

DufferinOaks

Long Term Care Home

QUALITY IMPROVEMENT REPORT

OVERVIEW

Dufferin Oaks is dedicated to continuously improving care and service provision. The Quality Improvement plan for 2024 – 2025 reflects our commitment to engage with all stakeholders – residents, families, staff, and external partners to collaboratively advance care and services leading to improved outcomes. The commitment to quality improvement is grounded in Seniors Services and our new Mission, Vision, and Values.

The home continues to focus on Dufferin County's highlighted key priority areas: Economic Vitality, Inclusive & Supportive community, Good Governance, Sustainable Environment & Infrastructure and Service Efficiency and Value. These strategic priorities provide a roadmap to address the many challenges we will continue to face in our industry, allowing us to respond to an aging demographic, high acuity care needs, multiple health co-morbidities and complexities of the resident population.

Dufferin Oaks Quality Improvement Report is available on Home's main website, under Policy & Compliance for public review.

QUALITY IMPROVEMENT PRIORITY DEVELOPMENT

The quality improvement priority selection process reflects the collaboration and analysis of statistical data trends, program evaluation outcomes, inspection guidelines, audit results, Ministry of Long-Term Care reports, results from the Resident and Family satisfaction survey, Ontario Health system level priority areas, collaborations with healthcare partner and opportunities suggested to from our Quality Improvement Committee. The selection process is a balance between the many opportunities, resources available to support quality improvement projects, and the impact on the quality of care and services that can be achieved.

The development of our 2024-2025 Quality Improvement Plan (QIP) is developed through consultation and approved by the Quality improvement committee.

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PRIORITY AREAS FOR 2024 – 2025

Dufferin Oaks will focus on improving:

- Improved communication relating to concerns about care.
- 5% reduction of Falls
- Implementing new Technology to better integrate current systems.
- Updating and enhancing current educational resources.
- Older Adults Services Review – Community Support Services

RESIDENT & FAMILY SURVEY

Feedback from the Residents' Council and Family Council is always sought out when redeveloping and carrying out our annual Resident & Family Satisfaction Survey. Updates on the projects and the QIP will be provided throughout the year as requested by the chairs of these councils and documented within the minutes. Resident & Family Satisfaction survey was distributed in December 2023 and available till January 2024. 55 surveys were returned with a response rate of 41%. An average score of 95% was achieved for the category "Your Overall Satisfaction" with care and services. Results of the survey were shared at the Resident Council meeting on April 11, 2024, and Family Council meeting on March 13, 2024. Residents and Families are invited to participate in quality improvement work, including providing feedback through surveys. A Resident and Family member representative are part of the Dufferin Oak's Quality Improvement Committee.

2023 ACHIEVEMENTS

See **Appendix A** below for **Summary of Accomplishments**.

In addition, Dufferin Oaks finalized the development of its new Mission, Vision, and Value statements (MVV's) in collaboration with Residents, Family Members and Staff. In conjunction with the completed statements the home has also developed visual representations that best suit the MVV's as it best displays the essence and identity of the home.

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CONTINUOUS QUALITY IMPROVEMENT

Policy, Planning, Monitoring and Reporting

Dufferin Oaks has a Quality & Risk management framework in place that focuses on improvement activities that improve resident care, safety and attaining positive resident outcomes. The Quality Improvement Committee supports this with identifying improvement opportunities and guiding improvement objectives for the year. The committees utilize annual program evaluations, action plans, resident and family survey's, priority indicators released from Ontario Health, and operation plan development (annual strategic plan). Quality improvement within the home is grounded in QI science which outlines the tools and processes to support, assess achievements and spread QI results.

Quality Improvement Committee

The committee continues to act in an advisory capacity to the leadership team to facilitate the Quality services program throughout the home. The committee meets on a scheduled basis throughout the year, quarterly, to monitor key indicators and elicit feedback from stakeholders which include residents, family members and staff. Through these meetings and the revision of data, Dufferin Oaks can confirm whether the changes resulted in improvement and identify if and where adjustments are required. The Quality Services Coordinator position supports with leading the quality services and improvement within the home.

Accountability

The Administrator and the Leadership Team, with the guidance of the Quality Services Coordinator, directs, co-ordinates and provides for the ongoing development of the home's quality improvement framework. Department leads, program leads, and committee members are accountable to support Dufferin Oaks achieve positive outcomes through quality improvement work, audits, program evaluations, action plan development, risk management, innovation, education, and implementation of policies and procedures which reflect best practices.

Sharing & Reporting

A comprehensive communication system in place to support work relating to quality improvement within Dufferin Oaks the actions enable the home to broadly communicate annual Quality Improvement Plans, results of quality improvement activities to senior management, residents/clients, caregivers, families, staff, and volunteers. A central part of the communication systems is to seek advice from Residents' Council and Family Council and make improvements as appropriate to care and services. Quality Improvement teams encourage and facilitate opportunities for input from internal councils into the annual Quality Improvement Plan and

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utilize feedback from our stakeholders to improve the quality improvement environment and communication methods.

Dufferin Oaks Communication System include the following:

- Posting on the home’s Communication board located on the first floor in a highly visible area.
- Staff huddles and Departmental Team meetings.
- Monthly reports on progress on quality improvement work.
- Sharing quality improvement highlights with stakeholders from the Administrator.
- Internal Newsletter and Digital Email subscription, i.e. Mailchimp.
- Quality Improvement achievements are shared at County of Dufferin Council meetings.

PLANNED QUALITY IMPROVEMENT INITIATIVES FOR 2024

AREA OF FOCUS	
	<ul style="list-style-type: none"> • Older Adults review – develop a strategy on how to support the changing needs of the older adult population in Dufferin County. • Supporting staff through the development and implementation of an Equity Strategy for Dufferin Oaks
	<ul style="list-style-type: none"> • Project AMPIFI - Improving data sharing program with hospitals
	<ul style="list-style-type: none"> • Reviewing internal and external communications to ensure information is shared with relevant stakeholders
	<ul style="list-style-type: none"> • Ongoing Capital projects as outlined in the 2024 Capital Workplan to ensure Dufferin Oaks, McKelvie Burnside Village and the Mel Lloyd Centre are well maintained. • Working with Procurement and Fleet to support the transition to hybrid and electric vehicles for our Transportation program
	<ul style="list-style-type: none"> • Grant opportunities/Funding Opportunities

QIP 2024 – 2025

See Appendix B below for Quality Improvement Narrative & Workplan

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HOME INFORMATION

Dufferin Oaks Long Term Care

151 Centre St, Shelburne, ON L9V 3R7

(519) 925-2140

Quality Lead: Arjun Sathya, Quality Services Coordinator

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APPENDIX A

ACCOMPLISHMENT	Brief Description	Date Completed
Recruited Dufferin Oaks 1 st Quality Services Coordinator	Enhanced our team with a Quality Services Coordinator who will lead the Quality Improvement Program	October 2023
Older Adults Services Review	A project lead was recruited to oversee the Older Adult Services Review. A comprehensive plan with key recommendations will be prepared and presented to council in Fall 2024	November 2023
Nurse Call Portable phone replacement	Replaced 50 portable phones with upgraded model to ensure vendor support and operability	December 2023
PCC Performance Insights Module	Implementation of Quality module for Point Click Care which provides staff with access to clinical data	April 2023
Turbo Hubs installed	Provide backup for internet outages which have critical impact on the Nursing Department	June 2023
Implemented Meal Suite Point of Care Production	Software was implemented which allows the Dietary department to go paperless.	September 2023
Additional Wheelchair Accessible Van	The newest addition to our accessible van fleet brings a	November 2023

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	more comfortable riding experience for the client and more ergonomic friendly space for staff.	
Additional Wheelchair Accessible Van	Allows for the movement of up to 5 clients. This will assist with transportation needs within our Adult Day Program and support additional community pressures.	May 2023
New Walkway lighting	New lighting by the walkway in west and north of the building	April 2023
4 Showers were installed	4 Showers were installed as a direct result of the 2022 Satisfaction Survey. In addition, 3 completely electrical Carendo shower chairs, five regular and 1 bariatric shower chair were purchased	August 2023
Floor, sit to stand and ceiling lifts	Two ceiling lift, 2 floor lifts and three site to stand lifts were added	August 2023
Resident Furniture	Seven electric beds, and six new wardrobes and bed side tables were replaced	September 2023
Parking lot curbs and resurfacing	The front entrance, east and south and staff (receiving) parking lots were resurfaced. Added two new parking spots for older adults.	November 2023

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Proresp Oxygen Service company joined our team	Transitioned from previous O2 supply company to ProResp.	August 1/23
Request For Proposal (RFP) for New Pharmacy services	CareRx's contract has come to an end and an RFP was initiated July 2023	November 2023 –Silver Fox will commence services January 18, 2024
Additional Nursing department hours	210 hours per week of PSW care and 122.5 hours of RPN were added	September 2023
Restorative Care Group exercise classes	This is an enhancement to the 1:1 and group classes offered by the Physio team.	February 2023
Cafe opening	Partnered with Community Living Dufferin to open a Cafe in the front lobby area.	July 2023
Community Partnerships	Partnered with Active Lives Day Program and Glenbrook Elementary School for joint programming.	October 2023

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APPENDIX B

Quality Improvement Plan (QIP)

**Narrative for Health Care
Organizations in Ontario**

April 24, 2024

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OVERVIEW

Dufferin Oaks Long Term Care is a not-for profit seniors' care organization with 160 provincially licensed long-term care beds. While Dufferin Oaks primary focus is on long-term care, it also actively supports the capacity of seniors to live independently. To this end, Dufferin Oaks partners effectively with like-minded organizations across the continuum of care to develop a community of care and to provide ready access to a range of clinical and therapeutic services, along with social and recreational activities.

Dufferin Oaks is pleased to share its 2024/25 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission "Caring together with Dignity, Compassion, and Respect" and in our long-term strategic plan.

The QIP is a roadmap to achieving excellence in resident care and services, while navigating challenges and opportunities in our environment. Dufferin Oaks QIP is aligned with our annual operating plan and supported by our measurement and accountability systems. This alignment allows us to effectively clarify priorities, direct resources, monitor progress and act on results.

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ACCESS AND FLOW

As a Collaborative Council member of the Hills of Headwaters Collaborative Health Team, Dufferin Oaks is proud to work with community partners in supporting residents as well as community members with access to care. The Collaborative is a local partnership consisting of patients, physicians, health, social and municipal agencies with the shared purpose of creating one community, working together to improve the health and well-being of everyone who lives and provides care across Dufferin/Caledon.

By working together to redesign how care is provided, the Hills of Headwaters Collaborative aims to create a highly efficient and focused health care system that will improve the lives and experiences of patients, caregivers, families and providers.

EQUITY AND INDIGENOUS HEALTH

Dufferin County's People and Equity department has incorporated an inclusive approach and a commitment to a corporate wide collaboration. Dufferin County's 2023-2026 Strategic plan places a renewed focus on equity and inclusivity and sets out the County's commitment to create a community where all can thrive, regardless of individual circumstances.

Dufferin Oaks Long Term Care admits all potential residents that meet the outlined criteria for admission to a long-term care, regardless of ethnicity, sexual orientation, income, etc.

Dufferin Oaks leverages a number of data sources to better understand residents' needs and to inform clinical quality improvement initiatives. This includes its electronic health record, Point Click Care (PCC), internal incident reporting system, as well as clinical quarterly improvement data. Priorities for improvement focus largely on clinical issues directly impacting quality of life for all residents, such as minimizing risk of falls, skin breakdowns, and effective pain management.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The creation of the Quality Services Coordinator role has provided support and continual enhancement around quality improvement. Additionally, in accordance with the Fixing-Long Term Homes Act the Quality Improvement Committee has been established. Both the Committee and the Quality Services Coordinator aim to advise the home on resident safety programs, quality improvement opportunities initiatives, and to ensure that resident safety is a top priority within the home's operating plan.

Annually, Dufferin Oaks completes a Resident and Family Satisfaction survey in the fall. The results from the survey are then analyzed and shared with Resident and Family Councils who provide feedback on proposed action plans.

PROVIDER EXPERIENCE

The focus has been on improving processes, structures, implementing electronic systems that are leading to advancements in care and service and reducing risks. Similar to other long-term care homes we have faced staffing shortages and increased resident acuity and complexities.

In the development of Dufferin Oaks new Mission, Vision and Values, extensive stakeholder feedback was completed in the form of surveys and collaboration. This feedback helped create Values that would resonate with our residents, family, staff and our community and enhance our purpose driven culture.

SAFETY

Resident safety is a top priority for Dufferin Oaks. We strive to create a safe environment free of safety risks for all our stakeholders, regularly and proactively analyzing and anticipating risks, and working hard toward prevention and prevention. Teams regularly review incidents, identify concerns, and recommend changes.

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Our primary approach to resident safety is fostering a safe and just culture – one that acknowledges that everyone has a role to play in resident safety, and reporting incidents of real or potential harm is important to understanding system vulnerabilities so we can further reduce opportunities for unexpected safety issues.

A multi-pronged approach is needed to manage resident safety and promote a culture and environment of safety which encompasses emotional, physical, and psychological wellbeing. Some of the methods used to share learning and fuel action include: - Collaboration with vendors and other internal/external.

stakeholders

- Practice changes and policy updates.
- Education and Training.
- Operational Decisions.
- Enhanced proactive risk monitoring.

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POPULATION HEALTH APPROACH

Dufferin Oaks Long Term Care and Community Supports services for adults requiring residential and nursing care. Our Home embraces a vision whereby we aim to be “A Community of Excellence where we choose to be”. Many of our residents are dealing with physical deficits in addition to cognitive impairments including dementia. We continue to enhance our current systems and are in the process of incorporating a new digital auditing tool, Health Connex, in collaboration with our clinical database provider, Point Click Care. This initiative allows us to digitalize our current auditing tools to support the quality of life and safety of our residents. The home collaborates with Central West Behavioral Supports Ontario and the Alzheimer Society in addressing the unique needs of residents dealing with mental health diagnoses. For additional support to families of residents with dementia, they are offered information and access to contacts for Alzheimer’s Society support groups. Dufferin Oaks partners with our local LHIN and our local hospital to ensure our residents receive the highest level of care as they transition across the continuum of care. This collaboration supports our quality improvement initiatives such as reducing falls and pain. We actively collaborate with our local Public Health Unit in managing outbreaks in our Home and as part of our infection control and prevention activities. The Home also partners with RNO in ensuring that Dufferin Oaks is providing care in line with the latest, evidence-based, best practices. Our Restorative/Rehab Program will continue, and we will continue to provide.

Physiotherapy and Occupational Therapy Services. In-house Behavioral Support leads continue to be a vital resource for resident safety and improvement of care.

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CONTACT INFORMATION/DESIGNATED LEAD

Dufferin Oaks Long Term Care

151 Centre St, Shelburne, ON L9V 3R7

Contact: Arjun Sathya, Quality Services Coordinator

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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 **March 25, 2024**

Brenda Wagner, Board Chair / Licensee or delegate

Brenda Wagner, Administrator /Executive Director

Arjun Sathya, Quality Committee Chair or delegate

Other leadership as appropriate

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Residents who responded positively to the statement: "When I have concerns about resident care issues, I know whom to communicate the concerns to"	C	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	93.00	94.00	Improvement of resident care on 2023 Resident/Family Satisfaction survey results.	

Change Ideas

Change Idea #1 Increase understanding of reporting "Complaints & Concerns", within the home.

Methods	Process measures	Target for process measure	Comments
Continue to engage Resident & Family Council for ongoing enhancements/improvements relating to care.	# of residents that answer positively to being aware of who to communicate concerns to about care.	Results from Resident & Family Satisfaction Survey - 2024	

Change Idea #2 "Customer Service" education and materials to be developed and utilized.

Methods	Process measures	Target for process measure	Comments
Leadership team to support with review and development of resources. Utilize and incorporate Surge Learning resources. Staff to be included in development process.	Education materials to be reviewed at staff meetings within each department to assess understanding and effectiveness.	Development of "Customer Service" educational material by March 2025.	

Change Idea #3 Review and update Resident & Family Satisfaction Survey questions.

Methods	Process measures	Target for process measure	Comments
Survey Questions relating to resident care to be reviewed and updated to reflect Indicator. Leadership Team, Resident Council and Family Council to be involved with survey development.	Completion of survey by September 2024. # of residents surveyed	Increase in Residents who responded positively to statement.	

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	23.78	22.59	Aim to reduce the frequency of falls by 5%.	

Change Ideas

Change Idea #1 Root Cause analysis to be conducted to assess current Falls program to determine if current interventions are effective and to support development of strategies to decrease incidence, risk, and severity of falls.

Methods	Process measures	Target for process measure	Comments
Falls Committee to review current program, tools, and interventions. Post-fall huddle to be completed with an interdisciplinary approach. Weekly Falls rounds to be implemented and conducted by Falls lead.	% of post-huddle/weekly meetings completed after a fall.	100% of falls have a post-huddle meeting completed. Reduction in monthly falls.	

Change Idea #2 Track the percentage of residents who were prescribed an antipsychotic medication.

Methods	Process measures	Target for process measure	Comments
Early identification of residents at risk of fall, who were prescribed an antipsychotic. Monthly touch points with Falls Committee, maintaining weekly fall rounds and post fall huddles to support with interventions.	The number and nature of falls will be reviewed with the Falls Committee. The number of registered staff educated on risks of antipsychotic use. Number of new admission residents reviewed for appropriate use of antipsychotic medications.	100% of resident taking antipsychotic medication to be captured by October 2024. Tracking tool to be in place.	