

Mount Hope Centre for Long Term Care Continuous Quality Improvement Initiative Report Fiscal Year End- March 31, 2024

This Continuous Quality Improvement Initiative Report has been prepared as per the requirements outlined in the Fixing Long-Term Care Act, 2021 and O. Reg 246/22 Sec 168 (1). The below report highlights the key requirements and provides an overview on Mount Hope Centre for Long Term Care's approach to continuous quality improvement and will identify the priority areas for quality improvement, policies, procedures and protocols for the coming year.

Mount Hope Centre for Long Term Care- Designated Lead Quality Improvement

- Joanne Woodfield, RPN- Quality Specialist

Our rich history of care

Mount Hope Centre for Long Term Care can trace its rich history of caring back to 1869 when the Sisters of St. Joseph founded the original Mount Hope. Today, Mount Hope (formerly St. Mary's and Marian Villa) is a 394-bed home with residents representing a variety of cultures, beliefs, and ages. While creating a home-like environment, Mount Hope is known for providing comprehensive long term care. There is a personalized program for each resident, encouraging participation in varied activities such as art therapy, gardening, local trips and sports activities.

In response to direction from the Ontario Ministry of Long-Term Care to reduce ward room occupancy, our home is currently operating with a 375 bed capacity.

Philosophy of care

The philosophy of care is centered on the needs of the individual and focused on enhancing independence, choice and personal wellness for the residents who live at Mount Hope. Interdisciplinary teams work with residents to promote both individual well-being and positive group dynamics in this shared living environment.

Mount Hope's philosophy of care is built on the following principles:

- resident-focused care: emphasizing privacy and maximizing resident independence and choice;
- creating a home-like environment;
- providing opportunities for residents to enjoy activities they engaged in prior to moving to Mount Hope
- encouraging residents to enjoy the out-of-doors and be involved in the community.

Quality Program Overview

Mount Hope Centre for Long Term Care values and strives for continuous quality improvement. Our team works collaboratively with residents, families and caregivers to improve our quality of care and services for those we serve.

In August 2023, a new Quality Specialist role was introduced at Mount Hope to assist with overseeing the Quality Program and ensuring our journey of continuous quality improvement remains a top priority. The Quality Program at Mount Hope continues to evolve and improve as we strive to ensure we are providing the highest quality care to our residents and support our interdisciplinary team.

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Mount Hope Centre for Long Term Care identifies its priority areas by conducting a thorough review of the annual results obtained from our Resident and Family/ Caregiver Experience Surveys. In addition to the feedback provided from our residents and care partners, we also examine the results of the annual program evaluations of our required and mandatory programs, along with services provided within the Home.

The Home gathers data monthly on a number of key indicators across the interdisciplinary team, to assist with “in the moment” data analysis, in addition to the utilization review system and CIHI (Canadian Institute for Health Information) indicators that are released quarterly. The Home also utilizes the *Insights* module within Point Click Care that also allows a “real time” snap shot of the resident population we are caring for within the Home as the performance of the CIHI indicators released are typically delayed by one quarter. The Home works collaboratively with the Quality improvement Team, Resident Council, Family Council and interdisciplinary program teams to identify and develop areas for improvement.

Annual Program Evaluations

The process of our Annual Program Evaluations is to assist in the identification of gaps or areas for improvement and used as a vehicle to help facilitate changes within the Home. The annual program evaluations are conducted to promote a collaborative approach among staff, residents and caregivers. The program evaluations are used as an improvement tool to highlight change ideas to assist the home not only in identifying areas of improvement but also prioritizing initiatives to provide quality care to the residents of Mount Hope Centre for Long Term Care. The Quality Improvement framework assists the team to report updates, review programs goals and objectives, review measures and outcomes, discuss quality issues and promote continuous quality improvement.

Over the course of 2024, the annual program evaluations have been assigned throughout the year, instead of all being assigned and due at the same time. The interdisciplinary team previously identified this as an area of opportunity to allow the interdisciplinary team more time to contribute to fulsome discussion and encourages a collaborative approach in identifying areas for improvement. This will be evaluated at the end of this year for effectiveness and determine approach for the following year.

Resident and Family Relations

Mount Hope Centre for Long Term Care promotes transparency and engagement with residents and families by requesting their participation in various activities such as quality improvement projects, satisfaction surveys, Quality Committee and support an active Resident and Family Council within the Home. More generally, we openly share Ministry of Long Term Care inspection reports, quality improvement work, accreditation survey results etc. On an individual basis, we also involve residents and/ or families by discussing their individualized needs, preferences and concerns then then building their plan of care based on these discussions.

The introduction and implementation of **One Call Now** communication system in 2023 has enhanced the Home’s ability to communicate on a large scale with consistent messaging. Updates are distributed to all families who have provided an email address, at a minimum weekly. These Home updates include Ministry communication, Home news, status of outbreaks, vaccination clinics, program updates, policy change, and educational opportunities. Families have expressed appreciation for the regular updates that help them keep informed of the key activities within the Home.

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Best Practice Spotlight Organization- Pre-Designate

Mount Hope Centre for Long Term Care received notification from the Registered Nurses Association of Ontario (RNAO) on February 17, 2023 that we had been selected as a BPSO-LTC pre-designate!

Established in 2003 the BPSO designation program supports Best Practice Guideline (BPG) implementation at the organizational and system levels. Internationally renowned, the program has been widely successful in demonstrating the uptake and use of best practices. The end goal of this program is to optimize care and resident and organizational outcomes through the application of best practices by promoting a culture of evidence-based nursing practice and management decision-making.

As a BPSO pre-designate Mount Hope has entered into formal partnership with RNAO and committed to multiple deliverables including enhancing our evidence-based practice and decision-making cultures, and implementing and evaluating multiple clinical practice guidelines. At the end of the pre-designation period, once all deliverables are met, Mount Hope will become a "Designated BPSO". At that point our focus will shift to sustainability, with continued implementation and evaluation of best practice guidelines. This designation is renewed every 2 years.

The Best Practice Guidelines the team at Mount Hope has committed implementing into clinical practice include the following:

- *Person and Family Centred Care (mandatory)*
- *A Palliative Approach to Care in the Last 12 Months of Life*
- *End-of-Life Care During the Last Days and Hours*
- *A Proactive Approach to Bladder and Bowel Management in Adults*

Mount Hope was successful in completing or exceeding all of the required milestones for year 1 (2023-2024)

- Hosted internal BPSO launch event held in June 2023.
- Over the required goal of having 6% for Champions. Mount Hope has already exceeded the goal required by the end of the third year of 15%.
- Completed all the GAP Analysis for all Best Practice Guidelines (BPGs).
- Created workplan for all BPGs on how the home will meet the criteria for full implementation.
- 1 person to attend BPG institute annually
- 2 staff to attend symposium annually
- 1 staff member attend mandatory knowledge exchange meetings monthly
- Quarterly submissions for BPG uptake and sustainability indicators
- Advanced Clinical Practice Fellowship Proposal Submission- this was not due until the third year but the home has a Registered Nurse who has submitted for this element.

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April 1, 2024- March 31, 2025- Quality Improvement Priorities

In addition to our Best Practice Guideline work identified above, we conducted an analysis of our performance, including clinical indicators, Resident and Family Experience Surveys, incident reviews and identified some additional quality improvement priorities.

2023-2024- Quality Improvement Plan (QIP)

The Quality Improvement Plan (QIP) for the 2023/2024 identified the following priority areas for improvement work that the Home focused on during this time frame. We are pleased to share an update on the improvements made to the four key indicators selected over the past year.

1. Reduce the number of avoidable visits to the Emergency Department *Timely and Efficient Transitions*

GOAL: To reduce the number of avoidable Emergency Department from 25.91 (rate per 100 residents/ LTC home residents) from 25.9 to 23.9

OUTCOME: Mount Hope exceeded our goal with the most recent release of this indicator performance in January 2024 with LTC QIP indicator Q3 2022/23 – Q2 2023/24 with our current performance improving by 6%, to a new rating of 19.9.

Thanks to new investment by the Ministry of Long Term Care, Mount Hope was successful in hiring Nurse Practitioners/ Clinical Nurse Specialists to provide access to medical services that have resulted in ED diversion in the absence of the attending physicians within the Home.

2. Reduce the number of residents on antipsychotic medications- *Safe and Effective Care*

GOAL: To reduce the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from 27.05% to 26%.

OUTCOME: Mount Hope exceeded our goal and as of the latest CIHI released indicator for Q3 2023 (Oct-Dec 2023) have improved this clinical indicator by 3.5%, reducing this to 23.5%.

All 10 home areas implemented monthly "required program meetings" in 2023 to review all high-risk clinical indicators. Residents who are on an antipsychotic are reviewed quarterly with the interdisciplinary team, reviewing the information gathered from the RAI-MDS assessments that generate "in the moment data" within the Point Click Care Insights module, as well as the CIHI data that is released quarterly. This allowed the team to have input into potential strategies to aid in non-pharmacological interventions and reduce antipsychotic dosage and/ or cessation of medications. This has been an effective way to engage the interdisciplinary team.

Following the Required Programs Meeting, the pharmacist will complete a progress note highlighting the recommendations for consideration for the physician.

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3. Improve rating on how well staff listen to you- **Service Excellence**

GOAL: To increase percentage of residents responding positively to the survey question..."What number would you use to rate how well the staff listen to you" from 30.23% to 40%.

OUTCOME: Mount Hope made improvements to our overall performance by reaching 37.6%, just under our goal of 40%.

This indicator will remain on the upcoming 2024-2025 QIP Plan.

4. Improve rating on "I can express my opinion without fear of consequences"- **Service Excellence**

GOAL: To increase percentage of residents responding positively to the survey question..." I can express my opinion without fear of consequences" from 69.66% to 75%.

OUTCOME: Mount Hope exceeded our goal and the 2023 resident experience survey results showed an improvement of 7.3%.

For indicators related to resident lived experience the Home is sharing feedback received through concerns and complaints with staff through our monthly staff newsletters, and education sessions, both upon hire and annually to share how actions can impact others.

NEW 2024-2025 Quality Improvement Plan (QIP)

The Quality Improvement Plan (QIP) for the 2024/2025 year has identified the following priority areas to for improvement work which were shared and supported by the Quality Committee of Mount Hope, Family Council and Residents Council:

1. Reduce the number of residents who fell and sustained an injury for which the resident is taken to hospital and which results in a significant change in the resident's health status- **Safety**
2. Reduce the percentage of residents with a worsening pressure ulcer- **Safety**
3. Improve rating on how well staff listen to you- **Service Excellence**

As an organization, St. Joseph's Health Care London will also be focusing on the following indicator:

4. Percentage of leaders (Coordinators, Directors, Physician Leaders, Senior Leaders and Educators) who indicated that their understanding of EDI was improved following completion of standardized Equity, Diversity, Inclusion, and Belonging education.

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RESIDENT FAMILY/CAREGIVERS EXPERIENCE SURVEY

Resident Surveys

The Mount Hope Resident Experience Survey was conducted from November 29 to December 8, 2023. Over this two week period residents were given an opportunity to complete the survey with the assistance of an unbiased third party or independently if preferred. The Home was pleased with the participation of the residents and received a total of 96 completed surveys within the Home.

The resident experience survey results were received by the home in January 2024. The Executive Director was invited to present to the Residents' Council on March 21, 2024 during their regularly scheduled meeting.

Residents were offered the opportunity to have input into any area for improvement in addition to the indicator included in our Quality Improvement Plan- "Improve rating on how well staff listen to you." Residents' Council was supportive of the action in place to improve the rating for this question in addition to the identified goals as outlined below:

Therapeutic Programs

- Utilization of Activity Pro and Family Portal to show the level of engagement and participation of residents in programming.
- Look at sharing statistics of number of programs offered during the month to create awareness of the amount of programming offered.

Food and Nutrition Services (FNS)

- FNS will gather feedback from residents and staff on items that were not well received on the menus or on items that were previously enjoyed.
- Will be implementing a site specific menu instead of organization wide.
- Continue with the Pleasurable Dining Committee.

Communication/ Engagement of Staff with Residents

- Share "lived experiences" by residents with staff to create awareness of how residents feel.
- Encourage staff to put themselves in the shoes of the residents.
- Ensure the concern process is shared regularly in Residents' Council meetings and programs to create awareness.

As a follow up to last year's quality report, one of the projects the Home had been working collaboratively with the residents on was the implementation of a designated smoking area to improve the satisfaction for residents who smoke as well as for families and visitors who come to Mount Hope. We are happy to report that this project was completed in January 2024 and meetings have been held with residents who smoke around expectations for utilizing the designated smoking area.

A high-level summary of the satisfaction survey results and actions will be posted on the quality improvement boards within the Home and are accessible by residents, families and staff.

A summary of the Resident Survey results will be shared in the monthly staff newsletter during the Spring of 2024.

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Family Surveys

The Mount Hope Family Experience Survey was conducted in December 2023. Families received notification of the upcoming survey through our family email distribution list sent out by the Executive Director. The families were provided access to a link to complete an on-line survey from our new vendor Qualtrics on December 7, 2023. Reminders were sent through the weekly reminders from the Executive Director, as well as by the vendor seven days and fourteen days after the initial distribution. The survey link remained open for three weeks, and closed on December 28, 2023.

The Home received a total of 125 completed surveys by family members within the Home. The family experience survey results were received by the home during the month of February 2023.

The Executive Director was invited to present the family experience survey results to the Family Council on March 13, 2024 during their regularly scheduled meeting.

Some areas requiring improvement identified in the survey results included:

1. Promote more awareness on how and who families can reach out to with concerns.
2. Promote more awareness on how to report allegations of abuse.
3. Work with staff to create awareness on customer service skills and linking day to day interactions to the values of the organization: Respect, Compassion and Excellence.
4. Promote fun facts around number of programs and types of programs offered by Therapeutic Programs.

Family Council was offered the opportunity to suggest other key areas to focus our work on for the 2024-2025 year and none were brought forward.

A summary of the Family Survey results will be shared in the monthly staff newsletter during the spring of 2024.

Mount Hope Centre for Long Term Care leaders, physicians and staff remain committed to the core principles of continuous quality improvement and continue to work in collaboration with our stakeholders to improve the quality of care and services offered to those who have chosen Mount Hope as Home