

Quality Improvement Plan (QIP)
**Narrative for Health Care
Organizations in Ontario**

March 28, 2024



**Ontario
Health**

OVERVIEW

Hampton Terrace Care Centre is an Accredited facility with Exemplary standing which was awarded in February 2023. We are a 101-bed long-term care facility committed to quality improvement, and has extensive policies and procedures for its Risk Management and Quality Improvement program. We are proud to be a RNAO Best Practice Spotlight Organization which was awarded June 2023, in partnership with the Registered Nurses Association of Ontario (RNAO), ensuring that we provide quality care based on best practice guidelines that have been established and tested through the RNAO.

The home performs routine and ad hoc auditing using the Ministry's Inspection Protocols and focused audits to ensure quality standards are met. The results along with risk management reviews, and interdepartmental meetings are used to evaluate the effectiveness of programs in place at the Home to meet the needs of the residents, maintaining their safety and well-being. We ensure that our QIP continues to align with our Operational and Strategic Plan, and work diligently to ensure that all policies are reviewed routinely to maintain compliance with the Fixing Long-term Care Act, 2021 sect.42 and Regulation 246/22. ss.168 (5) and (6).

Reflecting on our 2023/2024 QIP, we focused on 3 areas for quality improvement: Access and Flow; Experience; and Safety.

For Access and Flow, in Oct 2021-Sep 2022 our Rate of Emergency Department visits for modified list of ambulatory care-sensitive conditions was 8.2 and we set our goal to be 8.0 for the 2023/2024 QIP. However our ED visit number was 20.66. Our first change ideas

was to seek out education and learning opportunities for frontline registered staff which we were able to facilitate. Along with our mandatory online education, we had many inservice educations focusing on various topics to help build competent staff provided by the Home and external resources (Medline, Medigas, Psychogeriatric Resource Consultant, Medisystem, Halton IPAC Hub). This includes:

- Feb 9: Accreditation Overview with emphasis on IPAC, medication management, falls, and falls procedures
- Mar 21: Overview of skin care management
- April 11: IPAC education provided
- May 3: CPR training
- June 12: Wound Care and management
- July 17: Responsive Behaviour Stop and Go Techniques
- July 20: Medication Administration
- Sep 14: Pressure Injury education
- Oct 11: Prevention and management of MASD
- Oct: Falls prevention and assessments
- Dec 4: Dementia Simulation

Our second change idea was to utilize a Nurse Practitioner by hiring one for the Home to assist with our physicians to help provide triage and treatment and promoting choices to provide care within the facility but were not able to fill the role.

For Experience component, we aimed to score a 95% for the percentage of residents responding positively to "what number would you use to rate how well the staff listen to you" and the percentage of residents who responded positively to the statement "I can express my opinion without fear of consequences." We

incorporated these questions into our Resident and Family Satisfaction Survey which was mailed out end of August 2023 and a deadline for early of November 2023. The home was shy of our target, receiving 94.74% positive responses to the above questions. Returns were low with only 19 families responding as heavy reliance was placed on paper returns. The 2024/2025 QIP addresses the issue of low participation as new ways to increase participation are explored.

The results and comments were shared at the Senior Management meeting (Nov 22, 2023). Questions having 1 or more responses in disagreement, a Plan of Action/Intervention was created and signed by the Acting Administrator. The results and action plan were shared to the Resident Council (Jan 8, 2024) and Family Council (Jan 22, 2024). Results were also shared at the Continuous Quality Improvement meeting and Professional Advisory Committee meetings (both Jan 25, 2024).

For the Safety component, the home looked into reducing the percentage of LTC residents without psychosis who were given antipsychotic medication in 7 days preceding their resident assessment. Our percentage for Jul-Sept 2022 was 31.31% and we aimed to reduce it to 27.0%. We aimed to achieve this by our first change idea by increasing education related to responsive behaviours, appropriateness antipsychotic medication use, and alternatives and de-escalation techniques to reduce responsive behaviours. Internal and external education inservices occurred to support our staff. We also sent members of our Management team to attend the Mental Health Education held by Behaviour Supports Ontario on April 19 and September 20 2023. Our second change idea was to assess residents who were receiving antipsychotic

medication without a diagnosis of psychosis.

We determined the residents taking antipsychotic medication without a diagnosis of psychosis and aimed to reduce it or justify it by excluding them due to other diagnosis (schizophrenia, Huntington's disease, hallucinations, delusions, or end of life). The home was able to justify 50% of residents taking antipsychotic medication after completing assessments/reassessments. But as new residents came in who were on antipsychotic medication and those residents who were not assessed, our percentage increased to 33.73%. The 2024/2025 QIP looks into new change ideas and goals on reduction of antipsychotic medication.

ACCESS AND FLOW

At Hampton Terrace Care Centre we aim to provide access to internal and external services which allow for enhanced treatment and management within the home. During admission and annual care conferences, we discuss with the resident/family the goals of care and have the careplan reflect those goals, preferences and healthcare needs. Residents have access to a variety of internal services which include physiotherapist and physiotherapist aid, foot care, dietician, dentist and hair dresser. Residents also have access to external services to assist with their needs to ensure their health concerns are met such as Lifelabs, Halton Seniors Mental Health, Acclaim Health Pain Consultant, Speech Language Pathologist, Denturist, Wound Specialist.

EQUITY AND INDIGENOUS HEALTH

Hampton Terrace strives to promote health equity, respect and understanding towards our residents. Leading up to the residents admission, our Admissions Lead completes a information sheet identifying residents preferences, which is shared to the floor staff. During admission and Care Conferences, the different departments meet with the resident and their family to discuss how to incorporate their preferences, experiences, and personal beliefs into their care (Psychosocial Assessments, Dietary Profile and Recreational and Social Activities Assessments). We also integrated Clinical Pathways which is based on RNAOs Best Practice guidelines into PointClickCare's Nursing Advantage platform. With it we are able to build a more comprehensive and holistic profile of who are resident is.

Resident and Family Councils meet regularly to evaluate activities, menus and programs. Religious community partners continue to come into the home for the various faiths our residents practice. Menus, program and activities calendars are provided and are available throughout the home. External resources are available to provide education and information pertaining to our population. In March 2024 we have included mandatory staff education on Cultural Competence and Indigenous Cultural safety to help provide more understanding and competencies towards Equity and Indigenous Health which would be completed. The Homes policies also encompass various topics related to workplace violence, abuse towards our residents which reflect the Fixing Long Term Care Act 2021 and the Residents Bill of Rights.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Here at Hampton Terrace Care Centre, we engage families and residents in its Quality Improvement Plan and Quality Improvement Activities. There is an established interdisciplinary quality improvement committee, the Resident Safety & Quality committee which is coordinated by a designated lead. The home has strong input and leadership through its well established Resident Council and Family Council who provide suggestions for quality improvements to the home.

Hampton Terrace conducts annual Resident and Family satisfaction surveys to obtain feedback from stakeholders, the results of the surveys are presented to Senior management, Resident Council and Family Councils, and quality improvement suggestions are used to develop facility goals/action plans for implementation. Mechanisms are also in place where residents and families can communicate and express themselves as needed. The home has a Strategic and Operational plan and sets annual quality improvement goals that align with these plans. The home has committed to be transparent and make readily accessible any outcomes to its residents and families.

PROVIDER EXPERIENCE

The Home looks to engage and support our staff in a variety of ways, either verbally or through our Suggestion Box if they wish to be anonymous. We have assigned a Nurse Manager on each unit to help support the team. When addressing them, we provide responses through the Staff Monthly Newsletters, quarterly Registered and Non-Registered meetings, and ad hoc huddles. We also started registered team huddles at the beginning of shifts to ensure communication is open and constant.

The home has partnerships with PSW schools within the region, which has seen an increase of students into our facility with many of them being hired. External resources and community partners to provide education on how to manage feelings of burnout and stress, with either our Psychogeriatric Resource Consultant, Behaviour Supports Ontario, and Care+ Resources. We seek team members to send to various education opportunities to further the education and knowledge of our staff (GPA, PLECES, Wound Care). We celebrate Caregivers week in May for the staff, Staff Appreciation BBQ, Years of Service awards, shoutout board, and 5 days of Christmas to improve the experience for our staff. In turn we have low numbers of staff turnover and have been retaining much of our staff while reducing the use of agency hours.

SAFETY

At Hampton Terrace, Resident safety incidents (ex. falls, medication errors, verbal and physical altercations) are captured by the team through the QIA and are reviewed monthly and PRN. Incidents and trends are analyzed and discussed at the various meetings held monthly or quarterly (Resident Safety and Quality, Continuous Quality Improvement, Responsive Behaviour, Professional Advisory Committee) where strategies, interventions and goals are developed in order to promote the safety of our residents.

As we are a RNAO Best Practice Spotlight Organization, we continue the Prevention of Falls and Reducing Injury from falls BPG. Appropriate departments provide input and external resources are looked into to best support the home for the intended goal. Information is shared within the various departments, floor staff, and the resident/family.

POPULATION HEALTH APPROACH

We support our residents in various ways that encompass the homes Primary physicians while utilizing external partners. Recreation Team, Wound care specialists, Speech Language Pathologist, Dieticians, Physiotherapy provide support to our residents to ensure a holistic approach to their care needs. In addition to physiological needs, we also provide resources that focus on the social needs such as Music Therapist, Behaviour Support companion, animal and pet therapy.

The Home has a in-house social service worker that the residents can access. External partners visit to assist with residents needs as they arise related to behaviours and personal expressions. (Psychogeriatric Resource Consultant, Behaviour Supports Ontario). We also partnered with local schools to provide intergenerational visits between residents and students to promote socialization and reduce feelings of isolation. Hampton Terrace also welcomed the return of the Holiday Bazaar held on Nov 18, 2023 where vendors and the Burlington community were able to come in, interact with the residents thus creating a sense of belonging and connection.

CONTACT INFORMATION/DESIGNATED LEAD

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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 27, 2024**

Donna Spasic, Board Chair / Licensee or delegate

Claire Collison, Administrator /Executive Director

Richard Diaz, Quality Committee Chair or delegate

Other leadership as appropriate

Sharon B. Atkins DON

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.	0	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)	20.66	17.50	To decrease ED visits by 15% while maintaining provincial average.	

Change Ideas

Change Idea #1 Increase training and education opportunities for staff to build competencies and critical thinking and individualized goals of care for each resident.

Methods	Process measures	Target for process measure	Comments
To train our registered staff to actively involve the physician in the decision to transfer.	To educate our staff on information gathering (Objective vs subjective), to ask and to be direct in conversation with our physicians to ensure the highest care for our residents within the long term care setting.	Analyzing the steps, process and assessments leading up to potential ED visits, and it's effects on the amount of transfers to hospital.	

Change Idea #2 Continue search for a Nurse Practitioner to collaborate with the Home's physicians in order to provide treatments, alternatives and communication with the resident/family to reduce potential ED visits.

Methods	Process measures	Target for process measure	Comments
Interview and hire a Nurse Practitioner to provide on site triage within the facility	Interview potential candidates and hire for the role of Nurse Practitioner to provide on site triage within the facility	To employ a Nurse Practitioner by the end of 2024.	Job posting currently online

Experience

Measure - Dimension: Patient-centred

Indicator #2	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?"	0	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	CB	The home does not use a numerical scaling system to track. However the Resident/Family Satisfaction Survey the home conducts was completed for 2023/2024 added the question "the staff listen to my concerns." From the respondents, 94.7% were satisfied.	

Change Ideas

Change Idea #1 Continue to encourage residents and family members to provide suggestions, input and feedback

Methods	Process measures	Target for process measure	Comments
Have the "Concerns, complaints, & compliments" form readily available to resident and families to fill out. Present survey and survey results at family and resident council. Also to utilize suggestion box for residents and families to use if wish to be anonymous. Have ad hoc care conferences when questions or concerns arise.	There will be increased participation with survey and the positive response to above survey question.	At least 100 surveys will be received at the end of the survey period.	Incorporate above question with the 0 to 10 scale

Change Idea #2 To provide a variety of distribution methods to ensure increase completion. The home will offer different options to respond either in paper form surveys, web based options and telephone calls.

Methods	Process measures	Target for process measure	Comments
Develop and monitor the use and effectiveness of various options of accessing/distributing the survey. We will inform families the variety of ways to complete and submit the results and suggestions from their survey.	Increase number of respondents and set deadlines for when surveys are to be completed.	To have all surveys completed by late fall 2024.	19 families/residents responded to the survey for 2023/2024.

Measure - Dimension: Patient-centred

Indicator #3	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".	0	% / LTC home residents	In house data, InterRAI survey / Most recent consecutive 12-month period	94.74	95.00	The Resident/Family Satisfaction Survey completed for 2023 showed 94.7% satisfaction to the question "I can express my opinion without fear of consequences." Our goal for the previous QIP was 95% and would like to reach that for the 2024/2025 year.	

Change Ideas

Change Idea #1 To incorporate various staff members from different departments, volunteers, and support staff to engage and assist residents with physical limitations to complete the survey.

Methods	Process measures	Target for process measure	Comments
Will assist residents who have physical difficulties with completing the survey by reading questions out for residents, and recording their answers on the survey form. Determine which residents who are cognitive enough to appreciate the survey and what it represents.	To have increase resident participation with survey and the positive response to above survey question.	To have 75% of capable and cognitive residents to complete the survey.	Total Surveys Initiated: 19 Total LTCH Beds: 101

Safety

Measure - Dimension: Safe

Indicator #4	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	0	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	17.53	15.54	Reducing the instances of potential falls by aligning the Homes percentage with the provincial rate	

Change Ideas

Change Idea #1 Increase purposeful rounding for residents, especially for those who are considered high risk for falls.

Methods	Process measures	Target for process measure	Comments
After identifying those residents who are high risk for falls through the RIA-MDS and various assessments, in turn increase monitoring for those residents to minimize risk of falls.	The number of falls and assessments completed determining who are high risk.	Reduction of total falls month over month; reduction of total falls from previous year.	As per homes tracking, total falls were 326, average of 27.17/month in 2023.

Change Idea #2 Perform multifacet assessments which would identify factors contributing to risks and determine appropriate interventions.

Methods	Process measures	Target for process measure	Comments
Using tools such as the Revised Morse Fall Scale assessment, Nursing Advantage Admission assessment, RAI-MDS scores and other assessments to determine the appropriate type of device to use in early notification of a possible fall occurring.	Tracking the number of fall prevention devices in place for the residents	80% of residents who are high risk of falls have fall prevention interventions in place	

Measure - Dimension: Safe

Indicator #5	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	0	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	33.73	30.00	To continue working on decreasing the percentage of residents diagnosed with dementia, without psychosis, who were prescribed an antipsychotic medication by 3.73%	

Change Ideas

Change Idea #1 Provide resident and family member's education on medication interactions and goals of care

Methods	Process measures	Target for process measure	Comments
During admission care conference and yearly care conferences, we will look to inform resident and their families on the possible drug interactions, providing information on possible adverse side effects to long standing medications and aging populations. Education will allow residents and families to make informed decisions on their medication options.	To evaluate the amount of positive changes that we can make due to these education sessions with families and residents.	To decrease all unneeded and hardly used medications that may have been overlooked for new admissions and yearly.	

Change Idea #2 Effective assessment, reassessment and review of psychotropic medications

Methods	Process measures	Target for process measure	Comments
Utilize the homes physicians, pharmacy and Halton Seniors Mental Health to review medications at regular intervals and during RSQC and Responsive behavior meetings to evaluate effectiveness, necessity and alternatives of medications prescribed to a resident.	Identify those residents and care plans that have been reviewed under this plan, and see if the home is able to effectively change, eliminate, or substitute any medications in relation to antipsychotic medications	The Home's goal is to decrease psychotropic medications that may have been overlooked or underused for our residents.	