

Clarion Nursing Home

Continuous Quality Improvement Initiative

Interim Report

July 2022

Overview

Clarion is a family owned and operated LTC Home established in 1960 and has served the Stoney Creek and East Hamilton Communities since 1983. Clarion is the home to 72 Residents (24% male and 76% female) with an average age of 85 (presently the youngest Resident is 52 years old and the oldest is 104 years old). Our maximum capacity is 78 beds. Clarion serves approximately 100 Residents per year with a prevalent diagnosis of Alzheimer's or other types of Dementia, Diabetes and Hypertension. Clarion is classified as a "C" Home.

Due to Covid -19 Ministry of Health and Public Health Regulations, all the basic 4-bed rooms were converted into 2-bed rooms. We continue to provide basic (2 beds in the room), semiprivate and private accommodations.

Clarion is located in the centre of Stoney Creek, an area of great multicultural and ethnic diversity. The vast majority of the seniors of the Stoney Creek and East Hamilton population are of European origin often with limited or no ability to communicate in English. Clarion attracts a lot of clients (evident by LHIN applications and Clarion's current population) of European origin, especially Serbian, Croatian, Italian and Polish.

One of the contributing factors of why European origin clients choose Clarion is the fact that Clarion's staff is able to provide a variety of services in the Residents' native languages supporting cultural, linguistic and religious needs, not only to the Resident but also to their families.

Clarion Nursing Home has developed an Interim Quality Improvement Report which represents the home's directions and priorities for the upcoming year 2022-2023. In preparation for this Report, Clarion undertook a strategic planning process to identify those key directives which will improve the overall quality of care provided.

Here at Clarion, we would like to think that we are a true Home to our residents, therefore our QIP was designed around improving our resident's experience and based on our resident's needs.

The goal of our QIP is to establish priorities, to be aware of our performance data and understand how to use this data to drive measurable improvement and to build capacity in our Home.

The Quality Improvement (QI) Committee

The Quality Improvement Committee is responsible for the establishment of the process of information gathering, utilizing a problem-solving approach, identifying methods of improvement, evaluating the outcomes and implementing the measures to ensure sustainability of the QI Report.

Development of the QI Report is truly a multidisciplinary process involving Residents, Staff, Resident and family Council and Community partners.

We believe that the best source of information are our residents and families. We ask our residents on a monthly basis, during the Resident

Council meetings, if there is any areas of the care that they would like to improve upon. We seek council of our Family Council thru ongoing open communication and during the Family Council meetings. The involvement of our residents and their families is essential for ensuring that the Home's quality indicators reflect the needs of the residents.

Clarion promotes ongoing open communication with our residents and their families and encourages their participation in decision making in terms of identifying and developing the quality initiatives.

Quality Improvement Committee Mandate:

- develops the QI Report taking into account the needs of residents and system level priorities
- reviews collected data including resident feedback and satisfaction
- identifies area for improvement
- establishes priority indicators
- review goals and targets for the indicators
- appoints project managers and delegates responsibilities
- ensures that resources and education for staff are provided
- directly or indirectly implements measures
- evaluates the progress of the initiatives
- evaluates the outcomes
- maintains liaison with sub-committees and Medical Advisory Committee
- evaluates mandatory programs at least annually
- maintains and posts minutes from the meetings

Quality Improvement Committee membership and participation:

- Home's Administrator
- Director of Care
- Members of Registered Staff
- Dietary Supervisor
- Activity Director
- Personal Support Workers
- Medical Director
- Consulting Pharmacist
- Nurse Practitioner
- Registered Dietitian
- One member of Residents' Council
- One member of Family Council

The Medical Advisory Committee identifies areas of quality improvement related to the medical aspect of the care and reports to the QI Committee.

Quality Improvement Committee schedule of meetings:

- Every 3 months and as needed

The following contribute to the development of the QI Report:

1. Resident Council - the QIP is discussed with residents and an opportunity for their input is provided. Resident Council contributes to the Resident and Family Satisfaction surveys development.
2. Family Council - as the voice of families and residents, Family Council provides input into the development of the quality indicators, feedback on the services provided and ideas for quality improvement. Family Council contributes to the Resident and Family Satisfaction surveys development.
3. Satisfaction Surveys
4. Trends in complaint/concerns voiced by our residents or the family members
5. Open door policy - allows resident/family to voice their concerns and subsequently highlight the areas that require improvement
6. The results of the MOH Resident Quality Inspection
7. The investigation of the Critical Incident Reports
8. Comparative reports that show the Home's performance in relation to other organizations
9. Areas for improvement related to accountability agreement, targets and indicators
10. The results of the Public Health Inspection
11. Quality audits

Collaboration with our community partners is essential in developing and executing quality improvement initiatives.

Our community partners and their involvement:

1. BSO Transitional Unit
 - facilitating admissions for clients with responsive behaviours from community or the hospital
 - ensuring timely discharge from the hospital and access to the proper care setting
 - supporting clients in their new settings post admission
2. Alzheimer Society, BSO Mobile Unit, Psycho-geriatric Outreach Team
 - prevention of avoidable transfers to Emergency Department by:
 - * Supporting resident in our Home
 - * Assistance in plan of care development including interventions
 - * Consultation in regards of the use of the antipsychotic medication
 - staff support and education

3. LHIN - Placement Coordinator
 - timely and appropriate placement management

4. Public Health
 - liaison in terms of transfers of the clients from the hospital,
 - management of the outbreaks
 - staff support and education

5. Nurse Practitioner (NLOT Outreach Team)
 - prevention of unnecessary transfers to the hospital by:
 - * Assessment of the clients with acute or complex medical issues
 - * Accessing medical information that are necessary for the care provision
 - staff support and education

6. Collaboration with other LTC Homes - sharing ideas, participation in solving of common problem and facilitation and development of policies and procedures for various programs -

7. Services that are provided at Clarion to ensure the access to the care at the right time:
 - Mobile dental services - Golden Care Dental Services
 - Mobile audiology services - Hear Right Canada
 - Mobile x-ray - STL Diagnostic Imaging
 - USG, blood work - Life Lab
 - Oxygen therapy -Vital Aire
 - OT services - Action Medical
 - Registered Physiotherapist
 - Registered Dietitian
 - Registered Social Worker
 - Music Therapist

8. Social Worker
 - advocating on behalf of the residents
 - fostering communication and addressing issues at all levels of care

9. Attending Physicians
 - providing care and support during and outside the business hours
 - * Prevention of unnecessary transfers to the hospital
 - * Providing care at the right time and at the right place
 - * Assisting in the facilitation of the admission of the

- clients with complex medical issue
- * Working along other disciplines to lower the usage of the Antipsychotic medication
- staff support and education

10. Pharmacist - Medical Pharmacy

- facilitates timely delivery and availability of the medication upon the client's admission and thereafter
- working along other disciplines to lower the usage of the antipsychotic medication
- staff support and education

Statement of Compliance

In compliance with the regulations set forth within the government of Ontario's "Fixing Long Term Care "Act (2021), an annual report on the Home's continuous quality improvement initiative will be developed by Clarion Nursing Home.

Report Distribution

In accordance with Section 271 of the Fixing Long Term Care Act,2021, each Quality Improvement Report will be posted on Clarion's website.

Quality Improvement Priority Areas/Identified Risks for Quality Improvement for 2022-2023

1. Global Pandemic Considerations

Risk/Priority area- High risk for outbreaks due to global pandemic

- Review and ongoing maintenance of Infection Control policies and procedures
- Utilization of specialized Infection Prevention and Control Staff
- Monitoring staff performance thru auditing

2. Staffing challenges

Risk/Priority Area - not adequate staffing due to aging workforce, increased competition for PSW and Reg. staff positions, increase in expectation of private/work life balance

Continue with:

- Utilization of Staffing agencies
- Posting on Indeed
- Alliance with training Institutions (ex. Mohawk College)
- Scheduling accommodations
- Advancement opportunities
- Paid Staff education (ex. Wound care certification, MDS training)
- Staff recognition program

3. Changing Demand of LTC Services

Risk/Issue - shift towards frailer residents with more complex care needs; longer life expectancy.

- Review and ongoing maintenance of the Palliative Care program policies and procedures

Additional Priority Areas/Identified Risks for Quality Improvement for 2022-2023 may be added as needed.