

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 13, 2023

OVERVIEW

Henley House is located in the heart of St. Catharines. We are part of a family owned organization, Primacare Living Solutions. The organization believes in the vision of providing a choice in housing, programs and services that promote a resident's optimal health and wellness. Our mission is "to provide our residents and staff with an unparalleled long-term care environment that is people focused and adheres to the highest standards of quality care".

The organization values staff that have a passion for what they do and respect for the people we serve. The home seeks out new innovative ways to improve the quality of services, utilizing the power of autonomy and collaboration in achieving success. Community engagement is encouraged and accepts each individual's differences. The Home is committed to the responsibility of providing excellence in the care and services delivered.

Built in a well-established residential area, we serve 160 residents in 6 home areas. The Home areas are all named after well-known parks in St. Catharines, creating that sense of community. Our resident population is diverse, ranging in ages, drawing from multiple ethnic backgrounds. We annually assess our resident population and refine our care, services and programming to meet the needs of the diverse population. We have active Resident and Family Councils that are engaged in the daily events in the home.

Our Home's current quality program uses quality action plans to drive and evaluate improvements in care and services for our residents; making the QIP structure and process very familiar to our Home. Our quality action plans are shared and developed with

input from all levels of staff, at Resident Council, Family Council, and Quality Council. Moreover, the Home's Quality Council consists of frontline staff, contracted service providers, the medical director, department managers, residents, and family members. Quality Council is having been established to lead and guide the Home's quality development consistent with our mission, vision and values, strategic direction and leadership priorities as well as the MOHLTC, MOL regulations and the CARF Accreditation standards. Henley House's QIPs will be receive input from with Quality Council and reviewed at quarterly meetings to ensure the home is on track with its implementation of the plans.

Henley House's commitment to quality is demonstrated in their Quality Corner, a public display of quality initiatives occurring in the Home and posting of the Home's quality indicators on a monthly basis. Here any resident, family member or team member can view our progress related to our quality indicators. Henley House's current quality indicators have been updated to ensure they encompass all six quality indicators captured in our Home's 2022 QIPs.

Henley House's QIP aligns with many of our planning documents, goals, and strategies our Home engages in to provide high standards of quality care. We align our QIP with our Home's 2021-2023 Strategic Plan. Our strategic directions are shared with our staff, physicians, administration, Board of Directors, residents and families, as we all work together to achieve our goals. Henley House's QIPs address specific measures to;

- 1) Improve resident safety;
- 2) Promote quality care through the reduction of pressure ulcers

3) Improve the engagement from front line staff, residents and families.

Additionally, our QIPs are consistent with CARF's competencies and will contribute to maintaining our organization's accreditation status with this agency.

Furthermore, four of our QIPs align directly with the Hamilton Niagara Haldimand Brant Local Health Integration Network's Quality and Resident Safety Indicators that we are required to report on as part of our Long- Term Care Home Service Accountability Agreement. Specifically, these indicators focus on the reduction of falls, worsening pressure ulcers, the use of physical restraints, and the percentage of residents on antipsychotic medications without a diagnosis of psychosis. Henley House will implement quality improvement interventions within our plans using integrity, accountability, compassion, respect and team work to guide us as an inter-professional health care team working together with our residents and families. To support our plan and enhance the residents' experience we will build on our partnerships and work in collaboration with community resources and partners, such as Registered Nurses Association of Ontario, Behavior Supports Ontario, LHIN Nurse Practitioner Services, and local ER departments.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

The COVID-19 pandemic announcement in March 2020 (WHO, 2020) has had a major impact on the global ageing population (Salcher-Konrad et al., 2020; Gordon et al., 2020; Burton et al., 2020). The impact on residents of long-term care has been particularly severe due to increased risk factors including multi-

morbidities, frailty and inability to self-report symptoms (ECDC Public Health Emergency team et al., 2020; Gordon et al., 2020; Office for National Statistics, 2020). In addition, there were challenges related to staff borne virus transmission and the physical infrastructure of the environment, making isolation and containment of the virus challenging.

The importance of communication and relationships between family and staff is well established, particularly around shared decision making (Petriwskyj, 2014). A review of studies by Haesler (2006) highlighted evidence on the strategies, practices and organizational characteristics that promote constructive staff–family relationships in the care of older adults in healthcare settings.

Quality Improvements completed during the pandemic, were based on the rapidly changing landscape of healthcare in Ontario, which included, but not limited to the environment, Ministry, Public Health, and needs of our home, residents, families, and staff. Identified below are examples of the improvements completed during this challenging and complex time.

1. All new policies for Covid have been created – listed below :

Covid surveillance guidance definitions

Other care interaction scenarios covid

Post mortem guidelines

Communications plan pandemic

Personal care services- hairdressing

Personal care services- foot care

Student placements

Contact tracing

Universal masking and eye protection in the care community

Prevention and management

Point of care risk assessment

Covid testing policy

Immunization policy

Testing policy

Break room audit

Essential support services provider

Guidance for wandering residents during an outbreak

Covid checklist

Covid pcr algorithm

Don/doff audit

Suspected confirmed case checklist

Visiting and resident absences during the pandemic

1. Mental Health Supports

2. Surge Learning – education platform – all new covid policies/IPAC/hand hygiene videos/Donning/Doffing/N95 education was assigned to staff

3. Corporate IPAC consultant was hired for the homes in 2021

4. Enhanced PPE audits on home areas- daily hand hygiene audits- break room audits- PPE audits

5. Ensured there was a 14 day pandemic supply inventory in the home of all times

6. We mitigated spread – staff /residents cohorted to home area- break rooms were created – only one entrance for staff/families

7. RSAs (resident support attendants) were hired during the outbreak to assist as needed

8. Screening/testing completed daily- new electronic kiosks used for screening

9. Swabbing clinic was created with full time staff

10. New Talent acquisition specialist was hired for recruitment of staff – utilized various online platforms
11. Needed to utilize Agency staff to fill in gaps (4 different companies) to ensure sufficient
12. N95 mask fit testing was updated for all staff/agency in the building

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

In 2021, communications with families/residents/ and partners was dramatically changed in the wake of COVID and the way the Home communicated and involved the families. The most notable changes were

Communication

1. During outbreaks the home held weekly family zoom calls to update families and keep them informed of ministry directives. Additional zoom calls were scheduled as needed.
2. Social worker would meet with residents more often during isolation
3. Covid outbreak meetings held with leadership team
4. JHSC met 2x a week during outbreaks to update the committee of any changes with cases as well as new policies/directives
5. "One call" (a phone system that reached out to staff/families) were put out 2x a week (or as necessary) with updated information during outbreaks.
6. Virtual facetime/zoom etc were offered to families to visit their loved ones. Additional IPADs were purchased for this use. There were extra planned phone calls with families. Extra LEA were brought in to help facilitate this as well as to do additional 1-1 visits during isolation.

7. Staff wore photo badges showing their smiling faces since they are masked at all times
8. Supervised Visits in a safe environment to limit spread and exposure- secure booking site to ensure limited people in the home. Outdoor visits were facilitated for families.
10. Utilization of provincial/CLRI/Association resources

Moving forward in 2022, Henley House will continue to collaborate with resident and family stakeholders through Resident and Family Councils, as well as the new tools used in Covid to identify opportunities for improvement and feedback. Our QIPs are shared with both councils and updates are provided as requested. Monthly statistics reporting on our indicators are posted in the Quality Corner and on the QIP board for all residents and families to observe the progress and performance of the quality indicators. There is both resident and family representation on our Quality Council. Their input contributes valuable input towards the home achieving the goals and overcoming challenges.

The Home will continue to utilize Town Halls quarterly, currently virtually and looking at in person in the fall as a forum for communicating updates with in the home. In addition, the Executive Director has a standing invite on the agenda for Family Council each month to share updates and other important information. Emails are sent to families Information is also shared through our monthly newsletter and events or notices posted in common areas throughout the home.

During 2021 resident engagement played a key factor in identifying risks from the resident perspective for our BPSO project. As the organization continues to strive to implement innovative ideas as

part of its vision of providing quality care it has participated in a Virtual Reality Study(3 years ago), partnering with an organization to bring reality to the life of those with dementia. Virtual Reality - Broomex is used with the Life Enrichment staff and the residents - especially on our special care unit.

Annually, our Resident Satisfaction Survey is completed. Opportunity is given each year for resident and family councils to make suggestions for additional questions to be added to the survey. At Henley House, we engage with residents, families and stakeholders on a daily basis which provides opportunity for feedback and growth.

Our Strategic Plan was developed for 2021-2023 with the engagement from residents, families, volunteers and staff. In 2018 our CARF Accreditation was completed and there was overwhelming support from residents, families and stakeholders during the process and during the days of the survey. Henley House will be seeking accreditation in the 2024 year. This engagement continues as they feel part of the processes and the progress of achieving and sustaining goals for the betterment of the residents' quality of life. We as an Organization and a Community at Henley are committed to our mission of providing and supporting an environment where we are people focused and adhere to the highest standards in quality care.

PROVIDER EXPERIENCE

Our Staff have been through an unprecedented time during the COVID pandemic. No period has been more significant for examining and reviewing these issues, from the perspective of care staff themselves. The courage and commitment of staff, some of whom moved into the care home at the beginning of lockdown to protect residents (Learner, 2020), has rightly highlighted staffs' dedication. Staff were themselves not immune to the virus and were faced with continuing to support the emotional needs of residents and their families despite an already slim workforce.

In 2021 to respond to the need in ensuring our staff were supported we offered a variety of Mental Health resources within the community, as well as resources offered through the provincial government. Management team also had a designated EFAP resource available.

Staff Supports – Improvements

1. Provided couple visits from food trucks
2. Provided staff appreciation meals: pizza, breakfasts, bbqs
3. Appreciation celebrations
4. Paid for staff to be certified Executive Director
5. Paid for education for staff upgrades
6. Training all staff in GPA Increased
7. Staff Survey's – regarding experience and opportunities for improvement
8. Increased staff on home areas in outbreak
9. Utilized one call communication system for staff to keep them updated with updates/changes in the home
10. Purchased more IPADS for staff to do charting in real time.

RESIDENT EXPERIENCE

An important part of care home life is the support given to older residents by their families/friends through regular visiting. Social visits to residents by their families ceased in response to the COVID-19 pandemic in 2020, and residents were confined to their rooms. Henley House staff improvised to address this situation during the first wave of the pandemic. They focused on steps taken to maintain communication between residents and families to support emotional well-being.

In 2021 the Home created innovative ways to assist with the socialization of residents during the long periods of lockdown, and Ministry regulations. Some of the creative ways were

1. Increased use of IPADS- family visits- programming on the IPADS
2. Increased use of Virtual Reality- Broomex
3. Increased LEA staff- would do doorway programs - ie: Hallway bingos/ Music therapy/ crafts
4. Increased 1-1 visits for all residents
5. Increased chaplain visits

As the Ministry of Health changed their regulations on lockdowns in LTC, the Home was able to be creative to develop spaces for the outdoor visits- transformed the outside courtyard into visitation areas with appropriate shade/space and utilized a family booking site that allowed families to book the time slots to ensure resident/family safety with 6 feet distancing this then allowed essential family members in to provide needed emotional support to our residents

The Home was able to then create opportunities for increased

socialization for the residents through:

1. Increased Life Enrichment staffing hours for 1-1s
2. Increased use of IPADS- families could book outdoor visits or virtual reality visits.

A resident and family survey was developed and sent out to receive vital feedback. The questions were created in collaboration with the leadership teams, family and resident input.

1. My LTC home recognizes essential caregivers and does not restrict their time in the Home.
2. Do you feel comfortable when visiting your loved one?
3. I feel confident that I have received appropriate training on the use of PPE and infection control for indoor visits.
4. With respect to visits, the following seems to be working well:

The enormous effort by care staff to maintain family connections and the rapid acclimatization involved working with a number of different on-line platforms, the pulling together of staff from across the care home, and, the attention to emotional well-being of residents living and dying in the care home.

It is notable the professionalism and commitment of the leadership and staff involved. The importance of recognizing, fostering and nurturing relational compassionate care within long-term care.

CONTACT INFORMATION

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OTHER

As the organization continues to strive to implement innovative ideas as part of its vision of providing quality care it will be participating in a Virtual Reality Study. This is a partnership project with Primacare Living Solutions LTC Homes as the lead, Crosswater Digital Media as the industry partner and Western University researchers – Dr. Karen Campbell and Dr. Dianne Bryant. This is a full randomized controlled trial with LTC residents, to bring reality to the life of those with dementia. The focus of the study is to reduce agitation and depression in LTC residents with moderate to severe depression. The study consists of opportunities for residents to visualize what makes them relaxed and decrease responsive behaviours. The promising outcomes that we have experienced thus far within other Primacare home would not have been possible without the support and contribution of families and we expect the same at Henley House for 2022. First with their support and buy in by agreeing to have their loved ones participate. Secondly through the identification of atmospheres for their loved one to achieve

contentment.

Henley House will be implementing the “Butterfly Household Model of Care” in partnership with Dementia Care Matters beginning in October of 2018. This implementation transforms the culture of dementia care and focus on the quality of life for our residents diagnosed with Dementia. There has already been evidence of positive outcomes with the implementation of this project; a reduction in the incidence of pain, as well as an increase in social engagement with the residents. It is our hope that we will experience a reduction in responsive behaviours, use of restraints, and use of antipsychotic medications as we transition to a model of enabling quality of life for our residents

RNAO Best Practice Spotlight Organization (BPSO):

BPSO designation is an opportunity for health service and academic organizations to formally partner with RNAO over a three-year period (four for Ontario health teams) to achieve designation. Following this period, the partnership is renewed biennially, based on the achievement of required deliverables. The goal is to create evidence-based practice cultures through systematic implementation and evaluation of multiple RNAO clinical BPGs. Henley Place has applied and initiated the quality improvement work, toward the designation of a BPSO in the clinical area of falls preventions and pressure ulcers.

Benefits of this initiative include:

Enhanced capacity for knowledge transfer

Improved quality of care and resident outcomes
Support for leaders, nurses and staff in LTC Homes in implementing BPGs
Improved quality of work life

All of these projects support the promotion of new innovative ways of caring for our residents and ensuring that they experience a high quality of life.

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 **June 29, 2022**

Mathew Melchior, Board Chair / Licensee or delegate

Shelly Kasprick, Administrator /Executive Director

Tracy Richardson, Quality Committee Chair or delegate

Rainier De Las Llagas, Other leadership as appropriate
