



# **CONTINUOUS QUALITY IMPROVEMENT REPORT**

**Apr. 1, 2022 to  
Mar. 31, 2023**

**April 27, 2023**

### **1. Designated Lead for Quality Improvement at Strathmere Lodge**

The Lead for Quality Improvement (QI) at Strathmere Lodge is Brent Kerwin, Administrator. Contact information:

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### **2. Priority Areas for Quality Improvement**

As determined by The Lodge's QI Committee, The Lodge's two (2) Priority Areas for Quality Improvement for 2023/24 (i.e., Apr. 1, 2023 to Mar. 31, 2024) are:

- a) Use of Physical Restraints; and
- b) Use of Antipsychotic Medication.

See Appendix 1 for The Lodge's Annual (2023-24) Quality Improvement Plan, which was approved by The Lodge's QI Committee and Middlesex County Council (Lodge owner/operator), before submission to Health Quality Ontario (HQP) on March 31, 2023, as required by the province.

### **3. Process to Identify Priority Areas for Quality Improvement**

The Lodge's Quality Improvement Committee decides on annual Priority Areas for Quality Improvement by considering a variety of metrics/data/information, both anecdotal and empirical. Such includes:

- a) Comparative provincial long term care home metrics from the Canadian Institute for Health Information (CIHI);
- b) Annual resident/family satisfaction survey results;
- c) Audits;
- d) Residents' Council and Family Council feedback;

- e) Provincial government funding announcements;
- f) Asset Inventory Review;
- g) Feedback from Admission Care Conferences and Annual Care Conferences held with residents/family members;
- h) Brainstorming by Quality Improvement Committee members;
- i) Incident Reports (both resident and employee);
- j) Post-discharge questionnaires;
- k) Staff Exit questionnaires;
- l) Informal feedback from residents, family members and staff members;
- m) Concerns/complaints from residents/families;
- n) Results of Ministry of Long Term Care inspection reports; and
- o) Staff Suggestion Box submissions.

#### **4. Measuring/Monitoring Quality Improvement Plans/Initiatives**

Quality Improvement Plans developed by The Lodge's Quality Improvement Committee are reviewed/revisited at quarterly QI Committee meetings. Progress made on implementing our Annual Quality Improvement Plan is a standing agenda item at meetings.

Progress reports are made to residents, families and staff via Residents' Council meetings, Family Council meetings and newsletters (both staff newsletter and resident/family newsletter).

#### **5. Annual Resident/Family Satisfaction Survey**

The Lodge's Annual Resident/Family Satisfaction Survey was last administered in late 2022/early 2023, after first taking the survey tool to The Lodge's Residents' Council for feedback.

Results of the survey are attached (Appendix 2). Results were reviewed with the Residents' Council on February 9, 2023.

Summary results of the survey were communicated to families via Resident/Family newsletter (March 2023 edition).

A summary of the results of the Annual Resident/Family Satisfaction Survey was communicated to Lodge staff via both email and hardcopy pay stub envelope insert on April 26, 2023.

Year after year, The Lodge enjoys high levels of satisfaction among residents and families as to the care, services, programs, products and accommodations it provides.

In attempt to make gains regarding Missing Clothing/Items (having the lowest related satisfaction levels in our survey), we have commenced incorporating a work routine for staff who are working their way back to full and regular duties further to an injury, whereby such staff will search for missing items, and review resident rooms to ensure applicable personal items are labeled with resident names.

#### **6. Improvements to Resident Care, Accommodations, Services, Programs and Goods**

Improvements to resident care, accommodations, services, programs and goods are made throughout the year, and decided upon after considering a variety of information/feedback, as outlined in #3 above.

Communication on improvements is done throughout the year through vehicles such as Residents' Council meetings, and via regular newsletters (both resident/family newsletter and staff newsletter).

A summary of improvements for 2022/23 (i.e., Apr. 1, 2022 to Mar. 31, 2023) is as follows:

- a) Outdoor wheelchair accessible swing for residents/families;
- b) Commercial food mixer replacement;
- c) Tractor replacement for groundskeeping;
- d) Adjustable dining room tables (each quadrant of the table can be adjusted up or down to suit each individual resident's height);
- e) "Sween" body powder (to use for skin tears and pressure ulcers in order to minimize the possibility of infection);
- f) Electronic funds transfer option created (residents/families can now transfer funds electronically to a resident trust account at The Lodge, rather than being limited to cheque/cash deposits);
- g) Bivalent COVID vaccines offered to all residents;
- h) Flooring Replacement in our Arbour Glen resident home area – We have replaced the carpet in the Arbour Glen home area corridors (all five resident home areas have now had original 2006 carpet replaced);
- i) LED Lighting Upgrade in Arbour Glen – this completes a facility-wide conversion to energy efficient lighting in all Lodge areas;
- j) Tub replacement (2) in our Arbour Glen and Sydenham Meadows bathing facility areas;
- k) Three (3) new, additional "Arjo" resident lifts (for safe resident transfers/lifts);
- l) Bed replacement ... 39 new "high-low" electric beds (to help in minimizing resident falls);
- m) Popcorn machine for the residents;
- n) New shuffleboard set for the residents;
- o) Balloon Badminton set (for resident recreation); and
- p) Resident room window pane replacement (32), where broken window seals resulted in foggiess/condensation.

# **APPENDIX 1**

**2023/24 Quality Improvement Plan**

## Theme III: Safe and Effective Care

Measure	Dimension: Safe	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Indicator #1		P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	16.85	12.50	The target will put us back to our most favourable level of performance during the last two (2) years.	
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment								

### Change Ideas

**Change Idea #1** The Admission Nurse will flag newly admitted residents coming on antipsychotic medication, and discuss this with new residents/families on admission day for the purpose of developing each new resident's Initial Plan of Care, and for discussion/review at the 6-week admission care conference meeting between The Home's interdisciplinary care team and each new resident/family (the goal being to discuss/review the ongoing need for the antipsychotic medication, including alternative interventions to eliminate/reduce such medication).

Methods	Process measures	Target for process measure	Comments
The Admission Nurse will review medication list of newly admitted residents, and note antipsychotic medication for the Initial Plan of Care, and for discussion at 6-week new admission care conference meeting. The Care Conference Notes template and the Initial Plan of Care checklist will be amended to capture applicable diagnoses and resident behaviours that warrant antipsychotic medication use.	Number of new admission care conference reviews of antipsychotic medication use as a percent of newly admitted residents on antipsychotic medication.	A review of those newly admitted residents on antipsychotic medication will be done for 100% of applicable new residents.	



Change Idea #2 Our contracted pharmacist will deliver an education session for all registered nursing staff on the Appropriate Use of Antipsychotic Medication (this will assist registered nursing staff in advocating for residents, and in discussing antipsychotic medication with applicable residents/families and our attending physician prescribers).

Methods	Process measures	Target for process measure	Comments
The Pharmacist will deliver in-person education sessions (the content will be provided for review to those registered nursing staff members unable to attend an in-person session).	%age of registered nursing staff who receive the training on the Appropriate Use of Antipsychotic Medication.	100% of registered nursing staff will receive the in-person training, or review the educational session material.	

Change Idea #3 In addition to the interdisciplinary care team reviewing antipsychotic medication use with individual residents/families at annual care conference meetings, the RAI Coordinator will review antipsychotic medication use for applicable residents during their individual quarterly (3-month) health assessment period, and flag antipsychotic medication use warranting re-consideration for the prescribing physician/interdisciplinary care team members to review (for the purpose of identifying deprescribing/reduction opportunities).

Methods	Process measures	Target for process measure	Comments
RAI Coordinator to maintain list of identified opportunities to deprescribe/reduce antipsychotic medication, and present findings/successes at quarterly meetings of the Home's Quality Improvement Committee.	Number of residents prescribed antipsychotic medication each quarter.	100% of residents prescribed antipsychotic medication will have their antipsychotic medication usage reviewed at least quarterly.	



**Measure**      **Dimension: Safe**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Resident in a Daily Physical Restraint	C	% / LTC home residents	CIHI CCRS / July-Sept. 2022	11.20	6.20	We seek to lower use of physical restraints to that of the provincial long term care home average, while maintaining our favourable resident fall rate vis-a-vis the provincial long term care home average.	

**Change Ideas**

Change Idea #1 Education for staff on the Use of Physical Restraints, including Alternatives to Physical Restraint Use (e.g., use of wheelchair alarms, use of diversional activities, and assessing/treating causes of agitation such as pain, hunger/dehydration, wheelchair comfort)

Methods	Process measures	Target for process measure	Comments
Home's Committee on Minimizing Restraints and Falls Prevention, with Staff Educator, to develop educational content for applicable staff.	%age of applicable staff attending education sessions.	100% of applicable staff will receive targeted education.	Must balance the use of physical restraints with the need to minimize resident falls (which may result in serious injury).

Change Idea #2 Revise internal processes so that new physical restraint use (i.e., wheelchair seatbelt, wheelchair table, or tilt wheelchair) is reviewed by the interdisciplinary care team within 72 hours or sooner.

Methods	Process measures	Target for process measure	Comments
Admin/Floor Support RN to coordinate/monitor such. To be a standing agenda item at meetings of Lodge's Minimizing Restraints and Falls Prevention (MRFP) Committee.	# of physical restraint devices implemented per month.	100% of new physical restraint devices to be reviewed within 72 hours of implementation.	Must balance the use of physical restraints with the need to minimize resident falls (which may result in serious injury).

Change Idea #3 Identify/discuss/review every resident where a physical restraint device is prescribed - do so quarterly, identifying why restraint use was initialized, and whether restraint use can be eliminated/reduced (with alternative interventions implemented as applicable).

Methods	Process measures	Target for process measure	Comments
To be a standing agenda item at quarterly meetings of Lodge's Minimizing Restraints and Falls Prevention (MRFP) Committee.	# of physical restraint devices implemented per month.	100% of new physical restraint devices to be reviewed within 72 hours of implementation.	Must balance the use of physical restraints with the need to minimize resident falls (which may result in serious injury).

# **APPENDIX 2**

## **Resident/Family Satisfaction Survey Summary Results**

## STRATHMERE LODGE 2022 RESIDENT AND FAMILY SATISFACTION SURVEY SUMMARY

**Response Rate: 74 out of 159 (47%)**

<b>A - Choices</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1.The Home accommodates my preferences and previous life routines, such as when to get up and go to sleep or when to take a bath	<b>99%</b>	<b>1%</b>
2.The Home accommodates my preferences on what I eat and drink	<b>97%</b>	<b>3%</b>
3. The Home accommodates my preferences on how I am dressed and groomed [e.g. choice of outfit, dress vs. slacks, moustache, hairstyle etc.]	<b>96%</b>	<b>4%</b>
Comments:		

<b>B - Dignity and Privacy</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1.Staff treat me with respect and dignity [e.g. staff take the time to listen to me and help when I request assistance]	<b>96%</b>	<b>4%</b>
2. Staff members provide me with privacy when they work with me, change my clothes and provide treatment	<b>99%</b>	<b>1%</b>
3. I have privacy if and when I am on the telephone	<b>96%</b>	<b>4%</b>
4. If I have a visitor I have a private place to meet	<b>99%</b>	<b>1%</b>
5. If staff speak about my health status, medical condition, or behaviors they do so privately [without being overheard]	<b>94%</b>	<b>6%</b>
Comments:		

<b>C - Recreation and Social Activities</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1.Staff encourage me to attend activities and provide me with assistance to attend them	<b>97%</b>	<b>3%</b>
2. The Home's activities meet my interests	<b>94%</b>	<b>6%</b>
3. I receive assistance for the things I like to do [e.g. supplies, books]	<b>98%</b>	<b>2%</b>
4. Activities are offered in the evenings and on weekends and include religious events	<b>94%</b>	<b>6%</b>
Comments:		



<b>D - Building and Environment</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1.This is a comfortable building in which to live [including temperature and lighting]	<b>100%</b>	<b>0%</b>
2.This building is clean and well maintained	<b>100%</b>	<b>0%</b>
Comments:		

<b>E - Participation in Care Decisions</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1.I am involved in decisions about the care I receive, such as accepting or refusing treatment as appropriate	<b>100%</b>	<b>0%</b>
2.My family/responsible party is invited to participate in my admission and annual care planning conference	<b>100%</b>	<b>0%</b>
Comments:		

<b>F – Abuse</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1.I have never been treated roughly by staff	<b>97%</b>	<b>3%</b>
2.Staff have never yelled at or been rude to me	<b>96%</b>	<b>4%</b>
3. I have never felt afraid because of the way I or some other resident has been treated	<b>95%</b>	<b>5%</b>
4. My family has never noticed any staff member being rough with, talking in a demeaning way or yelling at me or any other resident	<b>96%</b>	<b>4%</b>
5. If I or my family was aware of any incident as noted above we know how to report our concern	<b>93%</b>	<b>7%</b>
6. If I or my family reported any incident as noted above, the home staff acted promptly to investigate and correct the situation	<b>89%</b>	<b>11%</b>
Comments:		

<b>G – Interaction With Others</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1.I have not had any concerns or problems with my roommate or any other resident	<b>84%</b>	<b>16%</b>
2.If I had any concerns as above and reported them to staff they addressed the concerns to my satisfaction	<b>93%</b>	<b>7%</b>
Comments:		



<b>H - Personal Property</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1. My clothing or laundry has never gone missing.	<b>80%</b>	<b>20%</b>
2. If my clothing or laundry had gone missing, and I reported it, I got the items back quickly	<b>83%</b>	<b>17%</b>
3. My personal property [jewelry, radio, money etc.] has never gone missing	<b>85%</b>	<b>15%</b>
4. If my personal property had gone missing, and I reported it, I got the items back quickly	<b>64%</b>	<b>36%</b>
5. I am able to have my personal belongings and/or furniture in my room if I wish	<b>99%</b>	<b>1%</b>
6. My belongings have never been damaged or taken away	<b>96%</b>	<b>4%</b>
7. If I reported my belongings damaged or missing, staff responded in a satisfactory manner	<b>97%</b>	<b>3%</b>
Comments:		

<b>I - Pain</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1. I never have discomfort [e.g. pain, heaviness, burning, or hurting ] without relief	<b>94%</b>	<b>6%</b>
Comments:		

<b>J - Food Quality, Hydration and Snacks</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1. The food looks appetizing and tastes good	<b>93%</b>	<b>7%</b>
2. The food is served at the proper temperature	<b>93%</b>	<b>7%</b>
3. I receive fluids, such as water, when I want them	<b>96%</b>	<b>4%</b>
4. I am offered a between-meal <u>beverage</u> in the morning, the afternoon, and in the evening after dinner	<b>99%</b>	<b>1%</b>
5. I am offered a between-meal <u>snack</u> in the afternoon and evening	<b>100%</b>	<b>0%</b>
Comments:		

<b>K - Oral Care/Hygiene</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1. I never have mouth/facial pain without relief	<b>98%</b>	<b>2%</b>
2. I have no chewing or eating problems	<b>80%</b>	<b>20%</b>
3. I have no tooth problems, gum problems, mouth sores, or denture problems	<b>91%</b>	<b>9%</b>
4. Staff regularly and frequently clean my teeth/dentures/ mouth or provide me with assistance if I need it	<b>91%</b>	<b>9%</b>
Comments:		

<b>L - Incontinence Products (e.g. briefs, pads)</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1. The incontinence product(s) provided is/are satisfactory	<b>96%</b>	<b>4%</b>
Comments:		

<b>M - Exercise of Rights</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1.If I was moved to another room in the past several months I received notice of explanation before the move	<b>100%</b>	<b>0%</b>
2.If I had a roommate change in the last few months I was given notice before change in the roommate	<b>100%</b>	<b>0%</b>
3. If I was discharged to the hospital within the past few months, my family was notified about the return policy	<b>100%</b>	<b>0%</b>
Comments:		

<b>N - Personal Trust Accounts</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1. If the Home manages my personal funds the Home provides me or my family with a statement of how much money is in my account	<b>100%</b>	<b>0%</b>
2. I or my responsible party can have access to this money when it is needed	<b>100%</b>	<b>0%</b>
Comments:		

<b>O - Activities of Daily Living Assistance</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1.I receive assistance with meals if I need it	<b>98%</b>	<b>2%</b>
2.I receive assistance with dressing and grooming if needed	<b>100%</b>	<b>0%</b>
3. I receive assistance with toileting if I need it	<b>97%</b>	<b>3%</b>
Comments:		

<b>P - Notification of Change</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1. Staff notify my family promptly if there is a change in my condition	<b>99%</b>	<b>1%</b>
2. Staff notify my family when my treatment is changed	<b>99%</b>	<b>1%</b>
Comments:		

<b>Q - Sufficient Staff</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1. There is enough staff available to make sure I get the care and assistance I need without having to wait a long time	<b>82%</b>	<b>18%</b>
Comments:		

<b>R - Overall Satisfaction</b>	<b>Strongly Agree or Agree</b>	<b>Disagree or Strongly Disagree</b>
1. I am satisfied with the quality of care and service provided to me.	<b>99%</b>	<b>1%</b>
Comments:		

	Strongly Agree or Agree	Disagree or Strongly Disagree
2. I can express my opinion without fear of consequences.	<b>97%</b>	<b>3%</b>
Comments:		
3. What number would you use to rate how well the staff listen to you?		
0 = worst possible rating; 10 = best possible rating		
Circle one number only:      0      1      2      3      4      5      6      7      8      9      10		
<b>Overall Satisfaction re: Listening: 8.9 out of 10</b>		
Comments:		
	Probably No or Definitely No	Definitely Yes or Probably Yes
4. I would recommend this Home to others	<b>3%</b>	<b>97%</b>
Comments:		
5. What is most important to you about the care and service?		
Comments:		
6. Please advise where we did not meet your expectations:		
Comments:		
7. What would you like to see done in the Home to improve your quality of life?		
Comments:		
8. Is there anything we did not ask you in this survey that you would like to tell us about (if so, please note it here)?		
Comments:		

**Survey Responses by Resident Home Area:**

Sydenham Meadows: **17**  
 Arbour Glen: **14**

Hickory Woods: **17**  
 Parkview Place: **13**

Bear Creek: **13**  
 Not Marked: **0**