

Attachment #3 to
Report No. SS-15-22

CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2021

Post Inn Village Long-Term Care Home



OVERVIEW

Located in Oakville, Post Inn Village is a 228 bed Long-term Care home that is a part of Halton's Regionally run Long-term Care homes. Our mission is to provide person-centered care that respects and supports people to live their lives their way. This mission drives our commitment to provide individualized care to residents with the primary goal to provide quality care that is safe. To ensure continued organizational success, the home continuously engages in quality improvement initiatives.

IDENTIFYING AREAS OF PRIORITY

Post Inn Village participates in integrated planning the other Regionally run Long-Term Care homes in order to take into account organizational priorities and strategic and operational plans. This alignment allows the home to effectively clarify priorities, direct resources, monitor progress and act on results.

At the home level, there is the ongoing monitoring, analyzing, and evaluating the quality of care and service using key quality indicators, internal audits, program evaluations, resident and family satisfaction & experience surveys and ongoing feedback. These mechanisms are used to identify and determine areas of priority.

Annually Post Inn Village develops Quality Improvement Plans (QIP's) that include key areas of focus aligned to Provincial system priorities. The overall objective of the homes QIP has remained consistent from year to year with some refinements to change ideas/tactics and targets for improvement. Maintaining focus on core indicators such as resident experience and reducing antipsychotic use and avoidable ED visits, allows us to build on change ideas/tactics as well as sustain and spread improvements. These plans are integrated into the home's operational and strategic planning process. Due to the homes focus on pandemic response, the annual Quality Improvement Plan was paused during 2020 and 2021.

CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) is an essential component of the care and service delivery model. 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. Quality improvement processes are guided by the model of improvement and include use methodologies such as; PSDA, Lean, and Kaizen as well as implementation of evidence based best practices.

Post Inn Village is recognized as Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®) through the Registered Nurses Association on Ontario. The home has implemented and continues to sustain the following best practice guidelines (BPG's);

- Person- and Family-Centred Care,
- Preventing and Addressing Abuse and Neglect of Older Adults, and
- Preventing Falls and Reducing Injury from Falls, 4th Edition.
- Developing and Sustaining Nursing Leadership

As an ongoing practice, Post Inn works with the RNAO LTC Best Practice Coordinator to implement new BPGs as appropriate based on ongoing organizational needs assessment.

PERFORMANCE MONITORING & MEASUREMENT

Post Inn Villages quality initiatives are supported by the homes measurement and accountability systems. Front line staff, managers and leadership staff rely on access to real time data integrate into the regular quality and risk management review processes. Review processes include;

- 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

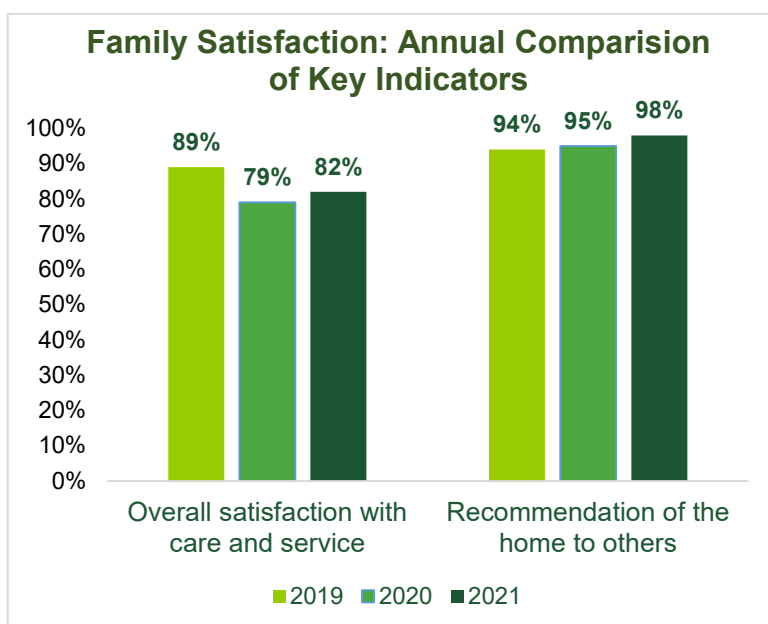
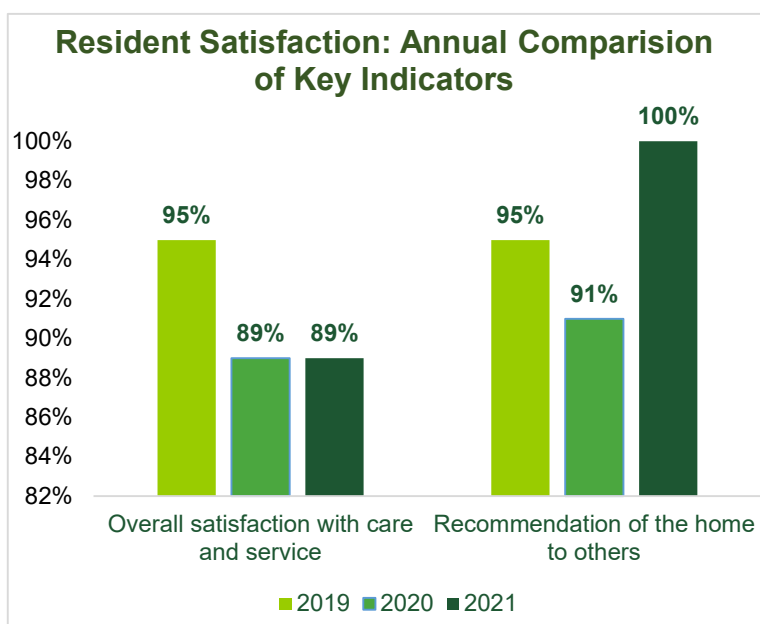
In 2021, Post Inn Village performed better than the provincial average on all six key quality indicators.

Quality Indicators	Ontario	Post Inn Village
Daily physical restraints	2.8%	0%
Has a stage 2 to 4 pressure ulcer	2.5%	0.3%
Has fallen	16.7%	14%
Has pain	5.0%	1%
Worsened pain	9.4%	3%
Taken antipsychotics without a diagnosis of psychosis	19.3%	9.4%
Worsened mood from symptoms of depression	22.0%	11.4%
Rate of Avoidable ED Visits	15.3%	13.4%

Data Source: CIHI Public Reporting Site, Your Health System

At Post Inn, resident and family satisfaction surveys are completed annually. Achieving a high level of satisfaction among residents, clients and family caregivers is a priority and staff use this feedback to support areas of improvement at the home. In 2021, the Annual Resident and Family Satisfaction survey was rolled out in October 2021.

- 100% of residents and 98% of families would recommend the Post Inn to others
- 89% of residents and 82% of families are satisfied with the overall quality of care & services



Information and results of surveys and the homes other priority areas and initiatives are communicated to Resident and Family Council's, and provided at Town hall's, in newsletters and posted on the Quality Circle Bulletin Boards located in the home.

DESCRIPTION OF PRIORITY AREAS FOR QUALITY IMPROVEMENT

Based on this feedback and assessment and identifications of areas for continuous quality improvement, Post Inn implemented the following quality improvements in 2021:

- Ongoing review of CIHI's key quality indicators to ensure home is in alignment with provincial expectations.
- Conduct audits and liaise with pharmacy to identify residents on antipsychotics and ensure diagnosis in place and appropriate medications are provided to the residents.
- Life enrichment department implemented increased weekend and evening programming to meet the needs of residents as well as created an individualized program of

enrichment therapies for residents who may not otherwise attend general programs offered by the home.

- BSO team created individualized Montessori baskets according to individual resident's preferences. These baskets were equipped with items and instructions on how PSWs staff can engage the residents.
- Post admission interdisciplinary team huddle was implemented to ensure thorough review of residents who have moved into our home to identify needs in all domains and potential risk areas. Meetings are held weekly for 4 weeks and are documented using a standard template. This information is shared with staff and used to inform the development of targeted interventions on the resident's plan of care.
- Nutrition Services Supervisor Implemented upstream, early consultation with families regarding residents diet and nutrition, prior to admission into the home to identify needs, and mitigate any potential risks.
- Implemented Leadership Best Practice Guidelines (BPG) – use of SBAR tool and PSW reporting off tool in the home.
- Enhanced the telephone response system through collaboration with Access Halton to promote a more efficient and streamlined communication from family members and other stakeholders who are contacting us. Access Halton was provided with scripts and key telephone extensions to ensure access to the correct party.
- Customer service training to support and enhance customer service and communication with our residents, families and each other.
- IPAC- developed visual indicators of COVID status using geometric shapes to assist staff in identifying, positive, symptomatic and asymptomatic residents- with goal of decreasing transmission.

Improvements planned for 2022

- Building and environmental enhancements including; redecorating of all 14 fireplace rooms to create warm and inviting spaces for residents and families, enhanced and improved lighting in resident home areas, painting and activity room upgrades, including large harvest tables, fire places and cozy furniture as part of the homes Dementia Strategy refreshing of tub and shower rooms paint- wall protection and décor.
- Participate in the Prevention of Error Based Transfer project (POET) to reduce errors related to consent, capacity, and substitute decision making; ensuring that transfers from long term care homes to hospital is both wanted and beneficial.
- Living the Dementia Journey Education for all staff.

- Emphasis on reducing avoidable ED visits through education to residents and families about the benefits of and approaches to preventing emergency department visits and maximizing use of Nurse Practitioner Support Teams Averting Transfers (NP-STAT), for support and clinical guidance.
- Initiatives to support improved dining experience and environment including; upgraded music system including process for residents to identify music preference. training of all staff on: pleasurable dining experience, meal presentation, room service and resident's presentation in dining room and enhance décor in dining room.
- Palliative Care LTC Project in collaboration with Palliative care network and Acclaim health to build on our existing palliative care practices to ensure residents receive high quality palliative care in the home.

HOME QUALITY LEAD CONTACT INFORMATION

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