

# Linhaven 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.

Linhaven is one of the eight long-term care homes owned and operated by the Regional Municipality of Niagara. The Home has 248 beds, six beds in abeyance and the two specialty programs.

## 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 Long-Term Care 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

Linhaven 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 LTC 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, Linhaven 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 11%:

- To maximize using nurse-led outreach teams to provide education, training, and clinical guidance on the early recognition and treatment of residents at risk for ED visits.
- To provide mandatory shift reports from RPN staff to assist in the continuity of care and appropriate follow-up.
- Educate personal support workers (PSW) on when to communicate with RPNs directly, emphasizing the use of POC tasks versus verbal communication.

- To have a goals of care conversation review occur during the 6-week ICC involving the physician.

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:

- To continue educating staff on different cultures, identities, and diverse practices so that they can understand the needs of the residents.
- To provide staff with three educational opportunities on the different communication resources/techniques available at Linhaven for communicating with residents.
- To reduce the noise level in the resident dining room to help residents enjoy an enjoyable dining room service.
- To offer educational newsletters for residents regarding the different departments at Linhaven with a section on the team members' roles.
- To create educational activities for residents to embrace diverse perspectives and opinions in the Linhaven resident community.

Indicators:

Overall rating of the home.

- Percentage of residents responding positively to "What number would you use to rate how well the staff listen to you?"
- Percentage of residents who responded positively to the statement: I can express my opinion without fear of consequences.

In 2023, the survey was available for completion from October 16th to November 20th. The survey

received 120 responses, 70 from residents and 50 from families. The average satisfaction rate was 95.15%, with a family satisfaction rate of 91.5% and a resident satisfaction rate of 96.8%.

Two areas received low satisfaction scores: dietary services, the quality of food and snacks, and the incontinence products offered. The 2023 Resident and Family Satisfaction Survey results were communicated to residents, families, and staff through the home's newsletter on January 29, 2024. A copy of the results was also posted on the Homes Quality Board on the same date. Furthermore, the results were verbally presented to the Resident Council on March 12<sup>th</sup>, 2024, along with the meeting minutes.

Action items for improvement were identified, focusing on the three areas that received low satisfaction ratings in the survey. They are as follows:

- **Dietary Services (quality of food and snacks):** Linhaven will provide two educational opportunities for the residents and family members that outline how meal plans are developed and tailored for residents' care needs. An education overview will be created and shared with residents and family members through the Linhaven Newsletter and an In-Home Mobile Billboard.
- **Products:** Linhaven will collaborate with the Prevail (Manufacturers of the Continence Product) team to provide detailed education on effectively assessing, applying, and evaluating incontinence products that are comfortable and appropriate for the resident's care needs to a minimum of 75% of nursing staff.

The Resident and Family Council and the Professional Advisory and Quality Committee are presented with the current report. They are regularly informed of the progress made regarding action items at their meetings. During these meetings, members can ask questions, give input, and make changes as needed. An updated report and minutes of the meetings are posted in the Home, and copies are available upon request.

The action plan will be reviewed and revised every quarter in collaboration with the resident and family council and the Quality Committee (refer to Appendix A). The comprehensive action plan is available in the home.

### **3. Percentage of Long-Term Care (LTC) residents without psychosis who were given antipsychotic medication in the seven days preceding their resident assessment.**

Quality Dimension: Resident care and safety

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Goal: Reduce the percentage of residents who are taking antipsychotic medication by 17%

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

- To create an antipsychotic deprescribing form to support the interdisciplinary team monitoring and trial discontinuation of antipsychotics.
- To provide registered staff education on antipsychotic usage in the geriatric population.
- To educate nursing staff (RN, RPN, and PSW) on hallucinations and delusions.
- To assess current residents who are taking antipsychotics without a diagnosis and assess if they have an applicable diagnosis or could benefit from an individualized discontinuation plan.

Target Justification: Antipsychotic medications may help treat behavioral 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 (LTC) home residents who fell in the 30 days following their assessment.**

Quality Dimension: Resident care and safety

Goal: Reduce the percentage of residents who fell in the 30 days by 7%

- To train registered nursing staff on the RNAO Clinical Pathways for Fall.
- To provide educational opportunities for nursing staff to utilize and troubleshoot fall prevention intervention devices.
- To try to relocate and standardize PSW documentation stations to ensure they are strategically placed to support residents quickly.
- To create and implement automated reminders for staff to evaluate Fall Prevention Intervention post-admission.

Indicator: Percentage of LTC home residents who fell in the 30 days.

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 residents with better service and equitable opportunities in our long-term care home.

Indicators:

- To enable education opportunities for team members about Indigenous History & Culture
- To educate staff on the different religious/spiritual items available at Linhaven and DEI/anti-racism through significant dates/events.
- To create a DEI cookbook based on Linhaven Population
- To implement staff appreciation food-based event that embraces different cultural cuisines.

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.

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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.

Linhaven is committed to fostering a collaborative and inclusive environment where the voices of our residents and their families are integral to shaping the care we provide. Linhaven actively engages members of the Resident and Family Councils in quarterly Professional Advisory and Continuous Quality Improvement (PAC-CQI) Committee meetings. The insights and experiences of the Resident and Family Council and the Quality Committee are invaluable in identifying areas for growth and implementing meaningful, actionable plans. By working together, Linhaven will ensure that the care practices consistently evolve to meet the highest standards and deliver the best possible outcomes for the residents.

Our team will:

## **Identify/Diagnose the Problem**

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

- Linhaven will document the problem and identify opportunities for improvement.
- Linhaven will identify how they plan to achieve desired results and document them under the PCC insights and Resident and Family Survey Action Plan.
- 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.

## **Set Improvement Aims**

The aims set in our plan are developed using an interdisciplinary approach and feedback from family and residents. Data supporting the objective 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.

## **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 and Resident and Family Survey Action Plan, and meeting minutes are recorded immediately after each quality meeting.

## **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.

## **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.

## **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

## Appendix A- Resident and Family Satisfaction Surveys Action Plan Update

| Indicator  | Action Items  | Resident Council (RC) & Family Council (FC)   | CQI Meeting  |
|--|---|---|--|
| I am satisfied with the quality of food and snacks | <ol style="list-style-type: none"> <li>1. Linhaven will provide two educational opportunities for the residents and family members that outline how meal plans are developed and tailored for residents' care needs.</li> <li>2. An education overview will be created and shared with residents and family members through the Linhaven Newsletter and an In-Home Mobile Billboard.</li> </ol> | <ol style="list-style-type: none"> <li>1. Survey Results Communicated to Residents, Staff, and Families</li> <li>2. The 2023 Resident and Family Satisfaction Survey results were shared through the home's newsletter on January 29, 2024, and posted on the Homes Quality Board. They were also presented to the Resident Council on March 12, 2024.</li> <li>3. Action Plan Communication: presented to Resident Council on March 12, 2024. and Family Council on March 14, 2024.</li> <li>4. Action Plan Completion Dates: Education Opportunities Food and Snack: April 1, 2024 and Incontinent Products Education - 2024/10/21.</li> <li>5. CQI updated leadership that all projects were completed as of 2024/10/21. Action plan item closures were communicated to residents and family.</li> </ol> | <ol style="list-style-type: none"> <li>1. Quarter 1 PAC: On May 2nd, 2024, Linhaven addressed resident and family satisfaction survey concerns by creating an action plan with timelines, responsible individuals, and communication methods. Collaboration with the resident council, family council, and the Professional Medical Advisory Committee ensured diverse needs were met.</li> <li>2. Quarter 2 PAC: On August 1st, 2024, the CQI Advisor provided an update on the action items.</li> <li>3. Q3 PAC: On November 7th, 2024, the CQI Advisor again provided an update on the action items.</li> </ol> |

| Indicator                                       | Action Items  | Resident Council (RC) & Family Council (FC)  | CQI Meeting   |
|---|---|--|---|
|   |   | <ol style="list-style-type: none"> <li>6. November 28th a copy of the completed action plan was placed in the family council minute binder so all families could access, and it is also posted on our quality board.</li> <li>7. November 28th a copy of the completed action plan was given to the Family Council Representative, for the Nov 28th FC meeting.</li> <li>8. It was sent to FC for review and further feedback will be gathered in the next meeting or as per their preference of communication</li> </ol>  |   |
| <p>The Incontinent products are comfortable</p> | <p>Linhaven will collaborate with the Prevail (Manufacturers of the Continence Product) team to provide detailed education on effectively assessing, applying, and evaluating incontinence products that are comfortable and appropriate for the resident's care needs to a minimum of 75% of nursing staff</p> | <ol style="list-style-type: none"> <li>1. The 2023 Resident and Family Satisfaction Survey results were shared with residents, families, and staff via the home's newsletter on January 29, 2024, and posted on the Quality Board. They were also presented to the Resident Council on March 12, 2024</li> <li>2. Action Plans Communication: Presented to Resident Council on March 12, 2024, and Family Council on March 14, 2024</li> <li>3. Action Plan Completion Dates: Food and Snack Education: April 1, 2024 and Incontinent Products Education: October 21, 2024</li> <li>4. CQI Updated Leadership that all projects were complete 2024/10/21.</li> </ol> | <ol style="list-style-type: none"> <li>1. Quarter1 PAC: On May 2nd, 2024, Linhaven identified two action items in response to concerns from the resident and family satisfaction survey. They developed a plan detailing the action items, completion timeline, responsible individuals, and communication strategies for residents and families. The team will collaborate with the resident council, family council, and the Professional Medical Advisory Committee to address the diverse needs of our home.</li> </ol> |

| Indicator | Action Items | Resident Council (RC) & Family Council (FC)   | CQI Meeting   |
|-----------|--------------|---|---|
|           |              | <p>5. Action Plans Items Closure communicated to Residents and Family: on November 28, completed action plans were placed in the Family Council minute binder and shared with the Family Council Representative for review at their meeting. Further feedback will be gathered based on their communication preference.</p> | <p>2. Q2 PA Occurred August 1st, 2024. CQI provided an Update on the Action Items</p> <p>3. Q3 PAC occurred on November 7th, 2024. CQI Advisor provided an update on the Action items</p> |