



Manitoulin Lodge
Jarlette Health Services Long Term Care
Final Quality Report for 2022

Overview

Jarlette Health Services is committed to making an outstanding difference in the lives of others. Manitoulin Lodge is one of fourteen Long Term Care Homes proudly owned and operated by Jarlette Health Services, which boasts a 50 year heritage of excellence in resident-centered care and a commitment to strong values of respect, accountability, responsibility and passion. We work tirelessly to provide a dynamic Long Term Care (LTC) experience to our residents, family members, staff and the communities we serve.

In December 2022 - we were thrilled to be awarded a full 3yr accreditation from CARF which reflected the hard work and dedication of our team. We were happy to share these results with our residents, family and other stakeholder groups and involved them in our CARF prep as well as our survey days.

Resident Care

Understanding the challenges that the pandemic has brought to LTC homes, we identified that we had to strengthen our foundation, tools and processes to ensure that our team continued to have the resources needed to ensure that our residents received the best care and services possible.

Undertaking a full review of all **Resident Care Policies** to reflect the new *Fixing Long Term Care Act* (Act) and its associated *Regulations* - this work began in January, 2022 and has resulted in the creation of new Manuals and updated policies for:

1. Culinary
2. Life Enrichment
3. Infection Prevention and Control (IPAC)
4. Quality + Risk Management
5. Resident Care.

This work has allowed us to ensure our resident care processes are streamlined, resident focused and lead to high quality care and services. We strive to be nimble and responsive to changes in direction from Government or best practices and continue to always look for the next best way to deliver our services.

Our **Surge** electronic education platform has been updated and we have created new monthly calendars that our Staff Educators can use every month to ensure that all staff are current and up to date with their learning. This ensures that our team can meet the standards required by the Act and Regulations but also that they are consistently learning and keeping their knowledge with standards of resident care are always at the forefront. In late 2022 we added a new package to support the educational requirements for the Medical Directors, Physicians and Nurse Practitioners.

Introduction of a new **Auditing and Inspection Guides (Inspection Guides)schedule, forms and process** - has allowed us to ensure that we are continually monitoring all aspects of our services and making corrections when deficiencies are identified or building on positive work where highlighted. This was introduced in May, 2022 and updated in August when the Ministry switched from Inspection Protocols to Inspection Guides and we expect that this will help us move forward to improving our focus on our residents and services surrounding them. Our goal is to engage residents and families in data review, improvement planning and evaluation as part of our open and transparent approach to being a home.

PointClickCare (PCC) refresh and rebuild - as we reviewed our electronic documentation system it became clear that our 20+yr old system needed a major refresh to ensure that our teams can continue to comply with the requirements of legal documentation so that our resident's care needs are accurately reflected and that care can be provided to meet each individual resident's needs. This work began in February, 2022 and has included a clean up of the back end configuration and security user roles. New streamlined Assessments and Progress Notes have been created. In late 2022 we introduced the IPAC module to our teams to electronically manage trending and tracking of all infections. We will be introducing the AMPLIFY project in 2023 which is a project which connects hospitals to LTCs to share documentation directly into the residents PCC chart. In early 2023 we will launch a new Care Plan library and new Point of Care library to allow our teams to more effectively document and chart the care for our residents every day while maintaining an individual resident focus. In late 2022 and on into 2023 - our home will be transitioning to update software to manage medication administration. In mid 2023 we will also introduce Practitioner Engagement software which will ensure our Physicians, Medical Directors and Nurse Practitioner can prescribe electronically and complete their required documentation in a more effective manner.

Mealsuite/Menustream

In 2022 we recognised that we needed to improve some of the processes around our meal services and in 2023 we will be implementing Menu Stream software to our team which will improve the flow of information from different teams around residents' food and fluid needs to ensure that they always have what they want and need from our team.

Antipsychotic medication use or more appropriately, use of antipsychotic medications only for residents who meet the approved definition for use of these high risk medications. In 2021 our performance was 17.76. In 2022 our target was 15.76, our actual percentage of residents on these medications without a supporting diagnosis in 2022 was 21.0. Our plan to achieve our target was that all residents were reviewed for the use of antipsychotic medications by the interdisciplinary team, monthly audits are completed and referrals are sent to Behavioural Support and Seniors mental

health. Our attending physician completed quarterly medication reviews and discontinued the use of antipsychotic medication when warranted. We did not achieve our target in 2022, however plan to continue to implement our action plan to achieve our target for 2023.

Resident and Family Relations

The use of the **One Call system** has enhanced our ability to communicate on a large scale and consistent messaging in times where concise and direct communication have been much needed. The pandemic has allowed us to explore alternative ways of communicating and so far we are impressed with how easily we can communicate changes or updated information to a large group through the use of One Call.

We have also introduced a new **Care Conference format** in PCC to allow our teams to capture fully the care conference conversations and information shared between staff and families and residents. This format allows us to be more accurately documenting and capturing the aims, wishes and goals of the resident and to discuss collaboratively how we as a team will get there.

We began to focus our work around our **Palliative Care** services and as part of this we educated our teams on **Advanced Care Planning** and Consent and Capacity. We also introduced the POET form in PCC to allow teams to document residents' wishes and values.

Resident and Family Satisfaction continues to be a focus for our home and working from our score last year for Likely to Recommend of 100% we had a target for this year of 100%. From our Resident and Family Satisfaction survey our home score was 90%. We are working to improve our score with increasing comfortable visiting areas for families and residents to enjoy, making it a more home-like atmosphere and by taking a proactive approach to concerns to improve the experience for our residents and families.

Our Resident/Family and Essential Caregiver Satisfaction Survey is carried out annually in the month of November. Results are shared with both Resident and Family Councils thereafter and members are involved in discussions about any actions the home or organization is taking. Councils are asked to review and provide input on changes to the next survey tool questions. Other work identified throughout the year to improve quality within the home is shared by the administrator through the One Call notification system, postings on information boards, the home's monthly newsletter, Town Hall meetings or at the Residents and Family Council meetings as they arise.

Our areas for improvement are measured, monitored and communicated throughout the year at a variety of levels which include core program committees, Professional Advisory Committee and Quality Council meetings, Resident and Family Council meetings and at home level and corporate level meetings such as Administrator/Director of Care weekly meetings as well as Goal Setting meetings and Operational Planning meetings.

Our Resident/Family and Essential Caregiver Satisfaction Survey is carried out annually in the month of November. Results are shared with both Resident and Family Councils thereafter and members

are involved in discussions about any actions the home or organization is taking. Councils are asked to review and provide input on changes to the next survey tool questions. Other work identified throughout the year to improve quality within the home is shared by the administrator through the One Call notification system, postings on information boards, the home's monthly newsletter, Town Hall meetings or at the Residents and Family Council meetings as they arise.

Our areas for improvement are measured, monitored and communicated throughout the year at a variety of levels which include core program committees, Professional Advisory Committee and Quality Council meetings, Resident and Family Council meetings and at home level and corporate level meetings such as Administrator/Director of Care weekly meetings as well as Goal Setting meetings and Operational Planning meetings

Involvement in plan of care - in 2022 our home scored 100%, we had a target for this year to maintain 100%. From our resident and family satisfaction survey we scored 73.3%. We are working towards improving this score by increasing our communication with families, phone calls with families with the nursing team and physician when there is a change. We have implemented calling families weekly for the first six weeks after admission to keep them informed of what is going on and introduce the management team to the families to increase connections and communication from the start.

Resident Experience / Comfort or Quality of Life

Emergency Department transfers - we as a team understand that there are times when residents require transfer to hospital however our focus is on residents who could have avoided a transfer to hospital. In 2021 our actual number for transfer to hospital was 10.9, our target last year was 2.5. Our percentage in 2022 was 30.25. We have committed to working towards a target of 10.9. We are working towards this target by ensuring that 100% of residents with clinical emergency concerns are discussed with the physician prior to sending to ER using SBAR communication, we have increased education with our Registered Nurses to perform ECGs and Bladder Scans on our residents before sending to ER and all emergency transfers are reviewed by the Director of Care and follow up is done as needed.

One of our biggest challenges is our older homes is the comfortable temperature of residents during the hot summer months. Our Home has committed to improving our residents quality of life by installing air conditioning in the resident rooms which were installed by *September 2022*.

Prepared by Jaime-Lynn Kalmikov Administrator and Quality leader for the home

Date January 19, 2023