



INTERIM QUALITY IMPROVEMENT REPORT 2022/2023

June 27, 2022

1. Designated Lead for Quality Improvement at Strathmere Lodge

The Lead for Quality Improvement (QI) at Strathmere Lodge is Brent Kerwin, Administrator. Contact information:

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2. Priority Areas for Quality Improvement

The Lodge has prepared a Quality Improvement Plan annually, and as required by Health Quality Ontario (HQO).

During the worldwide COVID-19 pandemic, long term care homes in the province were absolved of the mandatory requirement to submit a Quality Improvement Plan to HQO, so that they could optimize their focus on managing the pandemic. However, HQO Quality template tools were used by The Lodge to do a 2022-23 Quality Improvement Plan, completed in June 2022 and attached (Appendix I).

The Lodges two (2) Priority Areas for 2022/23 are: 1. Resident Fall Rate; and 2. Resident Infection Rate.

3. Process to Identify Priority Areas for Quality Improvement

The Lodges' Quality Improvement Committee decides on Priority Areas for Quality Improvement by considering a variety of metrics/data/information, both anecdotal and empirical. Such includes:

- a) Comparative provincial long term care home metrics from the Canadian Institute for Health Information (CIHI);
- b) Annual resident/family satisfaction survey results;
- c) Audits;

- d) Residents' Council and Family Council feedback;
- e) Feedback from Admission Care Conferences and Annual Care Conferences held with residents/family members;
- f) Brainstorming by Quality Improvement Committee members;
- g) Incident Reports (both resident and employee);
- h) Post-discharge questionnaires;
- i) Staff Exit questionnaires;
- j) Informal feedback from residents, family members and staff members;
- k) Concerns/complaints from residents/families;
- l) Results of Ministry of Long Term Care inspection reports; and
- m) Staff Suggestion Box submissions.

4. Measuring/Monitoring Quality Improvement Plans/Initiatives

Quality Improvement Plans developed by The Lodge's Quality Improvement Committee are reviewed/revisited at quarterly committee meetings. Progress made on implementing our Annual Quality Improvement Plan is a standing agenda item at meetings.

5. Annual Resident/Family Satisfaction Survey

The Lodge's Annual Resident/Family Satisfaction Survey was last administered in late 2021. Residents/families were asked to respond to the survey by November 19, 2021.

Results of the survey are attached (Appendix 2). Results were reviewed with the Residents' Council on February 9, 2022 (2nd floor residents) and on February 10, 2022 (1st floor residents).

Summary results of the survey were communicated to families via Resident/Family newsletter (February 2022 edition).

A summary of the results of the Annual Resident/Family Satisfaction Survey was communicated to Lodge staff via both email and hardcopy pay stub envelope insert on January 19, 2022. A selection of survey comments made by residents and families was published for staff in the staff newsletter dated June 8, 2022.

Year after year, The Lodge enjoys high levels of satisfaction among residents and families as to the care, services and accommodations it provides. Results of our last survey show a 15% satisfaction rate increase as to the issue of Lost Clothing (a traditional lower scorer on our annual satisfaction survey).

Further to sharing the survey results with residents, families and staff, we did not identify further specific improvement actions for this survey round.

APPENDIX 1

QUALITY IMPROVEMENT PLAN

OVERVIEW

Strathmere Lodge has had a robust, interdisciplinary Quality Improvement (QI) Committee since 2013. Our QI Committee membership includes resident and front-line staff representation.

Our QI Committee's mandate includes reviewing: comparative quality indicator data from the Canadian Institute for Health Information (CIHI); results of Ministry of Long Term Care inspections; and annual satisfaction survey results.

From the above, the QI Committee decides on Quality Improvement Plan (QIP) initiatives. A sub-group of the QI Committee has recommended to the QI Committee the following Quality initiatives for our 2022/23 Quality Improvement Plan:

1. Reducing Resident Infections (e.g., Cellulitis, Pneumonia, Respiratory Infections (incl. COVID), Septicemia, Urinary Tract Infections and Wound Infections); and
2. Reducing Resident Falls.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

The province has given long term care homes a reprieve on Quality Improvement (QI) efforts during the pandemic.

Our last Quality Improvement Plan (QIP) focused on reducing pressure injuries and reducing residents experiencing pain. The Lodge has made good strides in both of these areas - we now perform better than the provincial average regarding pressure injuries according to comparative provincial data from the Canadian Institute for Health Information, and we have narrowed the gap vis-a-vis the provincial average to within 1.5% with respect to the rate of residents experiencing pain.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

While the pandemic has curtailed both Residents' Council and Family Council meetings, we continued the use of our newsletter to communicate/relate with residents/families, and we introduced "OneCallNow" software to communicate with families about the pandemic in a uniform and efficient manner, which has been well received by families.

We administered our annual resident/family satisfaction survey to residents/families near the end of 2021. The results were overwhelmingly positive, seeing residents/families expressing high levels of confidence with, and appreciation for, how we have managed the pandemic.

PROVIDER EXPERIENCE

The pandemic has been taxing on our staff care providers, but they have shown remarkable resiliency and professionalism.

We have supported our staff with a focus on their safety, as well as that of our residents.

We have also supported our staff with regular and timely communication as to what information staff members need to manage, and cope with, the pandemic. The introduction and use of "OneCallNow" software (mentioned above) has also enabled us to communicate with staff in a timely, efficient and uniform manner.

RESIDENT EXPERIENCE

During the pandemic, we have attempted to achieve the right balance between resident safety and maintaining resident social connectedness.

Residents have shown great understanding and appreciation for how we have managed the pandemic, as expressed informally and in satisfaction survey feedback.

In addition to re-introducing regular Residents' Council meetings, organized events and social gatherings for residents are normalizing for our residents, in recognition of the importance of social connectedness to residents' overall well-being.

CONTACT INFORMATION

Brent Kerwin, Strathmere Lodge Administrator

OTHER

n/a

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 _____

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

Theme III: Safe and Effective Care

Measure **Dimension:** Safe

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents who fell in the last 30 days	C	Rate per 100 / Adult long stay home care clients	CIHI CCRS / Q1-Q4	12.10	9.00	The Lodge has consistently performed better than the provincial long term care home average when it comes to the rate of resident falls (as per comparative data from the Canadian Institute for Health Information). While most falls do not result in injury, The Lodge seeks to further improve its resident falls rate in order to mitigate the possibility of resident injury.	

Change Ideas

Change Idea #1 Use "beveled" mattresses instead on standard issue mattresses for residents prone to falling while transferring from bed.

Methods	Process measures	Target for process measure	Comments
The Clinical Resource Nurse, who leads Fall Prevention efforts, will identify residents prone to falling ("frequent fallers").	Falls rate among frequent fallers.	The falls rate among frequent fallers will be reduced by 20%.	The beveled mattresses will be used for residents who have cognitive deficits, and who have difficulty remembering that they need staff assistance to get out of bed and walk safely without falling. The beveled mattress design reduces the ability of residents with cognitive deficits to readily get out of bed without staff assistance.

Change Idea #2 Relocate required computer workstations for PSWs to the resident home area corridors, instead of at nursing stations.

Methods	Process measures	Target for process measure	Comments
The computers will be physically moved, and tested for Wifi connectivity.	Number of PSW workstations relocated.	100% of PSW workstations will be relocated.	In relocating computers, PSWs will be closer to resident rooms when completing their required resident documentation. Staff will be able to respond to resident call bells, bed alarms and wheelchair alarms more effectively and faster. We should be able to minimize resident falls by reacting to their bells/alarms quicker.

Measure Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Residents with One or More Infections	C	Rate per 100 / Adult long stay home care clients	CIHI CCRS / Q1-Q4	3.70	2.50	The Lodge's infections rate is currently better than the provincial long term care homes average (Lodge = 3.7% versus Province = 7.3%), according to the most recently available comparative data from the Canadian Institute for Health Information (CIHI). Infections are a resident safety issue. The Lodge seeks to lower its infections rate for resident safety and comfort (Infections include: Cellulitis, Pneumonia, Respiratory Infections (incl. COVID), Septicemia, Urinary Tract Infections and Wound Infections).	

Change Ideas

Change Idea #1 Introduce Day Shift and Evening Shift "Treatment Nurse" positions (with new Direct Care provincial funding) to do resident treatments, including treatment of pressure injuries and skin tears (enabling floor nurses to focus on medication administration, and directing the workflow on the floor related to resident care).

Methods	Process measures	Target for process measure	Comments
The Treatment Nurses will focus on resident treatments, including resident pressure injuries and skin tears. More focus on pressure injuries and skin tears will minimize related infections.	Number of pressure injuries and skin tears treated by Treatment Nurses.	New Treatment Nurses will look after 100% of pressure injury and skin tear treatments in the Treatment Administration Record (TAR).	If not properly treated, skin tears and pressure injuries can lead to infections, including serious infections such as cellulitis (skin infection) and sepsis (e.g., organ problems).
Change Idea #2 Introduce new "Sween" powder. The powder will be used as necessary to absorb moisture from pressure injury and skin tear areas, which will minimize the development of infections.			

Methods	Process measures	Target for process measure	Comments
Staff to use "Sween" powder instead of treatment creams as indicated, when pressure injuries and skin tears occur in high moisture areas.	Number of residents receiving Sween powder.	100% of applicable residents to receive Sween powder.	Sween powder use is considered Best Practice for minimizing moisture, which will mitigate skin tears and pressure ulcers from becoming infected.

APPENDIX 2

ANNUAL RESIDENT/FAMILY

SATISFACTION SURVEY –

SUMMARY RESULTS

STRATHMERE LODGE 2021 RESIDENT AND FAMILY SATISFACTION SURVEY SUMMARY

Response Rate: 88 out of 159 (55%)

A - Choices	Strongly Agree or Agree	Disagree or Strongly Disagree
1.The Home accommodates my preferences and previous life routines, such as when to get up and go to sleep or when to take a bath	97%	3%
2.The Home accommodates my preferences on what I eat and drink	95%	5%
3. The Home accommodates my preferences on how I am dressed and groomed [e.g. choice of outfit, dress vs. slacks, moustache, hairstyle etc.]	98%	2%

B - Dignity and Privacy	Strongly Agree or Agree	Disagree or Strongly Disagree
1.Staff treat me with respect and dignity [e.g. staff take the time to listen to me and help when I request assistance]	99%	1%
2. Staff members provide me with privacy when they work with me, change my clothes and provide treatment	98%	2%
3. I have privacy if and when I am on the telephone	96%	4%
4. If I have a visitor I have a private place to meet	98%	2%
5. If staff speak about my health status, medical condition, or behaviors they do so privately [without being overheard]	99%	1%

C - Recreation and Social Activities	Strongly Agree or Agree	Disagree or Strongly Disagree
1.Staff encourage me to attend activities and provide me with assistance to attend them	98%	2%
2. The Home's activities meet my interests	93%	7%
3. I receive assistance for the things I like to do [e.g. supplies, books]	95%	5%
4. Activities are offered in the evenings and on weekends and include religious events	94%	6%

D - Building and Environment	Strongly Agree or Agree	Disagree or Strongly Disagree
1.This is a comfortable building in which to live [including temperature and lighting]	98%	2%
2.This building is clean and well maintained	100%	0%

E - Participation in Care Decisions	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I am involved in decisions about the care I receive, such as accepting or refusing treatment as appropriate	99%	1%
2.My family/responsible party is invited to participate in my admission and annual care planning conference	99%	1%

F - Abuse	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I have never been treated roughly by staff	96%	4%
2.Staff have never yelled at or been rude to me	93%	7%
3. I have never felt afraid because of the way I or some other resident has been treated	98%	2%
4. My family has never noticed any staff member being rough with, talking in a demeaning way or yelling at me or any other resident	99%	1%
5. If I or my family was aware of any incident as noted above we know how to report our concern	99%	1%
6. If I or my family reported any incident as noted above, the home staff acted promptly to investigate and correct the situation	100%	0%

G - Interaction With Others	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I have not had any concerns or problems with my roommate or any other resident	91%	9%
2.If I had any concerns as above and reported them to staff they addressed the concerns to my satisfaction	98%	2%

H - Personal Property	Strongly Agree or Agree	Disagree or Strongly Disagree
1. My clothing or laundry has never gone missing.	72%	28%
2. If my clothing or laundry had gone missing, and I reported it, I got the items back quickly	81%	19%
3. My personal property [jewelry, radio, money etc.] has never gone missing	78%	22%
4. If my personal property had gone missing, and I reported it, I got the items back quickly	71%	29%
5. I am able to have my personal belongings and/or furniture in my room if I wish	100%	0%
6. My belongings have never been damaged or taken away	94%	6%
7. If I reported my belongings damaged or missing, staff responded in a satisfactory manner	88%	12%

I - Pain	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I never have discomfort [e.g. pain, heaviness, burning, or hurting] without relief	93%	7%

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J - Food Quality, Hydration and Snacks	Strongly Agree or Agree	Disagree or Strongly Disagree
1. The food looks appetizing and tastes good	95%	5%
2. The food is served at the proper temperature	90%	10%
3. I receive fluids, such as water, when I want them	100%	0%
4. I am offered a between-meal beverage in the morning, the afternoon, and in the evening after dinner	98%	2%
5. I am offered a between-meal snack in the afternoon and evening	97%	3%

K - Oral Care/Hygiene	Strongly Agree or Agree	Disagree or Strongly Disagree
1. I never have mouth/facial pain without relief	99%	1%
2. I have no chewing or eating problems	83%	17%
3. I have no tooth problems, gum problems, mouth sores, or denture problems	86%	14%
4. Staff regularly and frequently clean my teeth/dentures/ mouth or provide me with assistance if I need it	93%	7%

L - Incontinence Products (e.g. briefs, pads)	Strongly Agree or Agree	Disagree or Strongly Disagree
1. The incontinence product(s) provided is/are satisfactory	95%	5%

M - Exercise of Rights	Strongly Agree or Agree	Disagree or Strongly Disagree
1. If I was moved to another room in the past several months I received notice of explanation before the move	100%	0%
2. If I had a roommate change in the last few months I was given notice before change in the roommate	100%	0%
3. If I was discharged to the hospital within the past few months, my family was notified about the return policy	97%	3%

N - Personal Trust Accounts	Strongly Agree or Agree	Disagree or Strongly Disagree
1. If the Home manages my personal funds the Home provides me or my family with a statement of how much money is in my account	100%	0%
2. I or my responsible party can have access to this money when it is needed	100%	0%

O - Activities of Daily Living Assistance	Strongly Agree or Agree	Disagree or Strongly Disagree
1. I receive assistance with meals if I need it	97%	3%
2. I receive assistance with dressing and grooming if needed	99%	1%
3. I receive assistance with toileting if I need it	96%	4%

P - Notification of Change	Strongly Agree or Agree	Disagree or Strongly Disagree
1. Staff notify my family promptly if there is a change in my condition	99%	1%
2. Staff notify my family when my treatment is changed	100%	0%

Q - Sufficient Staff	Strongly Agree or Agree	Disagree or Strongly Disagree
1. There is enough staff available to make sure I get the care and assistance I need without having to wait a long time	83%	17%

R - Overall Satisfaction	Strongly Agree or Agree	Disagree or Strongly Disagree
1. I am satisfied with the quality of care and service provided to me.	100%	0%
2. I can express my opinion without fear of consequences.	100%	0%
3. What number would you use to rate how well the staff listen to you?		
0 = worst possible rating; 10 = best possible rating		
Circle one number only: 0 1 2 3 4 5 6 7 8 9 10		
Overall Satisfaction re: Listening: 8.9 out of 10		
	Probably No or Definitely No	Definitely Yes or Probably Yes
4. I would recommend this Home to others.	0%	100%

Survey Responses by Resident Home Area:		
Sydenham Meadows: 17	Hickory Woods: 13	Bear Creek: 19
Arbour Glen: 21	Parkview Place: 16	Not Marked: 2