
HALDIMAND COUNTY

Report CMS-GL-01-2018 Grandview Lodge Operations Update July to December, 2017



For Consideration by Council in Committee on March 27, 2018

OBJECTIVE:

To maintain Accreditation Canada Standards by keeping Council informed of ongoing Grandview Lodge Operations.

RECOMMENDATIONS:

1. THAT Report CMS-GL-01-2018 Grandview Lodge Operations Update July to December, 2017 dated January 11, 2018 be received.

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Respectfully submitted: B. Hugh Hanly, General Manager of Community Services

Approved: Donald G. Boyle, Chief Administrative Officer

EXECUTIVE SUMMARY:

The information in this report is a high level summary of the operations of Grandview Lodge from July to December, 2017. Grandview Lodge staff remain committed to provide excellent care and services to the people who reside at the Home, maintaining the budget and continually reviewing ways to improve the care and services to the Residents, families and employees of the Home. We continue to receive good feedback from residents and their families and have been fortunate to only receive one formal complaint that was resolved in a timely manner.

The Continuous Quality Improvement (CQI) team is committed to the ongoing process of quality improvement. The CQI team undergoes an evaluation process for its many programs, policies and practices, and Grandview Lodge is committed to using the accreditation process to improve the quality and safety of its programs and to ultimately improve the quality of care.

BACKGROUND:

Grandview Lodge is an accredited long-term care home. It receives accreditation through Accreditation Canada every four-years. In October 2014, Grandview Lodge met the standards of accreditation for the next four years. Grandview Lodge has an accreditation review again in October, 2018. One of the accreditation recommendations is to keep Council informed about the Home's operations and to provide frequent operational reports, in addition to the Home's comprehensive annual report.

This is the second report for 2017, which includes information for the months of July to December, 2017 and will provide an overview of regulatory insight, resource management, staffing, resident information and quality improvement plan, infection control, successes and challenges for the Home.

ANALYSIS:

Ministry of Health and Long-Term Care (MOHLTC) Update

MOHLTC visited the Home in August for a total of five days for a follow up to review Critical Incidents and an anonymous complaint. Their findings were as follows:

- Ensure that a resident is assessed and an Initial Plan of Care is developed based on information received upon admission.
- Ensure that there is protection against abuse from one resident to another.
- Ensure that any actions taken with respect to a resident under a program including assessments and interventions are documented.
- Ensure that a written Plan of Care establishes resident sleep and rest patterns.
- Ensure that written procedures are implemented to ensure that all equipment, devices, assistive aids remain in good repair.

All findings were corrected.

Ministry of Labour Update

There were no inspections during this time frame.

Public Health Update

There were two inspections during this time frame and the findings were as follows:

- Temperature audits were not completed on some food items.
- Some dietary equipment was identified as not being cleaned on a regular basis.

Dietary staff shortages and reassignments of duties had caused some of these findings, as well as not having enough time to complete all duties. To assist in correcting these concerns, the dietary staffing schedules have been altered to change cleaning schedules.

Resource Management

The Quality Improvement Plan (QIP) is part of the MOHLTC Ontario Excellence Program that was initiated in 2015 within all Long-Term Care homes across Ontario by the Local Health Integration Network (LHIN). It is mandated that all homes provide a QIP and develop criteria that will improve service delivery to Residents. These improvements are reviewed and submitted on a quarterly basis and Grandview Lodge receives feedback based on provincial comparison data. The three criteria are 1) Resident Falls, 2) Use of Restraints and 3) Anti-psychotic medication.

The Director of Nursing, the Quality Improvement Nurse Coordinator, Physiotherapist and the RAI Coordinator have been overseeing the Quality Improvement Plans. The following statistics are required to be measured monthly, and below is a review of what has happened from July to December 2017:

1. **Resident Falls** - 21.1% of Residents have had a fall, of those only 1 had a negative outcome (i.e. fractures). For the same period in 2016 the percentage of falls was 20.5%, and there were 3 residents that had a fall resulting in hip and arm fractures. These falls are related to Residents who are self transferring out of bed but have cognitive decline and are unaware of their own limitations, i.e., forget to use their walking aids, have a negative change in health status, attempt unsafe transfers on their own, and/or Residents who have been independent in their transferring and have slipped. The provincial levels are 16.1%.

Although the falls that have occurred are still higher than the provincial average, the goal of the home is to reduce falls that result in an injury to the resident. Admittedly, reducing the number of falls would mitigate this factor, however doing so is not always practical based on the resident's needs and abilities. Staff have been successful at decreasing the number of injuries that result from a fall and this may be related to various interventions such as the use of falls mats, however this does not prevent a fall but reduces the risk of injury. The falls committee have put new initiatives in place to try and reduce the number of falls and some of these initiatives are as follows:

- The committee reviews residents that have had 2 or more falls in one month and are now completing an in depth review to determine if the resident requires additional toileting or other care.
- The committee is now following up quickly with the physician and pharmacist to review any medications associated with the falls.
- The committee is now evaluating each resident on admission at risk of falling to determine if a chair or bed alarm for the resident is required that may assist staff in becoming quickly aware of the risk for falls
- Sleep assessments for 72 hours have been implemented to monitor sleep patterns/restless behavior for all new residents they may assist in avoiding falls.

2. **Use of Restraints** - 11.2% of Residents use wheelchair seatbelt restraints. For the same period in 2016 the percentage of restraints was 9.4%, the provincial average levels are 4.8%. We continue to work with families and staff to encourage our least restraint policy. New strategies have been put into place to work towards reducing the use of restraints, some initiatives are:

- Often new residents being admitted from the hospitals arrive with a restraint in use. Rather than discontinuing the restraint on admission, the staff assess and evaluate the resident to ensure it is safe to remove the restraint
- Through the last couple of decades there have been campaigns to promote the use of seatbelts. "Buckle up for safety" has been ingrained in our minds, so when a resident receives a wheelchair that has a seat belt, the family often insist that it be used because in their mind they are protecting their loved one. For this reason it is often very difficult to change the understanding and obtain consent from families to have these seatbelts removed
- At times a resident may improve or have a decline in their condition thus allowing for a removal of a restraining device. To ensure we do not miss these opportunities, individual assessments are being completed during the resident annual nursing care reviews and the Director of Nursing is now reviewing with families the pros and cons of the use of restraints. This process will continue to support educating the families

3. **Anti-psychotic Medications** (used in the absence of psychotic or related conditions) 34.6% of residents are on anti-psychotic medications without a psychosis diagnosis. The same period in 2016 was 29% of resident usage. The provincial average is 20%. It is difficult to determine why GVL usage is greater than the provincial average because we do not know the resident needs of the other homes or what other methods they may be using however it is easier to rationalize why the usage of antipsychotics fluctuates at Grandview Lodge. Many new admissions from home or hospital arrive with an antipsychotic in place. Discontinuing this medication without titrating down or without proper observation is not recommended. Often usage at GVL is short term in duration however if a resident is placed on an antipsychotic medication during an acute phase and this falls within the observation period for RAI coding, it skews the reported percentage. Sometimes alternative treatments have failed and an antipsychotic is a last resort.

What is important to note is that Grandview staff and the medical team are aware of the risks of these medications in the elderly population and continue to assess and reassess as well as look for alternative methods. Some of the ways the team does this are noted below :

- The nursing team along with the Pharmacist and the physicians are reviewing the use of anti-psychotic medication to evaluate if an anti-depressant medication may be more appropriate for some these residents that do not have a diagnosis of psychosis, but require medication to manage the dementia, rather than the use of an anti-psychotic medication. The province does not measure the use of anti-depressants in long-term care but there is a strong correlation between the reduction of anti-psychotic medication in homes and the increase usage of anti-depressants. The use of anti-depressants with appropriate diagnosis would be more desirable for some residents.
- Behavior Support Ontario (BSO) is a provincial resource of professional staff who are working closely with Grandview Lodge staff to manage some of these behaviors to assist in the reduction of the anti-psychotic medication
- Medications will continue to be reviewed on a quarterly basis to ensure that the medication is effective

Continuous Quality Improvement (CQI)

Grandview Lodge has a facility wide improvement program which encompasses a multi-disciplinary approach with representatives from various departments. The CQI program ensures that Grandview Lodge adheres to the MOHLTC compliance standards, Accreditation Canada Standards, as well as providing a mechanism to regularly evaluate and improve services for the Residents, families, volunteers and staff.

Over the past six-months, the team was able to review and make improvements to:

- Educate staff on our new Values/Vision statement.
- Reviewed restraint policy and implemented education protocols.
- Reviewed and improved the near miss incident forms.
- Developed improvements for the admission process.
- Work life survey, was completed and reviewed.
- LGBTQ initiative - new initiative as part of our vision statement of inclusivity and to ensure that Residents and staff who are a part of this community feel welcomed into the Home.
- Review Incontinence Program by ensuring that the assessment team has the knowledge to complete regular assessments that are completed on Residents for admission; change in condition; and patterns of activity.

The team is preparing for the four-year Accreditation Review to be held October 1-3, 2018.

Successes

- Grandview Staff and residents launched Canadas 150 birthday celebration by inviting Residents and staff to pose for a picture in our front parking lot with the design outlining the numbers "150." This hangs proudly in our front entrance. We could not have done this without the charity of Vic Powel who provided a "cherry picker" so that we could get the height required for the picture.

- Each year on the second Sunday of September, Grandview Management team host a Family Picnic for Residents and families. Staff believe that in 2017, it was one of the most successful picnics to date where we featured live music and various entertainment genres. Over 400 people were in attendance. This event took place in the Centennial Gardens. Multi-generational family members came from all over Ontario and they were thoroughly impressed with the event, with many positive comments reflecting on the care provided for the Residents.
- In October, 11 Personal Support Workers graduated from the Niagara College PSW program that was hosted at Grandview Lodge. Of the 11, eight were hired in August but two have since left for other employment opportunities.
- In March, 2017 Grandview Lodge provided a pre-authorization payment plan for families and Residents to make their monthly accommodation payment. To date, 80 families use this type of payment plan. This has benefitted Grandview Lodge staff as accounts can be monitored in a timely fashion.
- With the successful recruitment of a second physician, Residents have been able to make an informed decision on which general practitioner they would prefer. Dr. Kazemi has 60% of Residents, and 40% of Residents have chosen Dr. Charles Hu as their primary care givers.
- In October, 2017 we achieved a major milestone whereby all staff achieved the required two-day training course on the Montessori Principles of Care. This was part of our four-year Strategic Plan and we successfully reached our goal.
- Grandview Lodge continues to be recognized as a leader in the long-term care sector because of our creativity, and new initiatives to improve care with our goal to always provide appropriate individualized care for Residents that are afflicted with dementia. We have seen many employees from other homes learn from us, and we continue to learn from them when they visit our home. We believe that peer support in the industry is strong and we remain committed to continue to assist peers where possible so they too can provide the best care possible.

Challenges

- Niagara College is unable to host the Personal Support Worker program at Grandview Lodge in January 2018 because there were not enough people interested in pursuing a career as a Personal Support Worker. Our partnership with Niagara College will continue and we are hopeful that the program can be offered again in January, 2019. In the meantime, PSW students from Niagara College will be welcomed to Grandview Lodge for their consolidation hours.
- Staffing shortages in the Laundry, Housekeeping, Dietary and Nursing Departments have been a major concern during this time frame. Many shifts were not filled over the past six-months because there were not enough staff to work the shifts, or staff have not made themselves available. A review of the staffing demographics shows that 37% of the staff come from outside Haldimand County. This brings with it new challenges to advertise and market Grandview Lodge beyond Haldimand County. Administration is working with the Human Resource division to demonstrate the benefits of working for Grandview Lodge. This has been a common problem across the long-term care sector but poses a larger problem for small rural areas including Grandview Lodge. Plans are being reviewed to develop recruiting strategies to resolve some of these concerns.

- Over the past few months there have been concerns raised by staff demonstrating a disrespectful working environment towards each other. As a result of this, management with the assistance of Human Resources have investigated claims and implemented corrective action where appropriate. This is a time consuming activity but hope to have positive impacts going forward. Administration is working to improve the work culture and part of the 2018 annual training for all staff will be reviewing the Respect in the Workplace Policy to ensure understanding and compliance
- Much time has been spent with a few families that have multiple concerns on the delivery of resident care. These concerns whether proven or not take a significant amount of time to investigate, make change where required, follow up, evaluate and document appropriate plans of care. These few families are not always willing to work with the staff for a common goal. Administration continue to work with the families and staff to come to a compromise and to improve the working relationship for staff, residents and families.

Infection Control

There were no outbreaks from July to December, 2017.

Resident Deaths and Admissions

Below is the information on Residents for the months of July to December

- 10 deaths
- 10 admissions - 8 of these admissions were residents of Haldimand County and the others came from Kitchener and Hamilton.

The following were new employees hired for the period of July to December

- 9 part-time PSW's, 8 of which were hired as new graduates from the Niagara College program
- 3 part-time Housekeepers/Laundry Aides
- 1 part-time Dietary Aide/Cook

Resignations:

- 2 part-time Housekeeping/Laundry Aides
- 3 part-time PSW's
- 1 part-time RPN
- 1 part-time RN

Retirements:

- 1 full-time Cook
- 1 part-time Laundry Aide

Staff left for numerous reasons including:

- Scheduling conflict
- Family issues
- Job offer in a different Home
- Job offer closer to home

Staff Training from July to December, 2017

To maintain MOHLTC compliance, mandated training must be ongoing, the training is provided by outside trainers as well as in-house staff. Administration was busy for the last six months of 2017 ensuring staff have many opportunities to improve their knowledge and work skills. The following is an overview of training that was provided:

- Annual training completed.
- General orientation for all new employees.
- Outside trainers provided all nursing staff with Medication Management & Safety Protocols, Cellulitis, CPR, Palliative Care, Infection Control and Pain Management updates
- An outside trainer provided training on mentorship training, Montessori techniques, First Aid for Mental Health, Multiple Sclerosis and Parkinson's.
- Dietary staff received training from public health.
- Additional training was held through various webinar workshops including video surveillance in long-term care, privacy legislation and the pros and cons of social media.

Grandview lodge is proud to state that we successfully achieved 100% of all staff trained in the Montessori principles of care. We celebrated this great achievement on October 4, 2017. Any person hired after October who do not have this training, will receive it annually by an outside trainer. This achievement of 100% staff successfully trained, is also one of our strategic initiatives that was initiated five years ago. We met our goal.

FINANCIAL/LEGAL IMPLICATIONS:

Budgets are regularly monitored by the supervisory team. During this time frame there are no significant variances.

STAKEHOLDER IMPACTS:

Not applicable.

REPORT IMPACTS:

Agreement: No

By-law: No

Budget Amendment: No

Policy: No

ATTACHMENTS:

1. None