

# The Pines Long-Term Care Home

2024-2025

## Continuous Quality Improvement Report & Quality Improvement Plan

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Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 21, 2024



## OVERVIEW

The Pines Long-Term Care Home is owned and operated by The District Municipality of Muskoka with a second home in the Huntsville area, Fairvern. The Pines is home to one hundred and sixty (160) residents in a total of five (5) home areas. The Pines is an organization committed to excellence in care and services for our residents and their family members. Throughout every aspect of our work, we consistently strive to apply evidence-based best practices to ensure we are delivering care, programs, and services that are person-centred, safe, diverse, equitable, and timely.

Our team is proud of our most recent accreditation in 2023. The Pines achieved the highest standard of a three (3) year accreditation by carf International (CARF). The home demonstrated substantial conformance to the standards; providing a homelike environment to older adults and those needing a welcoming place to live. The home has evolved through the passion of its staff members and its pursuit of better services for the residents served. The home's strength involve its program services, as evidenced by positive feedback from all stakeholders, and the high quality of its staff. The leadership and staff's commitment, passion, and dedication are evident throughout the environment. There is an elevated level of respect among the team members and a keen sense of teamwork, which supports quality care. The home demonstrated creativity by providing continual services to maintain connections and outcomes throughout the COVID-19 pandemic. The residents and other stakeholders expressed great satisfaction with and appreciation for the organization, its services, and its staff. The leadership recognized the excellent staff and supports as the foundation for its high-quality services. The leadership ensures that the home practices fully align with the

mission, vision, and values. Respect is a value practiced by all and is especially noted in the work the organization is doing to ensure strong, positive, and meaningful relations. The home appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement.

The Pines continued to experience leadership changes in the last year. Although faced with changes, the current leadership is committed to Quality Improvement and is ensuring that the Continuous Quality Improvement (CQI) Committee identifies where improvements need to take place, create baselines, implement interventions, and review outcomes. Many items have been brought forth by the CQI Committee, through the Residents' Council, Family Council, and the employees in the home. The CQI committee is comprised of multidisciplinary team including members from Resident's Council and Family Council. In the last year, the number of residents on the committee has grown from one (1) to six (6) as well as seeing representation from the Family Council Committee. The home continues to discuss quality improvement at both Residents' Council and Family Council meetings each month. The team seeks feedback related to areas such as the Resident and Family Engagement Survey and the Quality Improvement Plan.

A significant change took place in 2023 with our District of Muskoka team taking on a very large transition project for the home. This project was about moving back-office systems for the Pines such as payroll, scheduling, IT services, human resources, procurement, policies, and records management away from Extendicare, which provided the services through a contract. This was a very large quality improvement project and we are happy to report that the

bulk of this transition has taken place. Our team continues to work on areas to strengthen processes and procedures.

The Home's strategic plan was refreshed in 2021. The leaders in the home maintain their departmental work plans which align with the QIP, the annual workplan, and the Home's Strategic Plan 2022-2025. The leaders are encouraged to collaborate with their employees to determine items that can be improved based on input from all. These work plans benefit the individual departments as well as the home as a whole so that residents receive the very best, and most current evidence based care and services possible. The Pines strategic plan lays out five (5) main goals which are inline with the QIP. This year's 2024/2025 QIP is intended to be a team effort of continuous improvement, based on the updated strategic plan and LTC operations. Our team remains committed to applying best practices in what we do each and every day to ensure quality of care, meet the vision, and mission of the home for the residents of The Pines.

## ACCESS AND FLOW

Our homes strategic plan has a goal of delivering exceptional person-centred care, which includes the right care at the right time. The Pines strives to continue to provide exceptional person-centred care with palliative care philosophy to ensure comfort and quality of life for residents. This includes programs such as OTN (telemedicine), CORE program, Nurse Practitioner Lead Outreach Team (NLOT), and end-of-life committee. The CORE committee is focused on identifying high risk residents related to falls, skin and wound, pain and continence concerns. The interdisciplinary team reviews residents that fall for these areas as these residents are at higher risk for emergency room transfers. OTN is not new to the home and we continue to utilize the technology to provide care in-house with consultations, etc. Our team has partnered with Soldiers Memorial Hospital to add the NLOT team. NLOT is new to the home in 2024, but we are in the process of developing the program with the NLOT team members. We are hoping this program will help to reduce ED visits and increase staff knowledge through educational opportunities to reduce visits. Our end-of-life committee has transformed in the past year as well, with the addition of our Social Worker. We continue to partner with North Simcoe Muskoka Hospice Palliative Care Network and have created relationship with our local hospices. Our team continues to utilize programs in place as well, such as our lab services that are in the home twice a week to support residents with bloodwork and ECGs as well as portable x-ray. Our goal is to ensure that residents receive the care they need in the home as much as possible to ensure resident comfort and reduce the pressures on the local healthcare system.

## EQUITY AND INDIGENOUS HEALTH

The Cultural Competency Plan was updated March 2023 and is

included below:

1. Introduction, Vision and Values The Pines long-term care home embraces multiculturalism, diversity, and inclusion in all aspects of the home's operations including residents, families/caregivers, employees, and stakeholders. This plan contains assessment data and reflects current initiatives that create a welcoming environment and embrace diversity. This plan describes how The Pines will include the diversity of its stakeholders and how their respective skills, knowledge, and actions contribute to an inclusive work environment. The Pines seeks to promote cross-cultural understanding where stakeholders value and respect each other's differences and embrace similarities including beliefs, preferences and practices within and between ethnic groups.

2. Definitions Culture refers to the collective experience, beliefs, values, knowledge, economy, and ways of life of a group of individuals who share certain historical and/or present experiences. It means different things to different people. Diversity refers to an assorted group of individuals from a variety of backgrounds, styles, perspectives, values, visions, and beliefs. The collective similarities and differences of the group are an asset to the teams and organization they interact with. Inclusion refers to an individual's sense of belonging and the comfort they find in an organization to develop their full potential. Inclusion allows an individual to actively participate, encourages the acceptance of differences, etc. An inclusive environment empowers and magnifies:

- Creativity and innovation
- Engaged and diverse team(s)
- Employee productivity
- Attraction, development and retention of employees

- Engagement and commitment
- Empowerment of staff, residents and stakeholders
- Performance and achievements
- More resident centred focus

### 3. Diversity with the Pines Residents and Employees

Our plan covers the diverse individuals in the home including our volunteers.

### 4. Cultural Competency Plan Goals and Objectives

All residents receive resident-centred care that accommodates their cultural needs and preferences. All employees, temporary staff, volunteers, students, contractors, caregivers and family members will feel a sense community at The Pines. The Pines aims to achieve this goal by pursuing the following objectives:

**Persons Served** With appropriate consent, a summary of resident information will be compiled on admission and shared with staff. The summary will include religious preferences and other background information, in line with Montessori Methods. Person centered care plans will be completed for all residents. Care An “All About Me” poster will be created for interested residents and posted to help orient staff, visitors, students and volunteers about residents and provide an understanding of resident preferences/values. Processes To ensure that The Pines Long-term Care Home’s mission, vision and values are brought to life to support and embrace the Cultural Competency Plan To ensure the Strategic Plan supports the successful implementation of the Cultural Competency Plan.

**Pastoral Care** The Pastoral Care Committee will meet as needed to review residents’ spiritual needs and continue planning to address unmet needs.

### Palliative Care

The specialized Palliative Care Committee will reassemble to meet monthly to meet resident, caregiver and family members needs associated with palliative care from admission to discharge. The committee will work with North Simcoe Muskoka Hospice Palliative Care Network on a special project to improve palliative care at the home.

### Dietary Team

Promote homelike congregate dining and ensure a table is available for visiting families to participate in meals. The Activities and Dietary Teams will collaborate to offer some meals family style. The Pines will assess ‘favorite foods’ of residents and include them in the menu, where possible. Activity/Recreation Inclusion of gender specific preferences and utilize profiles created on admission to capture personal preferences. Continue to offer special programs throughout the year for Veterans and events that are reflective of all relationship statuses (i.e. married, common-law, siblings, friends). Administration The Administrative Manager will continue to provide rate reduction process and education, upon request, and offer this service to all residents and families on admission. Persons Served Incorporate Resident/Family Satisfaction Survey data related to the accommodation of cultural preferences, where possible.

### Language and Communication

Staff will ensure all residents with disability related needs receive appropriate assessments and interventions including communication devices and sign language interpreters, when possible. Continued used of resident centred care plans.

### Music Integration

Integrate musical programming throughout the home and by expanding the Music and Memories Program that incorporates resident background and music preferences (i.e. country music, 1950s, Rock, Elvis).

### Nursing Team

Accommodate preferences for specific gender-based care to the extent possible, making scheduling adjustments as needed.

### Environment

Continue to offer each resident a separate bedroom. Staff will continue to adhere to the requirement of knocking before entering resident rooms. Staff will create an inclusive environment by ensuring everyone feels a sense of belonging and where practices are in place to comply with legislation and policies. The social environment will support all stakeholders' abilities, strengths, interests, and wishes.

### Leadership, Education and Indigenous Training

Provide Safer Spaces training to all staff to improve awareness regarding different abilities and LGBTQ2SIA+, to improve acceptance of diversity and the use of inclusive language, etc. Encourage open communication regarding comfort levels of staff/volunteers/contractors who may identify as LGBTQ2SIA+, different abilities, visible minorities, religious groups and other subgroups to provide suggestions for the improvement of diversity and inclusion at The Pines. Annual trainings on Respectful Workplace. Address issues related to harassment seriously with prompt investigative action. Staff pronouns added to name badges upon hire, with staff consent. The District of Muskoka provides

Safer Spaces and Indigenous Awareness training in addition to other cultural diversity training through the Muskoka IDEA Project. All the leadership team members including our registered nurses have completed IDEA training. We encourage all team members to complete IDEA training as well as Indigenous Awareness Training through the District Municipality of Muskoka. Our administrator also attended a webinar related to Indigenous Anti-Racism through Muskoka and Area Ontario Health Teams. Our team will continue to look for opportunities for education.

### Dementia

Increase knowledge, understanding and respect for different cultural views of dementia. Support and sustain Dementia Care and Minimizing Responsive Behaviours in the home. Staff Events Include food items that accommodates vegetarian and gluten free diets. Future considerations for other dietary needs or restrictions. Contractors and volunteers will be welcomed to participate in staff events when possible. Staffing Break areas now formally include Courtyard, Country Kitchen, outdoor spaces and other home areas not in use by residents and their family members.

### Care

Continue to encourage all diverse groups and individuals to showcase and utilize talents/experiences/background as part of caregiving.

Human Resources Recruitment and retention efforts to ensure the home is an employer of choice related to diversity, comfort, and culture. See the attached policies to support.

## Quality Improvement

Continuous Quality Improvement (CQI) team to monitor practices, identify trends, engage stakeholders and implement plans for improvement to support the implementation and sustainability of the Cultural Competency Plan.

### 5. Feedback and Improvement

This Plan is designed to guide employees with the engagement of residents, caregivers, family members, students and other stakeholders in a manner that demonstrates the home's commitment to cultural inclusivity and diversity. Employees will enhance the experience and interactions of all stakeholders in a culturally competent, consistent, and respectful manner to strengthen meaningful relationships. The Pines will strive to gain feedback from all stakeholders through satisfaction surveys and other tools that capture cultural competency, inclusion, and diversity metrics. Survey results will be used to adjust and enhance the Cultural Competency Plan in collaboration with CQI team, Residents' Council and Family Council.

In 2024 our entire team will be completing online education related to cultural competency including Indigenous Cultural Safety in Health Care. This is a four (4) part series which will enhance our team's knowledge surrounding key areas such as key terms, historical context, social determinants and culturally safe care.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Our QIP continues to be a reflection of the many stakeholders, including Residents' Council and Family Council. Which are active committees in the home and assist to provide important feedback about the quality of care in the home. Our team has representation

from both Residents' Council and Family Council on our CQI committee with multiple residents joining in 2023. The views and feedback of residents and families about the quality of care being provided in the home need to inform decisions. Families and residents are encouraged and provided with an opportunity to express their concerns to the home's leadership team at any time. The team works collaboratively with the family and resident to find solutions to problems. The home also provides the MLTC phone number and website that details how they can voice their concerns if they feel that our team has not been able to find a solution. The MLTC phone number must also be posted in the home. All concerns can be anonymous and the MLTC is expected to follow up on each concern. Concerns that are reported to the leadership team in the home are addressed promptly and reported to the MLTC, if required. The home has an internal tracking system as well to identify trends that may need to be further actioned. The home continues to build relationships by communicating with residents and family members through as many means as possible and seeking feedback. The 2023 resident and family satisfaction survey was completed and will be a driving force for the 2024 annual workplan. The results have been reviewed with Residents' Council and Family Council to assist with further feedback and quality improvement. Our team has identified potential areas of improvement and will be working on a smaller survey to ask more targeted questions to shape our improvement plans.

We are pleased to provide you with the following examples of recent initiatives co-designed with our Residents' and Family Councils.

### Renaming of the Chapel

Our team worked with our Residents' Council to review the names



of many rooms in to home to ensure that we were being spiritually and culturally sensitive to all residents and stakeholders visiting the home. With the help of Residents' council the chapel was updated to the Multi-faith and Contemplation Room.

#### In Memoriam Boards

Our team again, worked with our Residents' Council related to feedback that we had reviewed from them. The residents felt that they wanted better communication about if a friend had passed away in the home. Our team worked with Residents' Council to purchase Memoriam Boards that are now on every home area where we are able to post notices if a resident has passed away. Our activities team has taken a lead on maintaining the boards within the home.

#### Resident and Family Portal

Our team continues to ensure that all updates are added to our online portal for all residents and family members to access. Our administrator provides monthly updates to Family Council and Residents' Council which are shared on the portal as well as updates related to capital projects, infection prevention and control, activities, and much more. The portal and updates have been a great tool to communicate.

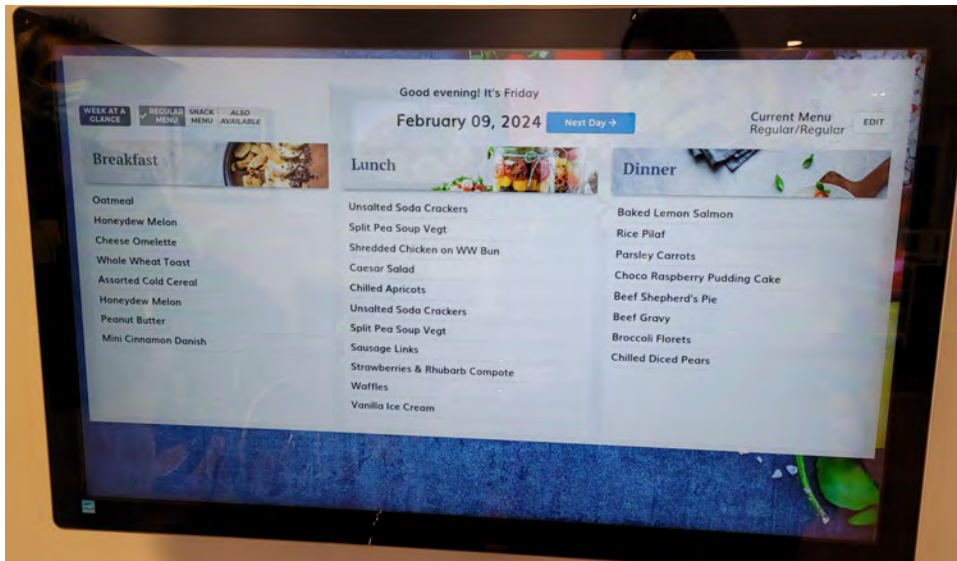
#### Touchscreen Menu Boards

The team has upgraded our menu boards in the home areas. With touchscreen integration, we can provide residents and family members with a fully interactive dining experience with the ability to see weekly menus and nutrition information on Menu Boards.

#### Replacing Resident Furniture

Our team worked to replace all of the resident furniture early this year. All residents in the home now have a hi/lo bed with the support of the Pines Support Committee and they all have a new wardrobe, dresser, and bedside table thanks to capital projects through the District of Muskoka. We have received positive feedback regarding the new furniture and look forward to more upgrades to ensure resident satisfaction.





## PROVIDER EXPERIENCE

The Pines continues to face staffing challenges which were exacerbated by the events of the last few years. Burnout amongst health care providers, including support staff and volunteers was knowledge as an organization. Our team worked to create safe spaces for support, and actively tried to address.

The following are significant elements that The Pines continues to considered as we recover from the Pandemic: The recruitment of Personal Support Worker (PSW) and registered staff remain challenging at The Pines and in Long Term Care Homes and across the province. The District of Muskoka Health Services Division has a Human Resources Specialist to support the Home along with the Human Resources Manager to look at vacancies and recruitment efforts along with the assistance of our Communications team. Our Human Resource Specialist is streamlining processes to make the processes of apply, interviewing and onboarding more efficient and timely.

The Home continues to work with educational institutions to provide placement opportunities for all disciplines of staff and have partnered with a college to provide an onsite living lab. This is one way of possibly recruiting future employees. The District assists with supporting the financial costs of the education as well. MLTC initiated a staffing plan; “A better place to live, a better place to work: Ontario long-term care staffing plan”, which stated, this government will increase investments in long-term care staffing annually, spending up to \$1.9 billion in 2024-2025 to support increased staffing levels. The home continues review staffing models and ensuring that the leadership team is working toward the goal of four (4) hours of direct care per resident per day. While

balancing the cost of agency staff providers for the home to ensure The Pines is financially responsible.

The Ministry of Labour (MOL) has increased its monitoring procedures of Long-Term Care Homes. Returning to work as soon as possible after an injury is important for recovery of the staff member as well as operations of the home. Staff who have been injured inside/outside work are required and encouraged to return to work as soon as possible, often resulting in modified work arrangements for them during their recovery. This creates an opportunity for a supportive return to work and allows for these modified workers to be on the floor. The Pines Long Term Care Home assisting, creating a team approach until they can return to regular duties and a full recovery.

The Pines is accountable to the Ontario Health Central Region as well as to the Ministry of Long-Term Care (MLTC). Our home comes to follow the Long-Term Care Home Service Accountability Agreement (LSAA). Ontario Health must administer the funding for The Pines based on the levels of care. Ontario Health will do this through planning, funding, integration, and performance monitoring. Employees at The Pines will be expected to provide reporting requirements as set out by the agreement. MLTC is responsible for ensuring the home complies with its operational standards, Fixing Long term Care Home Act, 2021. MLTC does so by carrying out inspections and conducting enforcement and performance reviews.

Our team has noted that Psychological Health and Safety including burnout needs to be a priority as we continue in the recovery from the pandemic, deal with staffing challenges and navigate the ever



changing long-term care sector. The leadership team continues initiatives to recognize staff as a team, peers, and individually to support the psychological wellbeing of staff. Our team developed a program in the home for staff to be able to recognize each other and appreciate what team members have done for each other. The Staff Recognition Program allows for staff to be able to pick up an item from a bin in the home to be able to give to a colleague to express their gratitude. We continue to celebrate success as a team and individually. The Pines encourages the use of online health and wellness resources, including our Employee Family Assistance Program. Our team also has managers that are trained in Mental Health First Aid to be able to support staff if it is needed. Managers have the certificate in their office window so that staff members are able to identify which managers are trained to provide support.

At the Pines, we believe an engaged workforce is a stronger workforce. Our team feel that their work has an impact of resident experience and quality care. Our team continue to offer staff opportunities to provide feedback and share input related to quality improvement in the home. Our team completes resident home area meetings with staff on a regular bases to provide updates and seek input. Our leadership team members also conduct their own team meetings to allow for further engagement and information sharing. Our team completes an employee satisfaction survey with the District of Muskoka on a regular basis and works to identify areas for improvement.



## SAFETY

The primary focus of service at The Pines is to provide person-centered care with the comforts of home. We embed this philosophy of care by ensuring excellent medical, nursing, and personal care for all residents. These services are supported by other programs and services to ensure that residents' nutritional, social, and recreational needs are met and that they live in a well maintained, clean, stimulating, and safe environment. The home ensures that infection prevention and control standards are being met or exceeded daily. The Pines includes a secure home area (32 beds) that provides services to residents with a diagnosis of Alzheimer's disease and/or dementia that are at risk of elopement. Residents can wander in this secure environment with a reduced risk of wandering out of the home. The Pines also provides a roam alert system which is a bracelet that the resident wears and is

connected to the front door of the home, which increases safety for the residents that require this device. The home has improved nutritional safety in the home by implementing MenuSuite instant ordering which reduces the risk for the residents by using technology. Staff complete the residents order at the dining room table and the selection is immediately sent to the server for the dietary staff member. The dietary staff member then receives the correct order including diet textures. The order is then picked up by the team member to be given to the resident. This reduces the risk of wrong textures, allergies, etc. because the dietary and nursing staff now have access to the diet order. The home has upgraded the generator as well to provide the home with 100% power in the case of a power failure. This ensure that we have everything the residents need in place when the power is out. This is an improvement from the half power that we had in the past. The team ensure that resident's safety in many ways and takes a team approach to ensuring quality care.



## POPULATION HEALTH APPROACH

Our team is part of the Muskoka and Area Ontario Health team including sitting on the seating committee as a guest and our administrator is the co-chair for the Long-Term Care and Retirement Committee subgroup. Our team is working with the other long-term care homes and retirement homes in the area increase the awareness of the subgroup to improve the work relationship of the homes in the Muskoka and Area. The team attends monthly meetings with the steering committee to gain knowledge and provide feedback related to the long-term care sector. Our team also participated in a readiness exercise in the fall with Ontario Health to prepare for the coming Flu season. It was a great exercise as it allowed the different healthcare providers to understand each of the sectors perspectives, concerns, capacity, and improve communications by making partnerships. We look forward to continuing these partnerships and committees moving into 2024.

## CONTACT INFORMATION/DESIGNATED LEAD

Jennifer Ridgley, Administrator 705-645-4488 ext. 4877

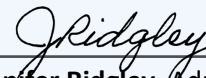
## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

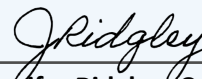
I have reviewed and approved our organization's Quality Improvement Plan on **March 21, 2024**



**Norm Barrette**, Board Chair / Licensee or delegate



**Jennifer Ridgley**, Administrator /Executive Director



**Jennifer Ridgley**, Quality Committee Chair or delegate



**Kim Sander**, Other leadership as appropriate

**Access and Flow | Efficient | Priority Indicator**

Indicator #4	Last Year		This Year	
	20	19	36.20	27
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (The District Municipality of Muskoka – The Pines Long Term Care Home)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1** ☐ Implemented ☒ Not Implemented

Reduce ED visits by partnering with paramedic services for IV states in the home.

**Process measure**

- Number of residents that receive IV infusion or antibiotics in-house per month

**Target for process measure**

- 2 residents per month

**Lessons Learned**

Community demand for Community Paramedicine services is a limit to expanding services into the home.

**Change Idea #2** ☐ Implemented ☒ Not Implemented

Reduce ED visits by partnering with NLOT (Nurse Practitioner Lead Outreach Team) for assessments, triage, IV medications, etc.

**Process measure**

- Number of residents assessed in the home by NP

**Target for process measure**

- 10 residents per month

**Lessons Learned**

NP team just started January 2024. We will be continuing this support into the 2024 QIP and hoping to enhance and meet this goal.

**Change Idea #3** ☒ **Implemented** ☐ **Not Implemented**

Early recognition and treatments of acute and chronic issues that may lead to ED visit.

**Process measure**

- Number of residents identified and discussed by CORE committee

**Target for process measure**

- 2 residents to have in-depth review by CORE committee each month

**Lessons Learned**

Team is meeting monthly now and reviewing resident statuses to try and prevent transfers.

**Change Idea #4** ☒ **Implemented** ☐ **Not Implemented**

Early recognition or acute and chronic health conditions to reduce ED visits

**Process measure**

- Physician ordered portable x-ray, pre-arranged visits, etc.

**Target for process measure**

- 1-2 in-house x-rays or arranged appts per month

**Lessons Learned**

Physicians are attempt to utilize resources in the home to prevent transfers.

**Change Idea #5** ☐ **Implemented** ☒ **Not Implemented**

Remote Care Monitoring with Community Paramedics



**Process measure**

- number of visits to the residents through the Remote Care Monitoring Program

**Target for process measure**

- 4 visits per month

**Lessons Learned**

Community demand for Community Paramedicine services is a limit to expanding services into the home.

Experience | Patient-centred | **Priority Indicator**

Indicator #3

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (The District Municipality of Muskoka – The Pines Long Term Care Home)

Last Year

CB

Performance  
(2023/24)

73

Target  
(2023/24)

This Year

CB

Performance  
(2024/25)

95

Target  
(2024/25)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Residents will be encouraged to share their opinions broadly in all aspects of the home. Information regarding updated resident bill of rights and the whistle-blowing protection will be conveyed to residents in several ways to ensure understand.

Process measure

- Number of residents and family members who receive the policy and the review of the bill or rights.

Target for process measure

- Twice a year resident's council will be reminded that their opinions are valued, and important to quality improvement in the home. They will be offered information about whistle-blowing protection as well as the updated resident bill of rights.

Lessons Learned

Our administrator shared the information and reviewed it at family and residents' councils to ensure awareness.

	Last Year		This Year	
<b>Indicator #2</b>	<b>CB</b>	<b>88</b>	<b>CB</b>	<b>95</b>
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Performance	Target	Performance	Target
(The District Municipality of Muskoka – The Pines Long Term Care Home)	(2023/24)	(2023/24)	(2024/25)	(2024/25)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Residents will be encouraged to share their opinions broadly in all aspects of the home. Information regarding updated resident bill of rights and the whistle-blowing protection will be conveyed to residents in several ways to ensure understand.

**Process measure**

- Number of residents and family members who receive the policy and the review of the bill or rights.

**Target for process measure**

- Twice a year resident's council will be reminded that their opinions are valued, and important to quality improvement in the home. They will be offered information about whistle-blowing protection as well as the updated resident bill of rights.

Lessons Learned

Our administrator shared the information and reviewed it at family and residents' councils to ensure awareness.

	Last Year		This Year	
<b>Indicator #1</b>				
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (The District Municipality of Muskoka – The Pines Long Term Care Home)	<b>21.26</b>	<b>21</b>	<b>18.26</b>	<b>17</b>
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

CareRX to start BOOMR program at the home to ensure medication reconciliation process is completed to ensure correct medications for residents.

**Process measure**

- 100% of residents to be reviewed by CareRx

**Target for process measure**

- 100% of new admissions to be reviewed when program is up and running.

**Lessons Learned**

This program has been implement with good success.

**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

Review each of the residents that are receiving antipsychotic medications at responsive behaviours committee meeting.

**Process measure**

- The number of residents that are reviewed

**Target for process measure**

- 100% of residents will be reviewed monthly

**Lessons Learned**

This has helped to monitor the appropriateness of use and ensure that resident are monitored for tapering.

**Change Idea #3** ☒ **Implemented** ☐ **Not Implemented**

Seek new and innovative opportunities and equipment to assist with responsive behaviours to reduce the number of medications.

**Process measure**

- 2 new innovative ideas to be trialed in the home in the year

**Target for process measure**

- Feedback about the innovative ideas and implementation of equipment if supportive

**Lessons Learned**

Trialed a chair to assist, but did not purchase. Will continue on the next QIP

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	36.20	27.00	We have re-calibrated this target to achieve incremental improvements year over year	

### Change Ideas

Change Idea #1 Reduce ED visits by partnering with NLOT (Nurse Practitioner Lead Outreach Team) for assessments, triage, IV medications, etc.

Methods	Process measures	Target for process measure	Comments
Nursing team and physicians to identify residents that are high risk of transfer to ED to be assessed by NP. NP currently in the home two days a week.	Number of residents assessed in the home by NP	10 residents per month	Agreement put into place late 2023 and NLOT started in 2024.

## Change Idea #2 Early recognition of acute and chronic health conditions to reduce ED visits

Methods	Process measures	Target for process measure	Comments
Identify high-risk residents by ensuring diligent nursing assessments with consultation by physician or NP to utilize portable x-ray and pre-arranged appts to the hospital for ultrasound, IV infusions not able to be completed in the home, etc.	Physician ordered portable x-ray, prearranged visits, etc.	5-6 in-house x-rays or arranged appts per month	We will continue with this change idea and increase the number of appts

## Change Idea #3 Reduce ED visits by partnering with NLOT (Nurse Practitioner Lead Outreach Team) for assessments, triage, IV medications, etc.

Methods	Process measures	Target for process measure	Comments
Partnering with NLOT to provide education to staff on acute and chronic conditions to enhance knowledge, treatment options, and help to reduce ED visits.	Number of Education sessions completed for staff	1 session per quarter	

## Change Idea #4 Purchase equipment for IV medications to be delivered in the home utilizing funding from OntarioHealth

Methods	Process measures	Target for process measure	Comments
Team has applied for funding to purchase the equipment needed to provide IV medications in the home. If funding is approved the team will purchase the equipment and then work with NLOT to train staff to use equipment, start IVs, etc.	# of residents to receive IV medications in the home by the end of 2024	2 in the year of 2024	This is all dependent upon the funding being approved by OntarioHealth

## Equity



**Measure - Dimension: Equitable**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	75.00	The ultimate goal is 100% of staff, but we want to ensure that we set a realistic target.	

**Change Ideas**

**Change Idea #1** Complete online education related to cultural competency including Indigenous Cultural Safety in Health Care, which will enhance our team's knowledge surrounding keys areas such as key terms, historical context, social determinants and culturally safe care.

Methods	Process measures	Target for process measure	Comments
In 2024 our entire team will be completing online education related to cultural competency including Indigenous Cultural Safety in Health Care. This is a four (4) part series which will enhance our team's knowledge surrounding keys areas such as key terms, historical context, social determinants and culturally safe care.	Number of staff members that complete the Cultural Competence and Indigenous Cultural Safety Series.	75% of staff to complete the training by the end of 2024, with the ultimate goal of 100% of staff.	We will be utilizing our online learning management system- SurgeLearning to complete.

**Change Idea #2** All manager and Registered Nurses to complete IDEA training with the District of Muskoka.

Methods	Process measures	Target for process measure	Comments
Virtual education to be attended by all managers and RNs in the home. This will be optional for all staff as well.	number of managers and RNs that complete the training.	100% of managers and RNs	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	95.00	Our home did not ask this specific question on our Resident and Family Engagement Survey. We did ask the question- Caregivers, administrative and other staff treat me with respect and dignity. 89% of responses were agreed or strongly agreed.	

### Change Ideas

**Change Idea #1** It is important for residents and family members to understand the residents' bill of rights and our whistleblowing policy as it directly applies to this indicator. Our team will ensure that education is provided.

Methods	Process measures	Target for process measure	Comments
Our team will continue to focus on this aspect of the survey and work to improve the percentage further by providing education about the resident bill of rights as well as the whistleblowing policy with residents and family members. Ensuring that residents and family members are aware that they can express their opinions without fear of consequences.	Number of education sessions completed	To be reviewed twice in the year	Something to note is that our response rate was low for our engagement survey, so our team will focus on increasing the number of response for our 2024 survey in the late fall.

**Change Idea #2** Education is key for family members, residents, and staff. Therefore we will ensure that staff also receive the education to improve their knowledge and understanding of the resident bill of rights and whistleblowing policy.

Methods	Process measures	Target for process measure	Comments
Our team will educate staff regarding the resident bill of rights as well as the whistleblowing policy to ensure they understand the importance of listening as well as treating residents with dignity and respect.	number of sessions per year including at orientation	two sessions this year and 100% of staff at general orientation	

**Change Idea #3** Communication is key to ensuring that resident feel that they are being heard. Our team will continue to look for opportunities to communication with residents and seek their feedback.

Methods	Process measures	Target for process measure	Comments
Our administrator will attend residents' council to provide the group with an monthly update of what is happening in the home, including any ministry updates, education. This will ensure that residents are kept up to date and can provide their feedback during the meeting to the administrator or staff liaison.	Number of meetings attended in 2024	at least 8 meetings attended in 2024	

**Change Idea #4** Activities team will be meeting with residents and have invited family members to attend on a regular basis to gather their input into activities that interest them.

Methods	Process measures	Target for process measure	Comments
the activities team will meet regularly with residents and invite family members to seek feedback into planning activities for the residents. The team will take the feedback to their team planning meetings to incorporate.	Number of meetings in the year	at least 10 meetings during the course of 2024	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	95.00	Our home did not ask this specific question on our Resident and Family Engagement Survey. We did ask the question- Caregivers, administrative and other staff treat me with respect and dignity. 89% of responses were agreed or strongly agreed.	

**Change Ideas**

**Change Idea #1** It is important for residents and family members to understand the residents' bill of rights and our whistleblowing policy as it directly applies to this indicator. Our team will ensure that education is provided.

Methods	Process measures	Target for process measure	Comments
Our team will continue to focus on this aspect of the survey and work to improve the percentage further by providing education about the resident bill of rights as well as the whistleblowing policy with residents and family members. Ensuring that residents and family members are aware that they can express their opinions without fear of consequences.	Number of education sessions completed	To be reviewed twice in the year	Something to note is that our response rate was low for our engagement survey, so our team will focus on increasing the number of response for our 2024 survey in the late fall.

**Change Idea #2** Education is key for family members, residents, and staff. Therefore we will ensure that staff also receive the education to improve their knowledge and understanding of the resident bill of rights and whistleblowing policy.

Methods	Process measures	Target for process measure	Comments
Our team will educate staff regarding the resident bill of rights as well as the whistleblowing policy to ensure they understand the importance of listening as well as treating residents with dignity and respect.	number of sessions per year including at orientation	Two sessions this year as well as 100% of new orientations	

**Change Idea #3** Communication is key to ensuring that resident feel that they are being heard. Our team will continue to look for opportunities to communication with residents and seek their feedback.

Methods	Process measures	Target for process measure	Comments
Our administrator will attend residents' council to provide the group with an monthly update of what is happening in the home, including any ministry updates, education. This will ensure that residents are kept up to date and can provide their feedback during the meeting to the administrator or staff liaison.	Number of meetings attending in 2024	at least 8 meetings attended in 2024	

**Change Idea #4** Education is critical for residents and their family members to ensure that the residents wishes and opinions are being taken into consideration. Advanced care planning is one way that residents can express their wishes to their family members.

Methods	Process measures	Target for process measure	Comments
Our Social Worker will look to arrange education related to advanced care planning to support residents wishes.	Completing the education session in 2024	at least one session related to advance care planning	

## Safety

### Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	22.28	16.50	Our team has been focusing on falls for sometime now, but with the main focusing being to reduce injury versus the number of falls. Our team wants to ensure that our target isn't out of reach.	

### Change Ideas

Change Idea #1 Investigate, trial, and initiate new fall prevention equipment in the home.

Methods	Process measures	Target for process measure	Comments
The nursing leadership team including the Clinical Lead and Social Worker will investigate new fall interventions that could potentially be trialed in the home. The team will review items with the CORE committee to determine the appropriate residents to be considered for trialing.	number of residents trialed with new fall prevention equipment	10 residents in the year	

**Change Idea #2** CORE team will continue to meet at least quarterly to review residents that are high risk to assist with interventions and care planning with the interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
Clinical lead will review indicators to determine residents who fell in the 30 days leading up to their assessment. The interdisciplinary team will then review the current interventions and discuss alternative interventions to be trailed in the residents plan of care.	number of residents reviewed at CORE Committee	All residents who fell in the 30 days leading up to their assessment will be reviewed.	

**Change Idea #3** The focus for the team continues to be to prevent injury for the residents that are prone to falling. Balance the residents safety and right to risk. Education is an important part of this change idea.

Methods	Process measures	Target for process measure	Comments
Educational sessions for family members and residents. The nursing leadership team including the clinical lead will provide education sessions related to falls and the CORE program. Discussing interventions that the home has as well as the resident's right to risk. Ensuring that we discuss the residents' bill of rights along with attempting to add intervention to reduce falls and/or injuries from falls.	Number of education sessions complete in 2024	at least one session for the family meeting and one for residents' council	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.26	17.00	Our team has made significant improvements on this indicator in 2023 and we want to continue to improve, but have set a realistic goal.	

**Change Ideas**

Change Idea #1 Review each of the residents that are receiving antipsychotic medications at responsive behaviours committee meeting.

Methods	Process measures	Target for process measure	Comments
CareRX reports will be reviewed monthly at the responsive behaviours committee meeting to initiate discussion about the resident's behaviours and for the possible recommendation for review by the physician for a tapering dose of medication.	The number of residents that are reviewed	100% of residents will be reviewed monthly	This change idea was used in our 2023 QIP and was very helpful. Therefore, we will continue this idea for 2024



**Change Idea #2** The nursing leadership team including the Clinical Lead and Social Worker will seek new and innovative opportunities and equipment to assist with responsive behaviours to reduce the number of medications.

Methods	Process measures	Target for process measure	Comments
The nursing leadership team including the Clinical Lead and Social Worker to review any innovative opportunities and trial equipment to seek feedback from staff, residents, and family members.	Number of new innovative ideas to be trialed in the home in the year	at least two innovative ideas to be trialed in the home in the year	Feedback about the innovative ideas and implementation of equipment if supportive

**Change Idea #3** Education is a critical component to managing responsive behaviours. If behaviours can be managed then often medications don't need to be added.

Methods	Process measures	Target for process measure	Comments
Behaviours Support Ontario team will be providing education sessions to staff. The sessions topics are determined monthly at the responsive behaviours committee meeting.	Number of education sessions completed in 2024	at least 10 sessions to be completed in 2024	

**Change Idea #4** Reviewing residents with responsive behaviours as an interdisciplinary team can be helpful in determining interventions that might be helpful to the residents including non-pharmacological and/or pharmacological interventions.

Methods	Process measures	Target for process measure	Comments
The responsive behaviours committee will review, as an interdisciplinary team, all residents that are currently being seen by Behaviour Supports Ontario on a monthly basis.	Number of residents reviewed on a monthly basis at responsive behaviours committee meeting.	100% of residents working with Behaviour Support Ontario team to be reviewed on a monthly basis.	