

Continuous Quality Improvement Initiative Report August 2023

Designated Lead

Fola Akano, Senior Administrator Long-Term Care

2022-2023 Quality Improvements

Please see the attached 2022-2023 QIP Progress Report that identifies the actions implemented based on the results of the 2021 Resident Satisfaction Survey, including timelines and outcomes.

2023-2024 Quality Priorities

Please see attached 2023-2024 Quality Improvement Plan (QIP) that focuses on the following priority:

- Increase resident satisfaction with their overall dining experience by October 31, 2023

The priority addressed in the attached QIP was identified by the CQIC based on feedback provided on the 2022 Resident Satisfaction Survey.

The attached QIP outlines the processes for measuring progress and implementing adjustments if needed throughout the year. Progress and adjustments will be reported to the CQIC as needed.

In addition to focusing on the above quality priority in 2023, Radiant Care is actively working accreditation which includes reviewing and refining all policies and processes within the home to ensure the highest standards are being met and maintained.

2022 Resident Satisfaction Survey

Survey distributed November 1, 2022 to be completed by November 15, 2022.

Please see attached collated survey results.

Collated survey results were communicated as follows:

- Residents and families were informed that results will be shared with the Resident Council through newsletter sent out on December 1, 2022
- A copy of the survey results were posted in the Resident Resource Binder on March 14, 2023

Records of Improvements

The individuals who participated in evaluations of quality improvements are documented in the following meeting minutes:

- CQIC Meetings
 - June 10, 2022
 - January 24, 2023
 - August 29, 2023

- Falls Prevention Meetings
 - July 8, 2022
 - July 22, 2022
 - August 5, 2022
 - August 19, 2022
 - September 2, 2022
 - September 16, 2022
 - September 30, 2022
 - October 14, 2022
 - October 28, 2022
 - November 11, 2022
 - November 25, 2022
 - December 9, 2022
 - January 6, 2023
 - January 20, 2023
 - February 3, 2023
 - February 17, 2023
 - March 3, 2023
 - March 17, 2023
 - March 31, 2023

- Resident Council Meetings (applicable floor is noted in brackets)
 - October 3, 2022 (4th)
 - October 4, 2022 (2nd)
 - October 6, 2022 (3rd)
 - October 7, 2022 (1st)
 - February 9, 2023 (1st & 3rd)
 - February 10, 2023 (2nd & 4th)
 - April 4, 2023 (3rd)
 - April 5, 2023 (2nd & 4th)
 - April 6, 2023 (1st)
 - July 5, 2023 (2nd)
 - July 6, 2023 (1st)
 - July 7, 2023 (4th)
 - July 10, 2023 (3rd)

- Accreditation Committee Meetings
 - January 25, 2023
 - February 8, 2023
 - February 22, 2023
 - March 8, 2023

Reference: Continuous Quality Improvement Initiative Report, O. Reg. 246/22, Fixing Long-Term Care Act, 2021

Objective	Decrease # of resident falls by December 31, 2022.	
Measure/Indicator from 2022/2023 QIP	# of resident falls per month.	
Current Performance as stated on 2022/23 QIP	29 falls per month (May).	
Target Performance as stated on 2022/23 QIP	Fewer than 20 falls per month.	
Final Performance - End of 2022	31 falls for December; however, 7 of these falls were accounted for by 2 new high-risk admissions; a third resident accounted for an additional 7 of these falls. The average falls per month from June to December was 25.	
QIP Progress		
Change Idea	Methods	Progress/Completion
Update Falls Prevention Program Policy & Associated Documents	<ul style="list-style-type: none"> ▪ Update Falls Prevention Program Policy ▪ Create supporting documents: <ul style="list-style-type: none"> ○ 4Ps of Purposeful Rounding reference page ○ Purposeful Rounding Checklist ○ Fall LEAF program ○ Please Call, Don't Fall cueing sign ○ Fall Response & Documentation Flowchart ○ Risk Factors for Falls 	<ul style="list-style-type: none"> ▪ Falls Prevention Policy has been updated to reflect current up to date information ▪ Documentation tools have been updated to reflect the policy
Educate front-line long-term care (LTC) staff on Falls Prevention Program (FPP), including Purposeful Rounding and Fall LEAF Program	<ul style="list-style-type: none"> ▪ Post Falls Prevention Education Course (FPEC) on Systems 24-7 ▪ Front-line LTC staff to complete FPEC ▪ Present FPP information and post education board on each floor ▪ Post "Fall Response & Documentation Flowchart" on Nursing bulletin boards, education board, and orientation checklist for new Nurses 	<ul style="list-style-type: none"> ▪ Systems 24-7 education has been posted for staff to complete ▪ In person sessions completed on all floors for staff ▪ Information posted in appropriate places for all staff

	<ul style="list-style-type: none"> ▪ Physiotherapy Staff and Hauser's will train front-line LTC staff on proper positioning 	
<p>Remind residents to use call bell:</p> <ul style="list-style-type: none"> ▪ To get out of bed ▪ To use the bathroom ▪ To reach for something, or ▪ If they have pain or any discomfort 	<ul style="list-style-type: none"> ▪ Falls Lead will post "Please Call Don't Fall" reminder sign in the room of residents who fall frequently and inform them to use the call bell for the identified reasons ▪ Add a Point of Care (POC) task for Restorative Care PSW to remind residents to use call bell, as per "Please Call Don't Fall" reminder sign ▪ CQC will complete audit of POC reminder task twice a month and follow up as needed 	<ul style="list-style-type: none"> ▪ "Please Call Don't Fall" signs have been posted for residents it is appropriate for ▪ POC task has also been added for them ▪ Audits are completed regularly to ensure staff continue to follow up with these residents
<p>Incorporate the 4Ps of purposeful rounding into existing rounds and tasks:</p> <ul style="list-style-type: none"> ▪ Pain ▪ Position ▪ Personal Needs ▪ Periphery 	<ul style="list-style-type: none"> ▪ Affix the Purposeful Rounding Checklist to housekeeping carts, snack carts, Therapeutic Recreation (TR) work area, and nurses' station ▪ Add Purposeful Rounding to interdisciplinary unit meeting agendas ▪ Add a POC task for PSWs to do purposeful rounding for each resident each shift ▪ CQC will complete audit of POC purposeful rounding twice a month and follow up as needed 	<ul style="list-style-type: none"> ▪ Reminder placed for PSWs to complete Purposeful Rounding. It has also been added to the appropriate areas. ▪ Purposeful rounding is continuing to be signed off regularly by staff as a reminder
<p>Create toileting schedules to decrease falls related to toileting needs</p>	<ul style="list-style-type: none"> ▪ Clinical Quality Coordinator (CQC), Falls Lead (FL), and Assistant Director of Care (ADOC) will work with staff to create colour-coded toileting schedules for each section of residents, to be stored in the Personal Support Worker (PSW) binder ▪ Add POC tasks for PSWs to toilet residents according to schedule ▪ CQC will complete audit of POC toileting task twice a month and follow up as needed 	<ul style="list-style-type: none"> ▪ Toileting Schedules continue to be checked and updated with staff assistance from the floor. ▪ All residents have task for toileting. Continued follow up with staff occurs approximately biweekly to ensure it stays up to date.

Identify residents at highest risk of falls	<ul style="list-style-type: none"> ▪ CQC will update Fall Risk Assessment Tool on Point Click Care (PCC) to ensure it accurately captures fall risk ▪ Identify and document on white board residents for whom staff need to prioritize immediate call bell response 	<ul style="list-style-type: none"> ▪ Fall Risk Assessment Tool updated. ▪ Identified Residents have been added to the fall leaf program as soon as they have been identified.
Reinforce Fall LEAF Program	<ul style="list-style-type: none"> ▪ Falls Lead will update Fall LEAF labels and transfer logos in resident rooms to be current and in a consistent location in all rooms 	<ul style="list-style-type: none"> ▪ Falls Lead has updated Fall LEAF logos as well as transfer status for all residents in the LTC.
Lessons Learned	<ul style="list-style-type: none"> ▪ New admissions are a big source of falls as well as resident decline. Three of the most frequent fallers in November have been new admissions increasing the number of falls this month. ▪ The CQC and Falls Lead will continue to work with floor staff to implement appropriate fall interventions as soon as possible for new admissions to prevent further occurrences. ▪ As residents decline, we encourage and support floor staff to implement appropriate fall risk interventions when required. Two other more frequent fallers have declined significantly from previous quarters and new fall prevention tools could have been implemented to potentially reduce number of falls. 	

2023 - 2024 Quality Improvement Plan - Long-Term Care

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Measure / Indicator	Current Performance	Target Performance	Target Justification	Planned Improvement Initiatives (change ideas)	Methods	Process Measures	Target for Process Measures	Comments
Resident Centered	Increase resident satisfaction with their overall dining experience by October 31, 2023	Percentage of residents responding positively to overall dining experience based on various audits	88% (37 of 42) positive responses (Do Not Know answers were excluded from calculation)	90% positive responses	To match best performance in other categories on Resident Satisfaction Survey	Review current equipment using best practice involved in keeping food hot	Replace steam table in the 3 rd floor servery	Order and install new steam table	May 31, 2023	
						Improve promptness of meal service and create a positive dining experience	Hold meetings with Nursing and Dietary departments to share survey results and QIP focus, and to review and clarify food service routines and expectations	Meetings scheduled and information reviewed	April 3 - 6, 2023	
							Hold 'Dining with Dignity' in-services with Professional Practice Clinician for Dietary staff, Personal Support Workers and Therapeutic Recreation staff	% of staff trained and/or audited	May 1 - 5, 2023	

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							Conduct audits on Dietary Aide processes re keeping food warm from kitchen to servery to table	# of audits completed	May 8 - July 31, 2023	
							Nutrition Manager & Director of Care to meet to review results of audits and establish desired routines and expectations	Meeting scheduled	August 15, 2023	
						Conduct audits to ensure best practices for keeping food warm are being followed	Nutrition Manager will establish an audit tool, schedule and conduct audits	Audit tool created; audits scheduled and completed	May 8 - July 31, 2023	
						Follow up on issues	Nutrition Manager to follow up on audit findings as needed	Follow up completed and documented	As needed/identified by Nutrition Manager	
						Educate staff on how to create a positive dining experience for residents	Audit staff to determine how they can contribute to a positive dining experience	% of staff trained and/or audited	May 31 - June 7, 2023	

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						We will survey 8 residents partway through the year to gauge progress in this area	Nutrition Manager or delegate will meet with 8 residents (2 per floor) to survey them on 4 questions related to temperature, promptness, taste and overall satisfaction	% of positive responses	90% positive responses	

Resident Satisfaction Survey - Results 2022

One Resident Satisfaction Survey was distributed to each Long-Term Care resident, for a total of 121 surveys distributed. A total of 47 responses were received for a response rate of 39%.

Personal Care and Medical Issues	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
The personal care received, such as bathing, hygiene, safety and comfort, lifting and transferring, etc., is...	15	28	2	1	1
Staff respect my privacy while providing personal care.	16	27	2		
I would rate the medical care, such as treatments, medication administration, etc., as...	16	29	2		
How well does the doctor respond to your medical concerns?	13	24	2	3	5
How would you rate the time your doctor takes with you to deal with your medical issues?	9	25	2	3	6
Staff are aware of my personal preferences of routines for waking up in the morning, bedtime rituals and hygiene choices and reflect those in their daily care.	14	28	3	1	1
Staff provide care considering my strengths, preferences and needs in a non rushed manner allowing me the optimal independence at my own pace.	14	30	2	1	
If applicable, the continence products I use help to keep my skin dry, eliminates soilage on my clothes and fits comfortably.	11	28	2		2
How would you rate the quality of the Physio Therapy Services offered at Radiant Care Tabor Manor?	10	19	2	3	10
I was involved in decisions about care as much as I wanted to be.	8	31	1	1	4
Additional comments: <ul style="list-style-type: none"> • #7 = most staff, some rush and don't allow independence • The only reason I gave satisfied to the first question is because the staff more than often work short and therefore, the personal care suffers 					

- Toileting on evenings doesn't happen, I get a brief on and expect me to use it instead of urinal. When I pee in brief and ask to be changed, I get told "you can pee 3 times in it"
- Prefer to not have a bath before 7:00am
- Sometimes I have pain and no one helps
- I would like more time with the doctor
- I supply my own depends, preferably
- Would like to be checked on at night more to see if I'm wet
- They're doing a good job
- Should have more exercise activities – daily walks
- New PSWs don't know that I have no voice and my left side doesn't work. They treat me like I have dementia and that I'm deaf when I am not. New PSWs need more training before they start working.
- Please do not rush me, I'm old and need more time; the bathroom can be a dangerous place
- Dissatisfied by head physio
- #5 time with doctor = "Haven't had any yet."
- Hopes to continue with twice a week showers
- #2 respect my privacy = sometimes I need to remind them
- #4 doctor respond = I very seldom see the doctor. I wish that was different
- #6 personal preferences = although they wake me up when they want
- #7 continence products = sometimes my stain itches
- #10 decisions about my care = often but not always
- I really need new glasses to replace the ones that went missing. My family has requested help with this several times.
- #8 continence products – they tend to leak and fall down

Programming and Activities	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate the effectiveness of the Resident Council?	2	14	3		23
How would you rate the quality of the activities you have been involved in?	14	22	1		5
How would you rate the variety of the activities you have been involved in?	11	23	3		4
Are the activities meaningful and enjoyable to you?	10	25	2	1	4
Staff are aware of my personal interests and hobbies and facilitate participation in these.	13	20	1		9
How would you rate the Chapel Services and Bible Studies?	11	14	2	1	15
How would you rate the 1:1 visitations of the chaplain?	15	16	1		9
I am given opportunity and supported in meeting my spiritual needs.	12	18	2		8

Additional comments:

- [Resident] says they don't have many activities, is that because she doesn't take part? She likes bingo.
- Missing gathering in big room main floor for church & activities
- Little participation
- Wants more 1:1 with the Chaplain – “wonderful guy”
- Wants more church
- It doesn't apply to me because I like to do my own activities
- Visitations are too few.
- The activity staff are fun
- I would like to have [Volunteer Coordinator] involved in our life i.e., chapel & bible studies
- #7 = 1:1 with Chaplain – haven't had a visit yet
- Aware of council but have not been introduced to be involved
- #6 chapel services = would love more singing
- #7 & #8 1:1 and spiritual needs = I don't have these but would like that

Dietary / Food	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate the variety of food offered on our menu?	10	28	5	2	
The presentation of food is...	13	24	6	1	
How would you rate the temperature of the food when it's received?	10	26	7	2	2
How would you rate the promptness of the meal service?	9	27	6	2	2
How would you rate the seasoning and taste of the food served at Radiant Care Tabor Manor?	12	27	6	1	
Ample time is provided so that I may eat my meal at my own pace.	18	25	2		
I am provided with appropriate, courteous assistance with my meals.	16	27	1		
My overall dining room experience (e.g. noise level, table mates, seating and lighting, etc) has been...	13	24	4	1	1

Additional comments:

- Some meals are dissatisfying e.g., veal patty on a bun is dry with no condiments at all
- Sometimes food is lukewarm, food “ok”
- Food temperature is not always good
- Has meal in room due to not being able to sit very long due to lower back pain
- The food always comes out cold
- No flavour to the food
- The menu is very repetitive

- Food is bland – should offer more fresh fruit options and healthier soup options – too many cream based soups
- Residents are very loud and shout during meals. A lot of food comes dry.
- Why do we come to the dining room so early and then wait and wait and wait. The meals are very good, and hot, but why all the waiting
- Confused who is first and second seating, comes early and have to wait
- #4 = promptness of meal – understaffed
- I am at the second seating. I wait for others, to finish eating. Then I wait after I'm finished and I find that I'm in the dining room waiting too long.
- Liver and chicken a few times was very dry and hard to eat.
- I'd like more salads. I'd like to have more tomatoes and peppers incorporated. Fresh Fruits
- I eat everything – maybe too much! 😊

Environmental Services	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Radiant Care Tabor Manor's response to maintenance issues is...	8	25	3		5
How would you rate our lighting?	13	25	5		
How would you rate the temperature inside our building?	12	29	4	1	
How would you rate our building for ease of mobility?	19	22	3		
How would you rate the overall appearance of Radiant Care Tabor Manor?	21	22	1		1
How would you rate the overall comfort of Radiant Care Tabor Manor?	18	23	1	1	
How would you rate the suitability of your accommodation?	21	20	1	2	
How would you rate the laundry service at Radiant Care Tabor Manor?	26	15	3	1	

Additional comments:

- Building for ease of mobility = she doesn't get around
- Laundry services = except some of the items are very creased
- Would like walls to be touched up
- She said laundry shrinks things
- Lighting = too bright
- At times the room is too hot
- Wants a brighter light in the mirror
- The lighting is too bright and the temperature inside is sometimes cold
- Laundry doesn't put things away properly
- Spoke to someone to rearrange room but it still has not been changed because of cording
- You have beautiful flowers outside!
- But I'm still missing my glasses
- Rugs and elevators could use a better cleaning more often – stains

Staff Communication with Residents & Families	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate the volume of voice the staff uses to talk with you?	16	28	1	1	
How would you rate the clarity of speech of the staff?	11	30	2	1	1
How would you rate our body language when we talk with you?	17	23	1	1	
How would you rate our telephone manner?	12	21			6
How would you rate the staff's ability to help resolve issues?	13	27	3		1

Additional comments:

- They have to talk loud as she doesn't hear, or they have to write questions on the board.
- It has been difficult speaking to the correct person when we have questions.
- Some language barriers pose a problem
- Hard to understand
- Two nurses seem to avoid wanting to talk with family
- A few staff are hard to understand because of their accent
- Most of the staff are excellent. Some need a reminder to use my name – NOT honey, dear, etc.
- Very nice people, open to talk and means a lot
- Language barrier with evenings – they don't take the time to understand me
- They talk in her ear, they talk too loud, they have accents and are hard to understand, they don't follow up on requests
- My mother feels blessed and fortunate to be in Tabor, God is good
- Clarity of speech of the staff = satisfied most of the time
- Some staff don't know English and they talk to themselves
- The majority of the staff have helped resolve issues

Administration / Management / Office Staff	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate management's accessibility for you?	6	24	2	2	8
How would you rate management's responsiveness and ability to address issues or complaints you have?	8	23	1	3	10
How would you rate management's efforts to share information with you?	9	24	2	1	7
How would you rate our office's efforts to provide you with the information you need?	9	22		1	10
How would you rate our friendliness?	14	22	2		6

Additional comments:

- Most communication is done through 3rd floor staff and doctor. Any other communication has been very satisfactory
- Almost everyone is so friendly and helpful
- Management & above the floor except for [Therapeutic Recreation Supervisor] & [Assistant Director of Care] have been consistently unacceptable in communication. Satisfied with office staff.

Having a Voice	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate how well the staff listen to you?	20	23		1	
			Yes	No	
I can express my opinion without fear of consequences.				42	3

Recommendation	Yes	No
Would you recommend Radiant Care Tabor Manor to your family and friends?	43	1

Overall Rating	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
I am treated with excellence, love and dignity.	21	22		1	
Overall, I rate my experience here at Radiant Care Tabor Manor and the services I receive in all areas as...	19	24		1	

Additional comments:

- Having a voice = sometimes because of my speech, some staff will walk away and ignore my request instead of taking the time
- Some of the staff want to do things in a hurry instead of allowing me to do things independently that I can still do. If I bring that to their attention, either I'm told they are short staffed or there's no time, or I'm not their only patient
- A rotation of the food menus more often would be very appreciated.
- The PSWs and nurses are amazing! My concern is the shortage of PSWs at times. They work so hard but often have to double shift or work short of staff. Needs to be addressed.
- The staff is very friendly, nurturing, patient and tolerant. My dad couldn't be in a better place!
- I am treated with excellence, love and dignity = 75% satisfied
- I feel safe here and well looked after
- I would recommend Tabor Manor to all
- I'm 59
- I feel bad about the negative responses; I have a long list of positive comments thank you
- Thank you for being great in everything and it's a great place

- I receive excellent care; except for upper management. My family can relax knowing I am well cared for
- Very dissatisfied not being able to walk with cane
- I am concerned that the staff are regularly encouraged and that they are satisfied in their work as they care for the residents
- Thank you for all that you do