

# Gilmore Lodge 2024-2025 Continuous Quality Improvement Initiative Report

Designated Lead  
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The Seniors Division of the Regional Municipality of Niagara Region provides resident-centred care with a focus on continuous quality improvement for the benefit of residents, families, and staff. We work together with team members, volunteers, students, physicians, and the Public Health and Social Services Committee to ensure that the quality of resident care and services are monitored, analyzed, and evaluated per resident preferences, best practices, leading practices, and in compliance with the Fixing Long-Term Care Act 2021 (FLTCA), Ontario Regulation 246/22 requirements, and Accreditation Canada standards. Whenever we identify opportunities for improvement, we work together on developing, implementing, and evaluating initiatives accordingly.

Gilmore Lodge is one of the eight long-term care homes owned and operated by the Regional Municipality of Niagara. The Home has 80 beds.

## Strategic Plan 2024-2027

Seniors Services has successfully achieved all the objectives outlined in its 2020-2023 Strategic Plan cycle. This achievement demonstrates significant progress in the quality initiatives taken over the past three years to optimize outcomes and enhance the delivery of quality care in long-term care homes.

Seniors Services has conducted more discussion sessions with stakeholders to review accomplishments and identify emerging needs and opportunities. The insights gained from these collaborative sessions were incorporated into the Seniors Services Strategic Plan 2024-2027. This strategic plan aims to foster growth, innovation, and inclusivity while consistently providing quality and compassionate care and bringing the community together. The following strategic priorities are the focus for each LTC home from 2024 to 2027.

1. **Person-Centred Care & Engagement:** It is more than just a process; it is a commitment to understanding individual needs, values, and preferences. This approach can increase satisfaction, trust, and empowerment for those we serve.
2. **Thriving Workforce:** Prioritize the well-being and happiness of staff in the workplace; their positivity and contentment will lead to better outcomes for everyone involved.



3. **Safety Focused:** Consistently exhibiting a steadfast devotion to safety. By consistently demonstrating a strong commitment to keeping ourselves and others safe, we can create a positive and secure environment for everyone involved.
4. **Innovative Service Delivery:** Embracing cutting-edge technology, modernizing systems and processes, fostering innovation, and harnessing the power of digital health, we have the potential to transform the way we care for ourselves and our communities.
5. **Strong Partnerships:** To achieve the highest level of care and support, it is crucial to establish a solid and effective collaboration with our community partners. By working closely with them, we can maximize our resources and provide the best possible outcomes for those who depend on us.

## Reflections Since the Last Report

Over the past decade, understanding among long-term care residents has consistently risen. As a result, senior services have focused on improving the quality of care and patient experience by optimizing system capacity, enhancing access to care, and streamlining patient flow.

### Equity and Indigenous

Niagara Region's Seniors Services has supported the access to information and resources that help build a culturally knowledgeable workforce to reduce health disparities and promote improved outcomes for seniors living in the region. To achieve this objective, the organization is continuously and strategically working towards advancing health equity within the Niagara Region. The organization has established an Equity, Inclusion, and Diversity work plan to promote cultural safety initiatives that align with this goal. This plan offers an opportunity to ensure that all seniors, staff, and families receive equitable access to healthcare services and support.

### Patient Safety

Niagara Region Seniors Services follows the "safety first" principle to ensure the safety of its residents. Staff members, families, volunteers, students, doctors, and the Public Health and Social Services Committee share the commitment to safety. To maintain a consistent standard of care, improve the resident experience, and ensure quality of care, we developed a Resident Safety Plan across our eight long-term care facilities.

Niagara Region Long-term Care Homes have taken on several initiatives to align our divisional priorities to the new Fixing Long-term Care Act and Accreditation requirements.

In 2023, each of the eight long-term care homes maintained their designation as Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organizations. Key quality initiatives completed as part of this designation include preventing falls and reducing injuries from falls, Nursing Advantage RNAO Clinical Pathways—Resident and Family Centred Care, and Delirium and Admission Clinical Pathways.



Seniors Services is actively providing feedback to a working group to develop and implement more clinical pathways in all long-term care homes across Ontario. Additionally, we proudly train staff as Best Practice Champions across all eight long-term care homes. We conduct regular training sessions throughout the year to ensure our staff is fully equipped and empowered to deliver the highest quality care to our residents.

In 2023, Senior Services promoted resident engagement and consultation to enhance emergency preparedness by aligning it with the impact of climate change. We completed a risk assessment and utilized data from the Ministry of Environment to identify urban flash flood risks. As a result, Seniors Services extended the flood risk plan to all homes and identified risks of smog and bushfires. We developed and implemented a "Code Orange" air quality plan to address these risks.

In 2023, we also implemented technologies designed to support clinical decision-making, promote efficiency, and improve workflow. One example is Welbi technology, which represents a system improvement for the Programs and Recreation Department. This new technology helps long-term care homes design and plan programs and enhances communication with families and residents by promoting our person-centred care philosophy.

In 2023, our organization implemented PointClickCare's Document Manager to improve our processes. This technology allows us to create, personalize, and update admission, discharge, and routine documentation in an electronic format, which helps us align with Green - resilient council priority. This tool lets residents and families quickly and efficiently sign documents electronically. This enhanced end-user experience ensures compliance and standardization of required documentation, making it more convenient for residents who move in and out of long-term care facilities. We are currently transitioning documents ranging from individual agreements and amenities to forms for health services, which will be completed between 2024-2025.

## **Health Equity**

Gilmore Lodge worked closely with the engagement group to implement the 2023-2024 action plan and recommendations to maximize family engagement across all Niagara Region Long-term care homes.

Seniors Services has recently taken a step toward promoting diversity, equity, and inclusion by partnering with the Niagara Folk Arts Multicultural Center to support the placement of Healthcare Navigators in long-term care homes. The Healthcare Navigator Training Program for Internationally Educated Health Professionals (IEHPs) is designed to train newcomer professionals who can assist and advocate for newcomers to Canada in accessing healthcare services in Ontario. Despite having educational qualifications in the healthcare field, many newcomers to Canada face challenges in securing employment in this sector. Seniors Services provided group orientation, training, and on-site integration in long-term care homes to address this issue and help IEHP understand Long-term care and the Seniors Community Program's



service delivery and operations. This initiative expands the successful Supervised Practice Experience Partnership (SPEP) Program.

## Home's Priority Areas

In 2024-2025, Gilmore Lodge will maintain its focus on working collaboratively to uphold its philosophy of "nothing about me without me" and promote inclusivity. The home's quality plan will guide achieving excellence in care and service and navigating environmental challenges and opportunities. The plan will help to establish clear priorities, allocate resources effectively, monitor progress, and act based on results.

### 1. Number of ED Visits for A Modified List of Ambulatory Care Sensitive Conditions per 100 Long-term Care Residents

Quality Dimension: Access & Flow

Goal: Reduce avoidable ED transfers by 5%:

- Maximize using nurse-led outreach teams to provide education, training, and clinical guidance on early recognition and treatment of residents at risk for ED visits.
- Educate LTC staff, residents, and families about the benefits and approaches to preventing emergency department visits.
- To utilize internal providers/referrals when residents/family seek a "second opinion."
- To provide educational resources to support registered nursing staff in efficient and effective communication with decision-makers regarding resident health findings.

Indicator: Potentially avoidable ED visits

Target Justification: We understand the importance of minimizing avoidable hospital transfers in our home. We know that such transfers can cause immense stress and anxiety for our residents and their families, and we are committed to doing everything in our power to prevent them. We aim to ensure our residents receive the best care and support while minimizing any inconvenience or discomfort caused by unnecessary hospital transfers. We are committed to taking every possible step to prevent them.

### 2. Resident and Family Satisfaction

Quality Dimension: Resident and Family Engagement and Resident-Centred Care

Goals: Integrate resident and family input and feedback into both service experience and service delivery planning by

- To continue educating staff training on pleasurable dining. Discover the aspects of meal service that bring joy to our residents through an immediate post-lunch and dinner meal survey for residents to provide feedback on meal satisfaction.
- To create monthly informational placement at the resident meal tables to keep the residents informed on what is happening at Gilmore Lodge



- To educate staff on communication techniques with residents and family members regarding concerns.
- To meet with the resident council president or vice president monthly to review resident concerns.
- To implement a Designated Leadership Representative for the resident home areas, with whom the residents can build a relationship to voice concerns.
- To provide resident-centred education to Gilmore Lodge staff, focusing on resident-centred communication styles and creating a confidential and secure environment.

Indicators:

- a. Overall rating of the home.
- b. Percentage of residents responding positively to “What number would you use to rate.
- c. Percentage of residents who responded positively to the statement: I can express my opinion without fear of consequences.”

### **3. Percentage of Long-Term Care Residents without Psychosis Who Were Given Antipsychotic Medication in the Seven Days Preceding Their Resident Assessment**

Quality Dimension: Resident care and safety

Goal: Reduce the percentage of residents who are taking antipsychotic medication by 6.5%

Indicator: Residents not living with Psychosis who were given antipsychotic medication.

- The creation and addition of a label that highlights residents on admission with antipsychotic usage without a diagnosis.
- The Psychogeriatric Resource Consultant (PRC) will provide nursing staff with educational opportunities on techniques for navigating Responsive Behaviors.
- Decrease drug utilization rate by providing education for registered staff on antipsychotic discontinuation best practices and eligibility criteria.
- To create and implement a standardized form to prompt the physician and nursing staff to monitor and assess the feasibility of the deprescription of antipsychotics.

Target Justification: Antipsychotic medications may help treat behavioural symptoms associated with psychosis or dementia, such as agitation and aggression. The use of these medications has sparked debate about the side effects, which include sedation, a greater chance of falling, and a slightly higher death probability. Therefore, we must consider alternatives that help residents moderate their usage while providing a good quality of life and improving behaviours.

### **4. Percentage of long-term care home residents who fell within the 30 days following their assessment.**

Quality Dimension: Resident care and safety



Goal: Reduce the percentage of residents who fell in the 30 days leading up to their assessment by 9%

- To utilize fall risk mitigation strategies to prevent falls.
- To train registered nursing staff on the RNAO Clinical Pathways for Fall.
- To Implement a new call bell system to support a faster response rate to resident concerns by staff members.
- To conduct fall prevention care plan audits

Indicator: Percentage of Long-Term Care home residents who fell in the 30 days leading up to their assessment

Target Justification: Falls are the primary cause of nonfatal injuries and hospital admissions, posing a life-threatening risk. Additionally, falls can have adverse health outcomes and make residents feel fearful, which can hinder their independence, activity, and physical strength. Therefore, it's essential to be mindful of fall prevention strategies to ensure the safety and well-being of individuals. We will continue to work on decreasing our falls to meet the province benchmark.

## **5. Diversity, Equity, and Inclusion**

Quality Dimension: Equity

Goal: Increase cultural knowledge to provide a better service to Residents and enable equitable opportunities in our LTC home.

- To enable education opportunities for team members about Indigenous History & Culture
- To educate staff on the different religious/spiritual items available at Gilmore Lodges "Multi-Faith" Room and educate staff on DEI/anti-racism through significant dates/events.
- To conduct DEI education through food-based events for the staff at Gilmore Lodge.

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

Target Justification: We can create a workplace that values and celebrates differences among our employees, leading to greater creativity, better decision-making, and a constantly pushing forward culture. Prioritizing DEI programs can pave the way for meaningful growth and long-term opportunities for our workforce and Residents. Encouraging diversity can lead to increased innovation and collaboration and a more forward-thinking work environment. Implementing DEI strategies can improve our homes and create lasting relationships.



# Niagara Region Services Approach to Continuous Quality Improvement

The Operational plan includes improvement efforts and initiatives across the homes to optimize standardization and decrease variability. Accreditation Canada and Health Quality Ontario identify the priority areas through in-home committees, audits, reports, resident and family feedback, legislative requirements, and guiding principles.

All eight long-term care homes have been accredited with Exemplary Standing under the Qmentum accreditation program with Accreditation Canada.

Our home will monitor progress on strategic priorities to align it with our home needs by focusing on providing the best quality to our residents and embracing our continuous quality improvement philosophy. Prioritizing opportunities for improvement is a critical step in the process of translating data into action. Our team will:

## 1. Identify/Diagnose the Problem

All identified problems that need attention are analyzed using the root cause framework.

- Gilmore Lodge will document the problem and identify opportunities for improvement.
- Gilmore Lodge will identify how they plan to achieve desired results and document them under the PCC insights.
- The plan should include (1) Where we are, (2) Where we want to be, (3) How we will do it and identify the team that will support the improvement activity.
- Determine if training is needed and include it as a task.

## 2. Set Improvement Aims

The aims set in our plan are developed using an interdisciplinary approach. Data supporting the aim will be collected and used for analysis and benchmarking. Examples of data include scorecards, dashboards, and other facility reports such as employee and resident satisfaction results. Reports available from outside resources, including but not limited to Health Quality Ontario, CIHI, and RNAO, are used to set clear paths for improvement.

We use the SMART framework (Specific, Measurable, Attainable, Relevant and Time-Bound) to set goals that will align with the desired improvement target and will help to focus on continuous improvement.

## 3. Set and Test Improvement Ideas

Our quality improvement plan relies on teamwork among all staff to analyze problems and propose and implement resolutions. Ideas or interventions are established and monitored for the duration of the plan. The analysis identifies the effectiveness of the improvement activity and if any other approach should be considered.

The improvement indicator or activity progress is documented in the PCC Insights tab, and meeting minutes are recorded immediately after each quality meeting.





## **4. Implement, Spread and Sustain**

Implementation plans are reviewed and evaluated as often as needed. The interventions are tested and assessed to ensure that any practice changes are appropriately embedded into our workflow and that staff is aware of the changes. At the end of the testing period, the team will evaluate if the interventions or change ideas resulted in improvement. The team will present any opportunities that could result in standardized practices across our long-term care homes to the quality steering committee. The Quality Steering Committee will discuss sustainability and consistency approaches and support the long-term care homes with the resources needed to implement any adaptations.

## **5. How We Monitor Improvement and Identify Outcomes**

An Interdisciplinary team reviews metrics on the Point Click Care system and monitors progress in line with the core programs by proactively reviewing real-time data and progress across indicators. This allows the team to communicate effectively and adjust strategies to align with any issues identified.

## **6. Communication**

Strategies are developed following the senior's communication plan but are not limited to home-specific needs and preferences.

Updates in the quality improvement plan are shared through several means, including:

- Postings on the quality board
- Direct e-mails to staff and families
- Newsletters
- Website
- Informal presentations/huddles
- Presentations at staff meetings
- Presentations at Residents' Council meetings
- Presentations at Family Council meetings (on request)
- Presentations at Public Health and Social Services Committee

