



# **INTERIM QUALITY IMPROVEMENT REPORT 2022/2023**

**June 27, 2022**

## **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**

The Lodge has prepared a Quality Improvement Plan annually, and as required by Health Quality Ontario (HQO).

During the worldwide COVID-19 pandemic, long term care homes in the province were absolved of the mandatory requirement to submit a Quality Improvement Plan to HQO, so that they could optimize their focus on managing the pandemic. However, HQO Quality template tools were used by The Lodge to do a 2022-23 Quality Improvement Plan, completed in June 2022 and attached (Appendix I).

The Lodges two (2) Priority Areas for 2022/23 are: 1. Resident Fall Rate; and 2. Resident Infection Rate.

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

The Lodges' Quality Improvement Committee decides on 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) Feedback from Admission Care Conferences and Annual Care Conferences held with residents/family members;
- f) Brainstorming by Quality Improvement Committee members;
- g) Incident Reports (both resident and employee);
- h) Post-discharge questionnaires;
- i) Staff Exit questionnaires;
- j) Informal feedback from residents, family members and staff members;
- k) Concerns/complaints from residents/families;
- l) Results of Ministry of Long Term Care inspection reports; and
- m) 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 committee meetings. Progress made on implementing our Annual Quality Improvement Plan is a standing agenda item at meetings.

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

The Lodge's Annual Resident/Family Satisfaction Survey was last administered in late 2021. Residents/families were asked to respond to the survey by November 19, 2021.

Results of the survey are attached (Appendix 2). Results were reviewed with the Residents' Council on February 9, 2022 (2<sup>nd</sup> floor residents) and on February 10, 2022 (1<sup>st</sup> floor residents).

Summary results of the survey were communicated to families via Resident/Family newsletter (February 2022 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 January 19, 2022. A selection of survey comments made by residents and families was published for staff in the staff newsletter dated June 8, 2022.

Year after year, The Lodge enjoys high levels of satisfaction among residents and families as to the care, services and accommodations it provides. Results of our last survey show a 15% satisfaction rate increase as to the issue of Lost Clothing (a traditional lower scorer on our annual satisfaction survey).

Further to sharing the survey results with residents, families and staff, we did not identify further specific improvement actions for this survey round.

# APPENDIX I

## OVERVIEW

Strathmere Lodge has had a robust, interdisciplinary Quality Improvement (QI) Committee since 2013. Our QI Committee membership includes resident and front-line staff representation.

Our QI Committee's mandate includes reviewing: comparative quality indicator data from the Canadian Institute for Health Information (CIHI); results of Ministry of Long Term Care inspections; and annual satisfaction survey results.

From the above, the QI Committee decides on Quality Improvement Plan (QIP) initiatives. A sub-group of the QI Committee has recommended to the QI Committee the following Quality initiatives for our 2022/23 Quality Improvement Plan:

1. Reducing Resident Infections (e.g., Cellulitis, Pneumonia, Respiratory Infections (incl. COVID), Septicemia, Urinary Tract Infections and Wound Infections); and
2. Reducing Resident Falls.

## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

The province has given long term care homes a reprieve on Quality Improvement (QI) efforts during the pandemic.

Our last Quality Improvement Plan (QIP) focused on reducing pressure injuries and reducing residents experiencing pain. The Lodge has made good strides in both of these areas - we now perform better than the provincial average regarding pressure injuries according to comparative provincial data from the Canadian Institute for Health Information, and we have narrowed the gap vis-a-vis the provincial average to within 1.5% with respect to the rate of residents experiencing pain.

## PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

While the pandemic has curtailed both Residents' Council and Family Council meetings, we continued the use of our newsletter to communicate/relate with residents/families, and we introduced "OneCallNow" software to communicate with families about the pandemic in a uniform and efficient manner, which has been well received by families.

We administered our annual resident/family satisfaction survey to residents/families near the end of 2021. The results were overwhelmingly positive, seeing residents/families expressing high levels of confidence with, and appreciation for, how we have managed the pandemic.



PROVIDER EXPERIENCE

The pandemic has been taxing on our staff care providers, but they have shown remarkable resiliency and professionalism.

We have supported our staff with a focus on their safety, as well as that of our residents.

We have also supported our staff with regular and timely communication as to what information staff members need to manage, and cope with, the pandemic. The introduction and use of "OneCallNow" software (mentioned above) has also enabled us to communicate with staff in a timely, efficient and uniform manner.

RESIDENT EXPERIENCE

During the pandemic, we have attempted to achieve the right balance between resident safety and maintaining resident social connectedness.

Residents have shown great understanding and appreciation for how we have managed the pandemic, as expressed informally and in satisfaction survey feedback.

In addition to re-introducing regular Residents' Council meetings, organized events and social gatherings for residents are normalizing for our residents, in recognition of the importance of social connectedness to residents' overall well-being.

CONTACT INFORMATION

Brent Kerwin, Strathmere Lodge Administrator

OTHER

n/a

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 \_\_\_\_\_

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

# APPENDIX 2



## STRATHMERE LODGE 2021 RESIDENT AND FAMILY SATISFACTION SURVEY SUMMARY

**Response Rate: 88 out of 159 (55%)**

<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>97%</b>	<b>3%</b>
2.The Home accommodates my preferences on what I eat and drink	<b>95%</b>	<b>5%</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>98%</b>	<b>2%</b>

<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>99%</b>	<b>1%</b>
2. Staff members provide me with privacy when they work with me, change my clothes and provide treatment	<b>98%</b>	<b>2%</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>98%</b>	<b>2%</b>
5. If staff speak about my health status, medical condition, or behaviors they do so privately [without being overheard]	<b>99%</b>	<b>1%</b>

<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>98%</b>	<b>2%</b>
2. The Home's activities meet my interests	<b>93%</b>	<b>7%</b>
3. I receive assistance for the things I like to do [e.g. supplies, books]	<b>95%</b>	<b>5%</b>
4. Activities are offered in the evenings and on weekends and include religious events	<b>94%</b>	<b>6%</b>

<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>98%</b>	<b>2%</b>
2.This building is clean and well maintained	<b>100%</b>	<b>0%</b>

<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>99%</b>	<b>1%</b>
2.My family/responsible party is invited to participate in my admission and annual care planning conference	<b>99%</b>	<b>1%</b>

<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>96%</b>	<b>4%</b>
2.Staff have never yelled at or been rude to me	<b>93%</b>	<b>7%</b>
3. I have never felt afraid because of the way I or some other resident has been treated	<b>98%</b>	<b>2%</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>99%</b>	<b>1%</b>
5. If I or my family was aware of any incident as noted above we know how to report our concern	<b>99%</b>	<b>1%</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>100%</b>	<b>0%</b>

<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>91%</b>	<b>9%</b>
2.If I had any concerns as above and reported them to staff they addressed the concerns to my satisfaction	<b>98%</b>	<b>2%</b>

<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>72%</b>	<b>28%</b>
2. If my clothing or laundry had gone missing, and I reported it, I got the items back quickly	<b>81%</b>	<b>19%</b>
3. My personal property [jewelry, radio, money etc.] has never gone missing	<b>78%</b>	<b>22%</b>
4. If my personal property had gone missing, and I reported it, I got the items back quickly	<b>71%</b>	<b>29%</b>
5. I am able to have my personal belongings and/or furniture in my room if I wish	<b>100%</b>	<b>0%</b>
6. My belongings have never been damaged or taken away	<b>94%</b>	<b>6%</b>
7. If I reported my belongings damaged or missing, staff responded in a satisfactory manner	<b>88%</b>	<b>12%</b>

<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>93%</b>	<b>7%</b>



<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>95%</b>	<b>5%</b>
2. The food is served at the proper temperature	<b>90%</b>	<b>10%</b>
3. I receive fluids, such as water, when I want them	<b>100%</b>	<b>0%</b>
4. I am offered a between-meal beverage in the morning, the afternoon, and in the evening after dinner	<b>98%</b>	<b>2%</b>
5. I am offered a between-meal snack in the afternoon and evening	<b>97%</b>	<b>3%</b>

<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>99%</b>	<b>1%</b>
2. I have no chewing or eating problems	<b>83%</b>	<b>17%</b>
3. I have no tooth problems, gum problems, mouth sores, or denture problems	<b>86%</b>	<b>14%</b>
4. Staff regularly and frequently clean my teeth/dentures/ mouth or provide me with assistance if I need it	<b>93%</b>	<b>7%</b>

<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>95%</b>	<b>5%</b>

<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>97%</b>	<b>3%</b>

<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>

<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>97%</b>	<b>3%</b>
2. I receive assistance with dressing and grooming if needed	<b>99%</b>	<b>1%</b>
3. I receive assistance with toileting if I need it	<b>96%</b>	<b>4%</b>

<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>100%</b>	<b>0%</b>

<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>83%</b>	<b>17%</b>

<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>100%</b>	<b>0%</b>
2. I can express my opinion without fear of consequences.	<b>100%</b>	<b>0%</b>
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>		
	<b>Probably No or Definitely No</b>	<b>Definitely Yes or Probably Yes</b>
4. I would recommend this Home to others.	<b>0%</b>	<b>100%</b>

**Survey Responses by Resident Home Area:**

Sydenham Meadows: <b>17</b>	Hickory Woods: <b>13</b>	Bear Creek: <b>19</b>
Arbour Glen: <b>21</b>	Parkview Place: <b>16</b>	Not Marked: <b>2</b>