



Meadow Park London

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. Meadow Park London 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 updated 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 2022 our percentage of residents on these medications without a supporting diagnosis was 18.2 %. Our home has taken a serious look at all of our residents who are on antipsychotic medication. We involved our doctor's, silver fox pharmacy, nurses, residents and their families. In 2022 our percentage of residents on these medications without a supporting diagnosis is 18.2% and our target was to lower it to 17%. What we achieved was 14.39 which is lower than we had targeted. Our RAI coordinator and Silver Fox pharmacy worked together to ensure diagnosis were on charts on admission as well as reviewing past residents. It was then reviewed at our Quarterly PAC meeting.

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 more accurately document and capture 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. When asked what percentage was “Likely to recommend Meadow Park London we received a score of 71%. We had a target for this year of 80%. We will increase this number by asking residents and families during care conferences if they would likely recommend and find out why or why not. By finding out this we would look to improve our deficiencies and increase our numbers.

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 the year 2022, our goal was to invite each and every resident to their plan of care meeting. We invited all residents to their plan of care but on occasion residents would refuse to go. When our residents were asked if they were involved in their plan of care 90.4% stated they were. Although we didn't hit the 93% I feel that this is a true reflection of the number as more residents participated in this survey.

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 21.10% We have committed to working towards a target of 10. In 2021 our number of emergency department transfers were 21.10 %. Our goal was to decrease the number by 25%. Our home's actual score was 16.35% . Although it was short of making the 25% it was close. At the beginning of the year we had started our plan late of having the RN on shift do a head to toe assessment before transferring. There was a decrease from February on after we rolled it out. We did a family town hall to allow families the opportunity to talk to the Director of Care and ask questions about services we have in the home but the attendance was very low and unsuccessful. We will do a write up in the newsletter this year as well as town hall to increase knowledge to families and residents.

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 by May 2022. Each resident had the opportunity to turn on their own air conditioner if they wanted it. The home also placed more ductless air units in the hallways of the Pink and Green unit. Staff, Families and residents have all stated that it has made a huge difference in the temperature of the home.

When looking at our quality corner numbers we have been able to stay low with our critical incidents. When we see a situation where there is a possibility of an incident we ensure that we mitigate it right away. We place each resident on DOS charting, behavior mapping and look for triggers. We will continue to work diligently on keeping residents and staff safe.

Prepared by Emaculada Chesher, Administrator and Quality leader for the home

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