEALTH

Nithview's equity plan focused on the inclusion of all residents in our long-term care home community. All residents have the right to express their spirituality and participate in their religious worship practices as per the Resident Bill of Rights. We aim for all residents to feel safe to do so. During 2023, from January – December, there were 163 spiritual cares programs and activities offered to our residents by our in-house Pastor. There were many meaningful opportunities to spend quality time engaging in the activities as well as enjoying dedicated time with the pastor for personal worship and meaningful discussion. Other opportunities included chapel, church service, Bible study, hymns and verses, mass, and virtual church. 47 opportunities for 1:1 discussion with our pastor were also provided. With the pastor hereat Nithview residents were also benefitted from impromptu visits at various times throughout the day and evening in some cases. Nithview was fortunate to find themselves with an average of 9 churches supporting the Nithview community in various ways. In the quarters that were tracked, 93 % of Nithview residents participated in a spiritual activity of some kind. Nithview is proud of this accomplishment. Positive feedback Nithview received is: "I like the activities; I love the Bible studies and church activities the pastor put on for us; they are interesting and lively, and I look forward to the regular services".

PATIENT/CLIENT/RESIDENT EXPERIENCE

When evaluating resident satisfaction there are multiple areas to be considered, not all of which is in the control of each individual home. At Nithview, leadership has a very visible role on the floors and are often found to be assisting with all aspects of the resident experience. Our annual survey was administered to the residents and comments were shared that indicated their overall satisfaction with life at Nithview. Some comments included that Nithview is a “safe environment”; “It is a safe and clean environment with nice views out the windows”. The days can be long, so it is wonderful to have that lovely view. A resident also shared that “the Home does not have the typical smell of a nursing home, and this is wholly due to our housekeeping department. It was stated that Nithview has a “homelike feel”. Our direct care staff received positive reviews as evidenced by statements that “caring and friendliness of staff are excellent”. Families agreed with comments such as, “The staff are friendly and helpful and [the residents] needs are very well met”. Residents expressed through the Residents' Council as well as our Satisfaction survey, their desire to have consistent staffing, and that staff wear name tags so they can get to know them and feel comfortable having them provide their care. The home is committed to ensuring residents feel comfortable with the team. We aspire to build teams that trust one another and are committed to a safe and positive resident experience.

Resident and Family Survey:

As per the FLTCA 2021, 43 (1) states that every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once a year a survey is taken of the residents, their families, and caregivers to measure their experience with the home and the care, services, programs, and goods provided at the home. Both the resident and family caregiver experience survey were last completed during 2023. A full report is available upon request. After the collection of survey responses, the results were analyzed to ensure all suggestions were taken in account especially the comments made within the open-ended questions that were available throughout the survey. The results were further shared with the CQI team – (which includes resident and family council representatives), Staff, and Residents' Council and Family Council as a whole. Improvements coming directly out of survey results were increased spiritual programming and opening up more space for resident and family use.

PROVIDER EXPERIENCE

During 2023, Nithview was aware of the pressures from the Covid years however steps were taken to move past the pressures and demands of that time to a more improved care giver experience and collaboration, with better outcomes and satisfaction with the jobs. Some activities provided were a September 2023 Nithview baseball game with a BBQ for all staff. A Staff Wellness Day was held in November 2023 with a focus on self care, as it is well-known that work-life balance and self-care have been seriously lacking in healthcare throughout the pandemic. Additionally, staff held potlucks, activities as a group such as horticulture, bracelet-making, Christmas crafts and many more. A Christmas gift was provided to the staff from the CEO himself and staff appreciated the gesture. From a leadership perspective, high levels of recruiting are on-going in a climate that is incredibly tough to navigate with the use of agency for instance, and many facilities are competing against each other for the same staff. Efforts to retain staff are just as important and are nurtured by the above-mentioned activities. In response changing resident care needs and demands on staffing to meet these needs, nursing leadership has poured extensive efforts into updating routines, and implementing processes to aid and support our front-line staff in achieving the goals of resident care each day. The team has created new and innovative staff roles that help distribute workload and also support the staff in meeting the daily pressures of providing safe resident care.

SAFETY

Family and resident experience at Nithview community is measured using surveys. The survey administered in February 2023, included questions regarding care provision, communication, food and dining experience, home environment, home services, expression of opinion regarding activities of daily living and leadership response among others. The results of this survey were released in May 2023 and reviewed thoroughly at corporate level as well as leadership level at Nithview. A percentage of residents

responding positively to “What number would you use to rate how well the staff listened to you?” Percentage of residents who responded positively to the statement “I can express my opinion without fear of consequence”. All residents at Nithview community have the right to express themselves as per the Residents’ Bill of Rights. There were 46 surveys sent out to residents with a CPS of 0-3. 35 were completed. The results were very encouraging. 95% of residents stated that the PSWs provide compassionate care; 100% of rec staff treat me with respect; 94% residents state Administration treats me with respect; 94% of residents stated this is a safe and secure home; and finally, 95% of residents and family like this home. Areas of improvement noted were that only 65% of residents responded positively to the statement “I can express my opinion without fear of consequence”. Leadership and staff will focus on ways to improve these areas of improvement through the following: teaching and learning opportunities focused on administration of the survey, administration of a fulsome annual survey as well as an opportunity for all residents to receive a survey focused on two specific two questions related to respect for the residents’ opinion and how well they are listened to, at the care conference each year.

In addition, a second area focusing on resident experience was our study of the amount of time from receipt of initial call from call bell system to response time. The call bell system response times were made a priority, and audits were conducted three times a week beginning in August 2023 and finishing in December 2023. To ensure the most random data was gathered from all floors, a random pull of rooms was completed throughout Nithview followed by a comprehensive analysis of the resulting times and reasons for them. The results showed that 52.2% of the call bells triggered were answered in under 5 minutes. 42% were answered over 5 minutes. The acceptable rate as decided by Nithview Community is 15 minutes. As per researchers at Johns Hopkins Hospital (2023), an action found to be impactful when introducing call bell systems, is to ensure the perception of the call bell systems and what to expect of them, results in better communication and better outcomes experienced for patients and staff (np). Ford et al.,(2023) go on to say there is a statistically significant increase in patient satisfaction with responsiveness and a decrease in wait times as well as more engaged and satisfied patients, and improved work satisfaction for staff. This was a direct result of the following teaching and learning opportunities for all our staff:

1. Creation of a Reference manual for all staff
2. 1:1 training for staff on the use of the call bell system
3. Call bell audits for data gathering.
4. On the spot real-time coaching and training
5. Resident interviews for data gathering.
6. Introducing the call bell system to residents and what they can expect when they trigger the call bell.
7. Specifically, teaching that every staff member can answer a call bell.
8. Educate regarding answering the bell even if the request may not be managed at the exact time due to competing priorities of the unit at the time, it has been found that when the patient can associate a face and name with the voice ...answering the call bell, they have a better understanding of the role ... and the nature of ...the call bell use”.
9. Back up option created in case of system failure.

Ford, K. A. et al. (2023). Improving call Bell Using Improved Communication to Create a Paradigm Shift in Patient Perceptions. Johns Hopkins School of Nursing.

Another aspect of resident safety was examined through our evaluation of medication reconciliation completion rate, upon admission and quarterly from January – December 2023. Medication reconciliation is a formal process in which healthcare providers work together with residents, families, and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care. Total number of Residents with medications reconciled as a proportion of the total number of residents upon quarterly assessment is reviewed. This is the inaugural year for this metric to be assessed and reported on. It was changed to admission and quarterly to better understand where there may be issues occurring in this new indicator. As such, Nithview is very happy to say that we have achieved a compliance rate of 85%.

Nithview also studied the number of medication errors in the calendar year in an effort to reduce the percentage of medication errors. Nithview is very proud of our accomplishment of our goal in this very important program. "Simply counting numbers" and comparing statistics of medication errors lacks validity, and more importantly can dangerously undermine efforts towards full reporting and learning. A "high error rate" when comparing numbers within an organization or externally, can mean there are unsafe medication practices, or it could reflect an organizational culture which promotes error reporting and learning. Conversely, a 'low error rate' might suggest a successful error prevention program or may be the result of an inherent punitive approach which in turn, inhibits individuals from reporting errors and analyzing causes of errors. Hospitals which focus their attention on maintaining a "low error rate", will inadvertently promote an unproductive cycle of underreporting of errors and will therefore, allow unrecognized weaknesses in the medication use system to continue. (ISMP).

Lastly, the transition at the admission point saw new residents welcomed into the community with a standardized assessment from Nursing Advantage Canada. Clinical Pathways – a RNAO best practice initiative – was rolled out at Nithview Community for all newly admitted residents on admission day. This assessment has prompted a more comprehensive picture of the resident in the early days of their stay here at Nithview. This accomplishment, which sees 100% of all newly admitted residents assessed using this framework, was a direct result of registered staff skillfully completing it and then providing a comprehensive and readily available clinical picture of the residents in their care. In turn, this information sharing will undoubtedly assist in preventing critical incidents due to an unfamiliarity with the new resident. Education sessions for all registered staff to learn how to use the electronic assessment was provided, a video was created for viewing opportunities on all shifts on any day, a review of the questions to ensure proper meaning and articulation to the residents and family was provided, and finally focusing on the resident's various triggers that immediately create a care plan upon completion that requires addressing in the days following the admission. Audits by Nursing Leadership to ensure accuracy and completion are completed on an on-going basis. This assessment has provided a more comprehensive picture of the resident in the early days of their stay here at Nithview.

POPULATION HEALTH APPROACH

Nithview is grateful to have, and very thankful for, the various external collaborators involved in resident experience, safety, and care. Various partnerships include NLOT who graciously provides education on a rotational calendar basis as well as on the spot training. They also provide training that enables the home to provide specialized care and treatment as needed. This is integral to assisting us to provide alternative to transfers to hospital. Training ensures that our registered staff provide the optimal treatments, medication, and care through best practice standardized methods most importantly in times where perhaps registered staff do not have that competency. BPSO also provides guidance and information that supports best practice through our use of the best practice guidelines that we follow on a continuous basis when caring for our residents. Our pharmacy is an integral part of the medication ordered and provided to our residents, they are key members in PAC and quality committee meetings, they gather and monitor data for us in terms of antipsychotic use, medication errors, numbers of medications prescribed etc. They also collaborate closely with physician/medical lead at Nithview. Finally, Nithview is fortunate to have both a resident's council and a family council. The residents (CPS 0-3) are very interested and quite participatory in their meetings with Leadership. An effort to work collaboratively on making Nithview the very best it can be. Family Council has been under transition of leadership and are slowly creating a move forward plan. Families are provided timely information of changes, updates, and activities via e-mail to ensure communication is transparent and fulsome.

Other Projects Completed

Throughout the year, we have accomplished additional projects that have contributed to quality-of-care improvements such as:

- Audits- Housekeeping audits continue to be completed quarterly. Our next housekeeping audits will be completed in February 2024. Huddles continue with team members on Tuesday's and Thursday's.
- Missing Items process is being revised to ensure proper follow up procedures.
- The new visiting rooms have been set-up, and now prepped with more décor and artwork (ready to hang up) to ensure residents and families have a nice space to visit together.
- Rec dept organizes a celebration each month.
- The Recreation department strived to offer programs on all floors, even with being short staffed.
- The Recreation Director and ED (Stacey) met with a Family Council member to help develop a new promotional flyer, and new email invitation process, to help the Council promote their events and attract new members.
- Training for the Skin and Wound App on the registered staff phones has been completed. It will allow a more fulsome and quick assessment and documentation at the bedside with instant downloading of information into the secure PCC chart. The app will allow staff to take a picture of the wound immediately and so less reliance on descriptions and approximate measurements. They can then download the picture right to PCC. This will be a huge time saver and help with tracking the healing process. The Physician/family can see the progress as well through the pictures.
- The new initiative from Pharmacy that saw Medi-system replace the current Quarterly MARS with TMRs, launched on November 1st. There are a number of steps required to prepare for this new initiative. Audits have been completed and as with any change, there has been an adjustment period but overall, the new process has been highly successful.
- Emergency Box Narcotic Count- This count is now being completed by the Registered Nurses on each 12-hour shift. This will assist with maintaining more accurate records and numbers of the narcotics/controlled substances in the eBox and also narrows the accountability for these medications to a smaller group of nurses.
- All Physician's Medical Directives have been reviewed and a new one has been created and reviewed by Dr. Dai reflecting the creams/lotions that may be ordered at the registered staff's discretion without requiring a physician's order.
- We have created 2 additional PSW shifts per day that focus on specialized care required in bathing residents.
- The management team put together a comprehensive plan to prevent staff call ins and provide a safe space for staff, to avoid being stranded in the stormy weather conditions that may be expected in the region. The staff was very appreciative of all the steps taken and accommodations made (rooms for resting, showers etc.). Thus, also assisted in providing a safe staffing complement. Staffing was found to be in full complement during the first weather event following implementation.
- With an invigorated effort, 92 LTC Residents benefited from Spiritual care programs. Examples for programs available are:
 - Chapels
 - Church Services
 - Mass
 - 1:1 Visits
 - Bible Study
 - Hymns and Verses

Through the use of the PDSA framework, data analysis using in-house and provincial comparators (I.e. CIHI; RAI-MDS), and the Quality Standards through HQO, Nithview is confident that the goals set out for itself will be met and surpassed.

Improvements Planned for 2024

- Introduction of Meal Suite throughout the home
- Full Education Days for all Registered staff in the home
- Formation of IPAC Committee
- Continues work to decreasing the use of anti-psychotic medication for residents without a diagnosis of psychosis.
- Continue work to decrease emergency department visits.
- Continued work towards a reduction in resident falls
- Health and Safety Committee will be focusing on Equity and Diversity Training
- Increased and improved communication through various initiatives
- Increase residents' spaces within the Home.
- Continue the momentum of our spirituality program.
- Continued implementation of Clinical Pathways including falls assessment and pain assessments

OIP 24/25

Experience - Pleasurable and Safe Dining

Safety - Rate of potentially avoidable emergency department visits for long-term care residents

Patient-centred - Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"

-Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

Equitable - Percentage of staff (executive -level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.

Safety - Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.

-Percentage of long-term care home residents who fell in the 30 days leading up to their assessment.

Safe - Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.

Continuous Quality Improvement Lead- Stacey Zehr Executive Director

Tri-County Mennonite Homes - Nithview Community