

Fordwich Village Quality Improvement Program Annual Review 2022

Fordwich Village

POLICY AND PROCEDURES

The Quality Improvement and Risk Management Policies and Procedures were reviewed and updated in December 2022- (will be switching to Extencicare).

RESOURCES

- CIHI
- Pointclickcare
- General Operations at Fordwich Village

The following are committees under the purview of Quality Improvement Program:

- **Continance Improvement, Skin & Wound Care, Infection Control, Pain Management & Palliative Care, Falls Prevention & Restraint Reduction – Safe Client Handling and Butterfly (Responsive Behaviours).**

UTLIZATION REVIEW SYSTEM

Quality Indicators are available for monitoring from MDS RAI and data collection (medication errors in Risk Management, Falls in Risk Management, Infection Control statistics and daily surveillance forms, etc).

Quality Council has been convened and is meeting regularly to determine indicator data required and ensure data collection is recorded in PCC.

Quality Council reviews data and identifies areas for improvement during Quality Council meetings

Quality Improvement committees continued to be a challenge to maintain a regularity due to many ongoing challenges in 2021 from the COVID19 pandemic. Fordwich Village being a very rural home, with limited personnel, spent a lot of time and resources regarding infection prevention and control measures within the home. Additionally staffing challenges, which have continued in 2022 continue to disrupt our quality improvement program. The MLTC has enacted a number of new reports and processes, which have significantly increased the administrative burden on all long-term care homes. Fordwich Village experienced 2 respiratory outbreaks of COVID19 in 2021.

STAFF EDUCATION

ATK Care switched it education system to SURGE learning in November 2022. In addition to completely switching its policies and procedures to Extencicare in 2022. All staff completed their education by the deadline of August 2021. ATK Care Group has purchased new policies and procedures from Extencicare, and all staff are being orientated through SURGE Learning regarding these policies. The goal for 2023 will be onboarding staff to the new SURGE Learning platform and beginning the transition to Extencicare Policies to improve care and reduce admin burden

QUALITY INDICATORS

Review of 2022 data revealed normal quality indicator trends.

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Notes: Areas include: Pressure ulcer, avoidable ED transfer, residents using psychotropics without a diagnosis of Psychosis, fall with critical injuries, worsening mood and depression, and palliative care.

Positives:

- We have seen a significant reduction in residents on psychotic medications-Strong Focus of Anu and the Medical Director.
- Bladder Scanner has helped reduce ED visits by 4%
- Improved engagement from MD's- setting schedules and better engagement with staff
- Purchase of Activity Pro- to help support Rec Director with tracking and documenting residents physical and cognitive scores

Continued Improvement

- Falls continue to be a significant concern- and ensuring follow-up assessments are being completed
- Staffing remains a challenge-with agency costs and rurality of Fordwich
- Skin and Wound remains a strong focus- ensuring follow-up and assessments

RESIDENT AND FAMILY COUNCIL

After Family Council reconvened since February 2021,2022 continued to see strong engagement from families and POA's for a home with only 27 residents has active engagement from 10-12 families consistently at its meetings.

Resident Council meetings were consistent for 2022 even through outbreak challenges. Formal meetings at times due to isolation procedures could not take place; however any concerns were brought to the president of resident council, and told to all residents.

Minutes of both Resident and Family Council are recorded and available in the home

All items of concern, suggestions or compliments are recorded in the minutes

The Administrator follows up in writing within 10 business days for any concerns or complaints brought forward by Resident Council.

SATISFACTION SURVEY

The satisfaction survey was reviewed and approved by Resident Council in February 2023 for 2022.

Resident and Family Satisfaction Survey was distributed in 2022. There was much better response in 2022 compared to 2021. Of the responses there were areas of concern that scored less than 80%. The ongoing majority of concerns stemmed from the Ministry of Long Term Care COVID19 protocols regarding isolation, and the limitations residents had at times and vaccination. Families were very appreciative of the work done at Fordwich, as even being a smaller home, it was evident that work done to improve IPAC to maintain recreational activities and communal dining.

Next goal will be to put resident survey on activity pro- to reduce paperwork.

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Suggestions for improvement from Residents were identified: More group activities, outdoor activities, and residents wanting to see their families. The suggestions for improvement mentioned by resident council, unfortunately continued to be caused by the COVID19 pandemic and outbreaks and MLTC requirements.

The results of the survey were communicated to Residents at the Resident Council Meeting on May 2022

Action on recommendations from Resident Council include: These items addressed as concerns, have been improved, as more family members are able to visit, and large group and dining activities can resume where residents do not have to socially distance. Additionally Fordwich upgraded its internet capabilities to increase virtual visits for residents and their families during the pandemic and many more families continue to utilize this.

QUALITY INDICATORS

Areas include: Pressure ulcer, worsening behaviors, avoidable ED transfer, residents using psychotropics without a diagnosis of Psychosis, fall with critical injuries, worsening mood and depression, and palliative care.

DATA ANALYSIS

Quality indicator data review completed. Issues identified during the analysis of data include:

- In 2021 although there were no physical restraints being used in the home- concern of medications being used as chemical restraints- due to the number of individuals on hydromorphone. A full review was conducted with the physicians and staff at Fordwich on each resident, and significant reductions in narcotics have occurred in 2022 and continue to be a focus in 2023.
- Significant reduction in psychotropic drugs administered-continues to be area of focus
- Weight loss was 4.3% in 2021 and reduced to 2.5% in 2022. This is significant as resident mood improved, and resident engagement even though there continued to be COVID19 protocols in place, which directly effected resident appetite.
- Improved or maintained mid loss ADL rose up to 32% in 2022 compared to 13% in 2021. This is significant and aligns more with the historical averages of Fordwich Village. However it is evident reviewing each quarter, that the biggest improvements occurred after our COVID19/ outbreaks, showing the significant negative effects the COVID19 outbreak measures have on residents.
- Stage 2 to 4 pressure ulcers decreased from 8% in 2021 to 6.3% in 2022. Again this is believe to be due to more activity for residents, bringing this closer to our historical average. The goal will be to continue to improve upon this.
- Increased depression compared to 2022 by 5.3%. However, reviewing Q4 this is decreasing and believed to have been correlated to COVID19 pandemic- and restrictions.
- Use of psychotropic medication without of diagnosis of psychosis was 27.8% in 2021 is trending down to 21.7% in 2022 and is consistent with our area of focus of reducing narcotics within the home

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- Falls was 15% in 2021 is trended up to from 21.3% in 2022. Falls remains a strong focus to improve upon. Fordwich however has a few residents, that are very challenging due to wanting to be independent but not letting our staff assist in tasks that result in them falling. Fordwich received a compliance order in 2022 due to falls, and ensures all fall are investigated and all post fall procedures are in place. These have been reviewed since our compliance order and the order has been removed.
- Behaviours was 11.1%% in 2021, and had a minor increase to 12.5% in 2022. This is believed to be attributed to the reduction of narcotic medication of our residents, as we continue to improve our BSO operations to further reduce our hydromorphine use.
- Indicators of Worsening Mood 31.2% is trended up to 31.5%. This is an area of focus, and believe that COVID19 has impact on resident mood. We are hopeful as COVID19 protocols are eased things will show improvements in 2023 in this category
- Partial implementation of new palliative care protocols, staff are completing PPS scores on admission and quarterly, there has been a delay in roll out of Palliative Care Tool (Think Research)

AREAS FOR IMPROVEMENT

- **Reduction of hydromorphone continues to be a strong area of focus**
 - **Developed robust ordering process to ensure residents are receiving all medication, and all medication is accounted for**
- **Improve medication management-electronic prescribing, or electronic scanning -barcode system and secure conversations**
- **Increase physiotherapy to improve locomotion, and ADL for residents**
 - **Fordwich has attained consisted physio staff in the home to ensure increased physio for 2 days in the home. maintain the physical abilities of our residents in the home-improving ADL's, mood, and continence.**
- **Reduction in ED visits-purchase of bladder scanner, and active rounding to reduce falls**
- **Reduction in fall prevention remains a high priority**

Accessibility Updates 2022:

- **Renovation of Tub room-making it larger, and adding a window to improve ventilation**
- **AC units for every resident room as well as UV deflection blinds**
- **Renovating Woman's bathroom on the main floor**
- **Installed security cameras in the home**
- **New flooring upstairs**
- **New Hot water Tank**

Goals for 2023

1. **Begin transition with Extendicare Assessments and Policies**
2. **Fall Prevention and documentation**

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- a. **Better analysis on time of day, actions that cause falls- stronger focus on active rounding**
3. **SURGE Learning- get inundated with the software- ensure staff are completing full orientation and training before starting work**
4. **Reduce agency staffing**
5. **Improve WIFI capabilities in the home**
6. **Continues monitoring of antipsychotic prescriptions and utilization of BSO.**

Risk Manager

Challenge: Permanent DOC has been on Maternity Leave- causing some gaps- she is expected to return in April 2023 - ideally can begin transition of Extencicare policies and assessments as well as SURGE Learning.

DATE OF REVIEW: 2023/02/18

NAMES OF ALL STAFF PARTICIPATING IN THE REVIEW:

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