

Pinecrest Nursing Home
Continuous Quality Improvement Initiative Report
2024-2025

Continuous Quality Improvement Designated Lead
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Satisfaction Survey's Overview

The 2023/2024 resident and family satisfaction surveys were complete in between the first and second quarter of the fiscal year. This year's survey will take place around the same time. The 2023/2024 Resident Satisfaction Survey & Family Satisfaction Survey took place June 2023-July 2023.

The results were reviewed at The Continuous Quality Improvement sub-committee meeting in August 2023. The results were reviewed at the August Resident's Council meeting. They were also discussed where they were posted, and requesting feedback on what areas they felt were priority. The determined priority areas from the survey results were "left in a position so long it hurts", "how well staff help with pain" and "missing items-clothing". Two out of five resident's scored being left in a position so long it hurts as "sometimes". Previously, 100% of residents answered "no". The residents average score for rating how well staff help when they have pain as 8.53/10. In the Family survey, 38.5% of respondents say their loved one's clothing was lost or damaged three or more times (an increase from the previous year). These were discussed with caregivers and residents at the November Town Hall (which a summary was email out to families). (See Appendix A for response table)

The CIHI results of resident's experiencing pain has been on an upward trend for Pinecrest Nursing Home. To improve in addressing pain, we looked at educational opportunities for staff to recognize and address pain. We asked staff to complete the CLRI course "Managing Pain and Distress in Long-Term Care". Most staff completed this course by December of 2023. On this year's survey we will be able to determine if resident's feel staff are better at addressing pain. The Continuous Quality Improvement Committee will continue to monitor the rate of resident's experiencing pain.

Missing clothing is something Pinecrest continues to address and trial new interventions to improve. This year, we implemented a two-identifier system for putting laundry away. Each residents clothing has a tag with their name that hangs over their hangers to keep all the belongings grouped together. When staff pull these items off the clothing rack, the tag remains on the resident's belongings. Inside the resident's wardrobe in large writing the residents name is written. This allows staff to complete one final check to match the clothing tag to the wardrobe before placing clothes in the resident's wardrobe. Since this system was implemented, there are less noted items on the "missing items" report sheet. In the 2024 Family Satisfaction Survey we will determine if family agree that they have noted less items to be missing.

In 2023, the following improvements to accommodation, care, services, programs, and goods provided to the residents were made:

- Regulation changes to some staffing qualifications (improving staffing with the flexibility)
- New TV in South dining room
- Floors refinished
- 4 new HeelMedix- heel protector boots purchased
- 2 new black stay in place slings
- 1 pair of new elbow protectors (wool)
- new personal sentry fall monitoring systems
- disposable liners for commodes/bed pans
- 2 new eye wash stations
- New table in North dining room that raises and pulls forward so chairs better fit under
- 3 new hi lo electric beds
- Improved score of "how well staff listen to me"
- Restraint free facility as of January 2024
- Diagnostic equipment training funding approved to order: doppler, 2 oximeter, and vitals machine

Goals and Objectives

Process of Developing Priority Areas

Reviewing data from the Continuous Quality Improvement Committee meetings and Ontario Health's recommended priority areas, Pinecrest Nursing Home was able to identify the areas they would select as priority areas for their Goals and Objective for the 2024-2025 year. At the January Continuous Quality Improvement Committee priority areas discussed, as well as February Continuous Quality Improvement sub-committee. Areas the Committee and sub-committee identified as priority were taken to the Resident's Council meeting in February. The Resident's Council had no further comments or suggestions.

Worsening Depressions¹

The Continuous Quality Improvement Committee has been monitoring the MDS rate of worsening over the last year. There has been fluctuation throughout the year, but it continued to remain relatively high and above the provincial average (See Appendix B Table 2.0). The Continuous Quality Improvement Committee determined this needed to be addressed. The RAI Coordinator will write a BSO referral for all residents that trigger worsened symptoms of depression. The Behavioural supports team will:

- a) Determine what triggers worsened depression on MDS assessments
- b) Review charting for each resident to ensure the information is accurate
- c) Ensure each resident that triggers worsened depression have an assessment completed and interventions in place

The Continuous Quality Improvement Committee will continue to monitor the rate of residents with symptoms of worsened depression using MDS reports and will evaluate in September of 2024 if the rate of worsened depression has decreased. The goal would be to decrease the rate to

30%. This target rate would be appropriate as we have been close to this number before, and if we more closely monitor and address interventions for residents at risk of worsened depression, this would be achievable.

Falls

Pinecrest Nursing Home currently reviews fall rates at the monthly Continuous Quality Improvement sub-committee meetings, where any trends or changes are identified. These rates are reported to the Continuous Quality Improvement Committee quarterly (See Appendix B Table 2.1). This priority area was one identified by Ontario Health. Pinecrest Nursing Home decided this was an area to focus on as our rate remains well above the provincial average every quarter. CIHI's data also reflects that Pinecrest remains above the provincial rate for falls (See Appendix B Table 2.2). To improve falls, Pinecrest Nursing Home will:

- a) Have the Continuous Quality Sub-committee review best practices guidelines to perform a gap analysis for the Falls Prevention Program.
- b) RAI coordinator will prepare a monthly falls analysis to review at a team meeting discuss the residents that fell, the interventions in place, and what new interventions could be trialed. These findings will be brought to the Continuous Quality Committee for a more multi-disciplinary review.
- c) Educate staff and implement purposeful rounding to proactively anticipate resident's needs and potentially prevent falls. Purposeful rounding will be implemented by September 2024.

Falls will continue to be monitored monthly and quarterly. The target performance is decreasing falls in the last 30 days to 20% using MDS stats, and to 16% using CIHI data. Continuous

Quality Improvement Committee will review falls for October-December 2024 quarter at the January 2025 meeting to determine if the target goal was met.

Anti-psychotic Use

Pinecrest Nursing Home has identified reducing inappropriate Anti-psychotic use as a priority area for the 2024-2025 year. More residents are being admitted on anti-psychotics and chemical restraints than before, without a diagnosis to support this treatment. Residents on anti-psychotics has slowly increased at Pinecrest Nursing Home, the rate fluctuates through the year, but our rate usually remains below the provincial average. This was determined as a priority area as residents anti-psychotic use increased over the 2023 year (See Appendix B Table 2.3).

Reviewing CIHI data, Pinecrest was trending downward, but knows there will be an increase in the Q3 statistics, Pinecrest wants to continue to work to decrease antipsychotic use. The target is to decrease anti-psychotic use for residents without a psychosis diagnosis from 15.8% to 14% (See CIHI stats Appendix B Table 2.4). Pinecrest will work to decrease anti-psychotic use by:

- a) Review all resident's that are prescribed an anti-psychotic medication and identify residents that do not have a psychosis diagnosis by June 2024
- b) Ensure diagnosis is correct by June 2024
- c) Discuss and trial alternative interventions to anti-psychotics by July 2024

The Behavioural Support Team and Continuous Quality Improvement Committee will discuss and evaluate possible interventions at the July 2024 meeting. The Behavioural Support Team will review resident's that trigger "anti-psychotic use" in October 2024. This information will be reviewed with the Continuous Quality Committee October meeting for evaluation and reassessment.

Communication

Pinecrest continues to utilize different strategies to discuss change ideas, obtain feedback and suggestions from stakeholders. The administrator acts as a communication lead to families, sending email updates and having paper copies of these communications at the door.

Management has also implemented a Town Hall for residents and caregivers to attend to discuss a variety of topics, including quality projects. A copy of the meeting minutes is emailed out to families and paper copies made available upon request.

Management also attends Resident's Council when invited to discuss the quality initiatives and obtain feedback. One resident is also a member of Continuous Quality Improvement committee. A summary of the Continuous Quality Improvement program review is provided to Resident's Council.

Appendix A: Survey Responses

Table 1.0- 2023 Resident Survey Results

Quality of Care			0-6	7-8	9-10
9. What number would you use to rate how well the staff help you when you have pain?	Ave. score	15 responses	3	2	10
	8.53	% responses	20.00%	13.33%	66.66%
			yes	no	sometimes
25. Are you ever left sitting or laying in the same position so long that it hurts?					
	5 responses		0	3	2
		% responses	%	60.00%	40.00%

Table 1.1- 2023 Family Survey Results

	Never	once or twice	3+ times
Resident's clothes damaged or lost (30)		61.50%	38.50%

Appendix B: Data from Continuous Quality Improvement Committee Meetings

Table 2.0.

Continuous Quality Improvement Committee Symptoms of Worsened Depression

Provincial Average 22/23	Pinecrest Avg 22/23	MDS Jan-Mar 23	MDS April-June 23	MDS July-Sept 23	MDS Oct-Dec 23
20.8%	32.7%	47.6%	31.7%	37.2%	53.5%

Table 2.1.

Continuous Quality Improvement Committee Falls

Provincial Avg 22/23	Pinecrest Avg. 2022/23	Q 1 (Jan-Mar 23)	Q 2 avg. (Apr-June 23)	Q 3 avg. (July-Sept 23)	Q 4 avg. (Oct-Dec 23)
16.5%	23.0%	25%	22.4%	8.3%	21.3%

Table 2.2

CIHI Metrics: Unadjusted Rate, Sector: Residential C. Quality Indicator (QI)

	2023 Q2	2023 Q1	2022 Q4	2022 Q3	2022 Q2
Has Fallen	17.1%	18.9%	18.4%	19.3%	20.3%

Table 2.3.

Continuous Quality Improvement Committee Antipsychotic Use

Provincial Avg 22/23	Pinecrest Avg. 2022/23	MDS (Jan-Mar 23)	MDS (Apr-June 23)	MDS (July-Sept. 2023)	MDS (Oct.-Dec. 2023)
21.2%	18.3%	14.6%	16.7%	17.9%	25%

Table 2.4

CIHI Metrics: Unadjusted Rate, Sector: Residential C. Quality Indicators (QI)

	2023 Q2	2023 Q1	2022 Q4	2022 Q3	2022 Q2
Taken antipsychotics without a diagnosis of psychosis	15.8%	16.6%	18.5%	22.4%	24.1%

