



**REPORT TO:** Co-Chairs and Members of  
Public Health and Social Services Committee

**SUBJECT:** **Seniors Services Quality Improvement Report  
July 2008 to December 2008**

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## **RECOMMENDATION**

That this Committee recommends to Regional Council that this report be received for information.

## **EXECUTIVE SUMMARY**

- Seniors Services is continuously seeking ways to improve service to clients and their families, and to improve the cost effectiveness of services.
- Accordingly, updates are provided in this report on quality projects and related activity, including the following for the period covered by this report:
  - Staff Orientation & Education
  - Enhanced Community Support Services
  - Evaluation of Care and Services:
    - External Evaluations
      - *Pharmacy Review*
      - *Resident/Family Satisfaction Survey*
      - *Accreditation Report*
      - *Ministry of Health and Long-Term Care (MOHLTC) Compliance Reports*
    - Internal Evaluations
      - *Resident Admissions and Dietary Referrals*
      - *Care Planning and Resident Assessment Initiatives*
      - *Resident and Staff Safety*
      - *Gentle Persuasive Approach*
      - *Mandatory Education*
- The resident abuse data comparing 2007 and 2008 indicates an increase in identified and managed incidences of staff-to-resident abuse.

## **FINANCIAL IMPLICATIONS**

There are no financial implications directly associated with this report.

## PURPOSE

This report has been prepared to provide:

- a) an outline of improvements that are being implemented through the following:
  - quality improvement projects to meet and exceed Ministry of Health and Long-Term Care (MOHLTC) Compliance Reviews and Accreditation Canada recommendations, and
  - projects to enhance resident care
- b) a table of quarterly data requested by the Public Health and Social Services Committee (i.e. year-to-date data on staff-to-resident abuse and comparison to previous year).

## BACKGROUND

Each quarter, a quality improvement report is normally submitted to Committee and Council. In 2007 and 2008, a transition in personnel affecting the position of Education and Quality Improvement Manager precluded the submission of regular quarterly reports. The role of Senior Manager, Resident Care and Services, which came into effect in March 2008, has the responsibility of risk management and includes responsibility for preparing quarterly quality improvement reports.

Quality improvement reports seek to inform Councillors and encourage participation in well informed decisions that result in a continuing high standard of care and service by Seniors Services to the residents, clients and their families and to the community.

## REPORT

### Staff Orientation and Education

The position of Education and Quality Improvement Manager had been vacant for a period of time as Senior Services focused on Clinical Documentation and the implementation of Resident Assessment Instrument Minimum Data Set (RAI-MDS). This position, which was filled in January 2009, will take a lead in improving sessions and completing a review of the orientation for all new staff. Also, this position will work closely with the Senior Manager Resident Care and Services to complete an evaluation of resident restraints and to achieve reduced restraint use, as well as other quality improvement projects.

### Enhanced Community Support Services

Seniors Services received base funding in 2008 for a nurse practitioner to partner with the Niagara Health System (NHS) in providing support to residents in all 31 long-term care homes in Niagara. A nurse practitioner has been successfully recruited for December 2008 and is working with the two nurse practitioners employed by the NHS. It is a jointly managed program. The goal of this program is to avoid unnecessary use of emergency departments, avoid unnecessary hospitalization of long-term care residents and to facilitate early discharge of long-term care residents from hospital back to their long-term care home.

This program enhancement is 100% funded by the LHIN, with no additional fiscal contribution from the Region.

### Evaluation of Care and Services

Seniors Services is constantly participating in external and internal reviews of the quality of its care and services.

Externally, Seniors Services seeks input on the quality of its performance from various other sources, including pharmacy reports, Accreditation Canada, Ontario Municipal Benchmarking Initiative, and MOHLTC Compliance Standards.

#### *Pharmacy Review*

A review of the average number of medications for all residents within each home over the course of 2008 falls within the provincial average range when compared to the data available through the pharmacy provider.

#### *Resident/Family Satisfaction Survey*

Niagara Region's Seniors Services is an active participant in the Ontario Municipal Benchmarking Initiative (OMBI). Seniors Services submits data in order to compare statistical indicators with the long-term care homes of the twelve other participating municipalities. One of the indicators for comparison is the resident/family satisfaction survey results. In the recently completed survey, respondents indicated their overall rating on the facilities' quality and their rating on recommending the facility for other family members or friends. In 2008, Niagara Region's homes achieved an improvement in overall ratings with results of 95% recommending the facilities for other family members or friends - an increase of 2% from 2007's rating of 93%.

#### *Accreditation Report*

Accreditation Canada is a non-profit organization that establishes national standards for health service organizations, and monitors compliance of organizations that voluntarily participate in its comprehensive survey process. Surveyors reviewed the eight long-term care homes in November 2007 and awarded Senior Services and the homes "Accreditation with report" status (COM 20-2008). "Accreditation with report" means that the organization will maintain its accreditation status for the full three years, upon submission of two reports. The first report to Accreditation Canada was submitted August 31, 2008 and addressed the eight recommendations relating to the accreditation standards for Required Organization Practices for Patient Safety. Four recommendations relating to infection control and the other four recommendations focused on planning, organization, education and reporting of patient safety issues. Accreditation Canada acknowledged that all eight issues have been satisfactorily addressed. The second report was submitted February 28, 2009 and addressed recommendations relating to emergency response procedures, resident restraints, and a formal quality improvement/risk management program.

### *Ministry of Health and Long-Term Care Compliance Reports*

The MOHLTC maintains a Programs Standards Manual for long-term care homes and a corresponding enforcement system. Compliance advisors are authorized to inspect facilities for compliance with over 400 standards and to investigate complaints received from consumers or from members of the public. Annual inspections during 2008 indicated numerous improvements among the homes during the past 12 months, as indicated by a net reduction in the number of non-compliant findings.

Internally, the Seniors Services Quality Council reviews quality indicator data and identifies corresponding quality improvement projects. Data is compared within each home and also between homes both for current and historical trends.

The quality of performance has been assessed from several different approaches including the following:

#### *Resident Admissions and Dietary Referrals*

The number of new admissions is currently higher at Linhaven and Gilmore Lodge. This has impacted on the work of all staff and managers, but particularly on the Registered Dietitian who provides clinical coverage for Linhaven, Northland Pointe and Gilmore Lodge. Accordingly, a review of this data has led to staff reviewing the assignment of homes to the two Dietitians and to a successful application for additional funding from the Local Health Integration Network (LHIN) for additional Dietitian services at the Adams Centre.

#### *Care Planning and Resident Assessment Initiatives*

In 2007 and 2008, Seniors Services has made significant progress in clinical documentation and resident assessment. For example, the phasing in of the RAI-MDS has begun. RAI-MDS is a standardized computerized assessment tool that will replace the current model of resident classification. This new system assesses residents' needs at regular, strictly scheduled intervals and data is submitted quarterly with funding based upon this quarterly assessment. The system also supports quality improvement and accountability and in future the homes will be able to compare care results to all other long-term care homes across Canada and elsewhere.

The Woodlands of Sunset was accepted into Phase 5 of the MOHLTC RAI-MDS project. A RAI Coordinator is required for each home to ensure that all assessments are completed accurately, on time, and submitted to the MOHLTC correctly for funding. The Woodlands has successfully completed the first three of the four phases of this program. The remaining seven homes are scheduled to introduce RAI-MDS in three phases in 2009 beginning in March.

### *Resident and Staff Safety*

Seniors Services utilizes several vehicles to monitor staff and resident safety data and to identify corresponding quality improvement initiatives. For example, the Seniors Services Quality Council reviews safety quality indicators and the Senior Manager Resident Care and Services reviews quality indicator reports, with resultant initiatives and outcomes such as the following:

- There is regular review of resident and staff safety at both the Quality Council quarterly meetings and the Seniors Services Management Team semi-monthly meetings. This review includes frequency and severity of staff lost time incidents, identified cause of staff and resident injuries, and the establishment of a corresponding action plan for improvement.
- Staff safety during lifting and transferring of residents has been monitored as a part of quality and risk management. The total number of incidents related to lifting and transferring residents was reduced from 82 in 2007 to 34 in 2008, with lost time incidents decreasing significantly from 22 in 2007 to 13 in 2008. Lost time days from these incidents have decreased almost 25% in past two years. These improvements can be attributed in part to significant education and retraining that was delivered to staff during 2007.
- There has also been a reduction in sick time for full-time staff in 2008 compared to 2007. Average sick days for 2008 was 12 days per full-time employee compared to 13.89 in 2007 and 13.24 in 2006. This improvement places Seniors Services in the low range of average use of sick days among health care workers in Canada.
- The ongoing tracking of quality indicators during the period covered by this report has led to actions that improve quality of care to residents. For example, the evaluation of frequency and duration of outbreaks indicates a higher frequency of outbreaks within one home. It was identified that the outbreak resolves in one area of the home and then within a few days an outbreak is declared in another area of the home. It was identified that as soon as a symptom appears on another home area, declaring an outbreak for the whole home would meet best practice standards and reduce the overall duration of the outbreaks. In addition, enhanced education was provided to staff regarding infection control procedures to follow during an outbreak. The frequency and duration of all outbreaks continues to be monitored as part of the risk management program.

### *Gentle Persuasive Approach*

The Gentle Persuasive Approach continues to be delivered in the homes. This is a person-centered, compassionate approach in response to residents who have challenging behaviours associated with dementia. Two Seniors Services staff are now delivering this training as Certified Coaches, and have increased the number of educational sessions. All homes have completed a minimum of two training days in 2008. Those staff who have completed the training attest to the benefits of the strategies learned. An improvement in resident quality of life and reduction in injuries to staff is the expected outcome of this initiative.

### *Mandatory Education*

Mandatory education for all staff is being implemented in early 2009. Four-hour training sessions within each home will provide an intensive and comprehensive opportunity for learner-centred education based on adult learning principles and MOHLTC standards for annual staff education. This will replace the previous format of numerous half hour sessions which only achieve an attendance of 25-50% of staff due to workload, and it is anticipated that attendance rates will be significantly improved while improving staff satisfaction with the overall education program. Education topics include: compliance, confidentiality, emergency measures, infection control, residents' rights, and respectful communication. Education will be conducted with an interprofessional focus.

### Abuse Data – Jan 1, 2008 to December 30, 2008

Seniors Services has been proactive over the years in nurturing a culture that promotes dignified treatment of residents/clients, prevents resident/client abuse, and has zero tolerance for any transgressions against these principles. Seniors Services has developed an Abuse-Free Long-Term Care Environment Policy, which covers all partners in care (i.e., residents, staff, families, volunteers, students and visitors) to further the development of this culture. This policy is reviewed with all new staff at orientation is also included in the mandatory education for all staff in 2009 under the topic of residents' rights.

The resident abuse data for 2008 are appended in Appendix 1. The data are higher during 2008 when compared to data collected over several years.

Submitted by:

Approved by:

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Appendix 1: Indicators for 2007 and 2008 data on Staff-to-Resident Abuse data

YEAR: 2008

**HOME/PROGRAM SELECTED INDICATORS - RESIDENT ABUSE**

INDICATORS					
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTALS
<b>RESIDENT ABUSE</b>					
1. a) Total # VERBAL substantiated (e.g. complaint validated)	0	1	1	5	7
b) Total # PHYSICAL substantiated (e.g. complaint validated)	1	0	1	3	5
c) Outcome of discipline					
- warning	0	0	1	1	2
- suspension	0	1	0	4	5
- termination	1	0	1	4	6
<b># OF RESIDENTS WITH PHYSICAL INJURY FROM ABUSE</b>					
d) - No treatment	0	0	0	0	0
- First aid	0	0	0	1	1
- Medical treatment in Home	0	0	0	0	0
- Hospital treatment	1	0	0	0	1

YEAR: 2007

**HOME/PROGRAM SELECTED INDICATORS - RESIDENT ABUSE**

INDICATORS	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTALS
<b>RESIDENT ABUSE</b>					
1. a) Total # VERBAL substantiated (e.g. complaint validated)	1	2	3	0	6
b) Total # PHYSICAL substantiated (e.g. complaint validated)	0	0	1	1	2
c) Outcome of discipline					
- warning	0	2	2	0	4
- suspension	1	0	0	0	1
- termination	0	1	1	0	2
- other	0	0	0	0	0
<b># OF RESIDENTS WITH PHYSICAL INJURY FROM ABUSE</b>					
d) - No treatment	0	0	0	0	0
- First aid	0		0	0	0
- Medical treatment in Home	0	0	0	0	0
- Hospital treatment	0	0	0	0	0