

Agenda  
Dearness Home Committee of Management

3rd Meeting of the Dearness Home Committee of Management

September 19, 2022, 12:00 PM

Virtual Meeting

The City of London is situated on the traditional lands of the Anishinaabek (AUh-nish-in-ah-bek), Haudenosaunee (Ho-den-no-show-nee), Lūnaapéewak (Len-ah-pay-wuk) and Attawandaron (Add-a-won-da-run).

We honour and respect the history, languages and culture of the diverse Indigenous people who call this territory home. The City of London is currently home to many First Nations, Metis and Inuit people today.

As representatives of the people of the City of London, we are grateful to have the opportunity to work and live in this territory.

Members

Councillors E. Peloza (Chair), A. Hopkins, M. Cassidy, S. Hillier, S. Lehman

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Pages

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| 1.   | Call to Order  |   |
| 1.1. | Disclosures of Pecuniary Interest  |   |
| 2.   | Consent Items  |   |
| 2.1. | 2nd Report of the Dearness Home Committee of Management  | 2 |
| 2.2. | Director's Report to the Committee of Management for the Period May 16, 2022, to August 15, 2022 | 3 |
| 3.   | Items for Discussion   |   |
| 4.   | Deferred Matters/Additional Business   |   |
| 5.   | Adjournment  |   |

# **Dearness Home Committee of Management Report**

2nd Meeting of the Dearness Home Committee of Management  
June 13, 2022

**PRESENT:** Councillors E. Pelozza (Chair), A. Hopkins, M. Cassidy, S. Hillier, S. Lehman

**ALSO PRESENT:** B. Westlake-Power  
Also Present: S. Corman, K. Dickins, A. Hagan, L. Hancock, L. Marshall, J. Westbrook  
The meeting is called to order at 12:01 PM; it being noted that the following members were in remote attendance, Councillors M. Cassidy, S. Lehman, A. Hopkins and S. Hillier.

## **1. Call to Order**

That it BE NOTED that no pecuniary interests were disclosed.

## **2. Consent Items**

Moved by: S. Hillier

Seconded by: S. Lehman

That Consent Items 2.1 and 2.2 BE APPROVED.

**Motion Passed**

### **2.1 1st Report of the Dearness Home Committee of Management**

That the Minutes of the 1st Meeting of the Dearness Home Committee of Management, from its meeting held on February 22, 2022, BE RECEIVED.

### **2.2 Director's Report to the Committee of Management for the Period January 16, 2022 to May 15, 2022**

That, on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development that, the report dated June 13, 2022, entitled "Director's Report to the Committee of Management for the Period January 16, 2022, to May 15, 2022" BE RECEIVED.

## **3. Items for Discussion**

None.

## **4. Deferred Matters/Additional Business**

None.

## **5. Adjournment**

Moved by: A. Hopkins

Seconded by: M. Cassidy

That the meeting BE ADJOURNED.

**Motion Passed**

The meeting adjourned at 12:26 PM.

## **Dearness Home Committee of Management**

**To:** Chair and Members  
Dearness Home Committee of Management  
**From:** Leslie Hancock, Director of Long Term Care  
**Subject:** Director's Report to the Committee of Management for the  
Period May 16, 2022, to August 15, 2022  
**Date:** September 19, 2022

## **Recommendation**

That on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development, the Director's Report to the Committee of Management for the Period May 16, 2022, to August 15, 2022, related to the Dearness Home **BE RECEIVED** for information.

## **Linkage to the Corporate Strategic Plan**

Dearness Home works toward the goal of Leading in Public Service by always seeking to improve services for the residents and their families.

The City of London is committed to working in partnership with the community to identify solutions that will drive a strong, deep and inclusive community recovery for London as we move out of and beyond the global COVID-19 pandemic.

## **Analysis**

### **1.0 Background Information:**

#### **1.1 Previous Reports Related to this Matter:**

- February 14, 2022, Director's Report, November 1, 2021 to January 15, 2022
- June 13, 2022, Director's Report, January 16, 2022 to May 15, 2022

### **2.0 Service Provision Statistics:**

| <b>Occupancy Average<br/>January 1 2022 to August<br/>15, 2022</b> | <b>Number of Individuals on Waiting List<br/>as of August 15, 2022</b> |
|--|--|
| 99.19%   | Basic – 424<br>Private - 202   |

### **3.0 Ministry Inspections/Visits:**

The Middlesex-London Health Unit visited the Dearness Home on June 20, 2022 to conduct a Food Safety Inspection. There was one issue related to refrigeration and frozen storage of hazardous food that was corrected immediately during the visit.

There were no visits from the MOHLTC during the reporting period. Public reports are posted by the MOHLTC at the following link:

[Link to MOHLTC Public Reports](#)

Fire Inspections completed by the London Fire Department are current.

### **4.0 Mandatory and Critical Incident Reporting:**

The Ministry of Long Term Care (MOLTC) has a Mandatory and Critical Incident

Reporting process which requires reporting of all critical incidents in the Home.

The following critical incidents were reported to the MOLTC during the reporting period:

| Incident Type and Number (n) of Incidents   | Issues   | Status   |
|---|--|--|
| An outbreak of a reportable Disease: <ul style="list-style-type: none"><li>Covid-19</li></ul> | <p>A Covid-19 suspect outbreak on 2 East, Maple Place was declared on June 15, 2022 and resolved on June 27, 2022. There was minimal resident impact.</p> <p>A Covid-19 suspect outbreak on 2 West, Walnut Court, was declared on July 13, 2022 and resolved on July 21, 2022. There was minimal resident impact.</p> <p>A Covid-19 outbreak on 3 West, Forest Glen, was declared on August 15, 2022 and remains active. There is minimal resident impact.</p> | Daily surveillance and infection control measures are in place to minimize a chance of outbreak and/or duration of outbreak.   |
| Fall with Injury (6)  | Fractures include one right clavicle, 2 left hip, 1 right hip, 1 left femoral neck and 1 intracranial bleed.   | <p>Fall Statistics:</p> <ul style="list-style-type: none"><li>16% of residents fell in between May 16 to May 31, 2022.</li><li>42.3% of residents fell in June.</li><li>48.1% of residents fell in July.</li><li>25.1% of residents fell between August 1 and August 15, 2022.</li><li>32.9% of residents that fell were found on the floor.</li><li>84.6% had no injury.</li><li>15.4% had temporary injury.</li><li>7.4% were transferred to hospital.</li></ul> |

## **5.0 Infection Control:**

On August 2, 2022, in response to the new Ministry requirement for a full-time Infection Prevention and Control (IPAC) lead as outlined in the Fixing Long Term Care Act, 2021 (FLTCA), Dearness hired a new IPAC Coordinator. This new position will work full-time with a focus on continuous improvement, through recommendation of policies and procedures related to IPAC, responding to infectious/communicable diseases and complying with legislation.

## **6.0 Health and Safety:**

The Occupational Health and Safety (OHS) Committee continues to meet in a modified form that includes the use of Teams. All Committee members are able to attend through this method. Regular inspections were conducted during the reporting period. Safety procedures continue to be reviewed annually and the Committee remains on schedule with its annual review.

## **7.0 General Updates:**

### **7.1 Highlights in the Recreation Department:**

- Our registered and fully vaccinated Essential Caregivers (ECs) have increased to over 600. Since the last reporting period, the 4 ECs per resident increased to allow as many trained ECs as desired to accommodate all family/friends of residents. Policy still only allows 4 ECs per resident in the Home at any given time. The General Visitor Program also continues to allow other fully vaccinated visitors to schedule an indoor visit with their loved one, and we continue to schedule 40-50 visits per week.
- A new Resident Council President was voted in place for the next annual term.
- 2 Recreation Coordinators had the advantage to attend an Equine Facilitated Learning (EFL) workshop designed for Recreation Therapists to enhance daily practices through experiential learning. The workshop focused on the impact of presence, non-verbal communication and connection, as well as learning mindfulness techniques to use personally and to share with residents.
- Dearness Home hosted the Provincial Election for our residents on June 2, 2022, enabling all residents who desired to participate.
- Recreation Coordinators worked with the dietary team to ensure every resident is celebrated on their birthday with a personalized approach designed to enhance their special day.
- The men of Dearness celebrated the return of the popular Men's Breakfast program.
- For Father's Day, all men of Dearness received a handmade greeting card and ice cream treat to commemorate the day.
- The Recreation Department successfully recruited 2 casual Recreation Coordinators during the reporting period.

### **7.2 Highlights in the Dietary Department:**

- Supervisor training for Menu Stream has started with a go live date of September 14, 2022.
- The dietary department provided the residents with Father's Day, Canada Day and Civic Holiday meals as well as seasonal treats. We have started our summer BBQ series for the residents as well.
- The Dietary department cleared out overstock and equipment and has moved this into off-site storage.
- A new Cook was hired during the reporting period.

### **7.3 Highlights in the Nursing Department Include:**

- As required under the new FLTCA, on July 11, 2022, the Home completed and published on the Dearness Home website, our Continuous Quality Improvement Interim (CQI) Report. Our focus for the 2022/23 CQI Report will be to address the Health Quality Ontario identified priority areas of Potentially Avoidable Emergency Department (ED) Visits, Resident Experience in terms of “Having a Voice” and “Being Able to Speak Up About the Home”, and Potentially Inappropriate Antipsychotic Use. However, the Home also chose to add an additional area of Continuous Quality Improvement to this year’s work plan under Safe and Effective Care: Falls. For this CQI Report, the Dearness Home will strive towards meeting the local South West Home and Community Care Support Services (HCCSS) average with respect to Emergency Department visits, the Provincial Benchmark for Potentially Inappropriate Antipsychotic Use, as well as Falls, and an in house established respectable Theoretical Best Target for Resident Experience. A copy of the CQI report is attached as Appendix A.
- On June 21, 2022, for the second year, Dearness Home celebrated the unique heritage, diverse cultures, and outstanding achievements of Indigenous peoples in Canada by observing National Indigenous Peoples Solidarity Day. Staff adorned a number of trees on the property with ribbons in the colours of the medicine wheel, were encouraged to wear orange shirts in the spirit of reconciliation, honouring, and healing, and enjoyed strawberries and strawberry drink. A 4 Sacred Medicines education table was set up in the lobby for staff, residents, and families to visit and learn from some of our Indigenous staff. A smudge demonstration, accompanied by live traditional singing and music, was held in the resident courtyard and residents were offered a strawberry drink. Excerpts of various pow-wow dancers and teachings related to Indigenous culture were played on the Dearness TV tour. The day was very well received by staff, families, and residents.
- In response to feedback from our resident and family surveys in early June, the Home invited our partners, Natural Smiles, to the Home to provide teaching and demonstration to our staff on how to provide effective oral care to those resident living with dementia. They provided this educational opportunity to our Day and Evening PSWs and RPNs on site. Over 70 of our staff were able to participate. The feedback from staff was very positive and we hope to have them in again in the future.
- In July the Home moved to post our Part-Time Restorative Care Coordinator position to Full-Time. The restorative care program is coordinated by an RPN with specialized training to ensure that each resident in the program is able to maintain or improve their independence, functional and cognitive capacities to the full extent of their abilities. The Home believes that by increasing the capacity of this program we can better serve our residents through this focus on quality of life and independence. The new candidate will start in the full-time role in early September.

### **7.4 Highlights in the Environmental Department Include:**

- The Home’s Housekeeping Department continues to provide additional cleaning and disinfecting of the Home, as well as stocking and distributing isolation bins that provide staff with personal protective equipment (PPE).
- Close monitoring and inventory tracking of all PPE continues to be tracked using the Covid-19 Critical Supplies and Equipment (CSE) Survey which is completed weekly on Mondays and Thursdays. This tracking process will continue until further notice.
- Dearness continues to remain stable in PPE supply, with a 6 week back up supply.
- The auditorium addition began on July 11, 2022. A three week pause due to materials occurred, however, the project is still moving forward.
- Ergonomic assessments and a time study is being done in the laundry department.
- The Environmental Department is In the process of hiring more casual staff to assist with staffing shortages.

**Recommended by:**            **Leslie Hancock, Director, Long Term Care**  
**Concurred by:**            **Kevin Dickins, Deputy City Manager, Social and Health Development**

CC:    L. Livingstone, City Manager  
         J. Millman, Financial Business Administrator  
         M. Liu, Senior Financial Business Administrator  
         L. Marshall, Solicitor  
         A. Hagan, Manager, Labour Relations  
         K. Cook, Employee Relations Advisor

**Dearness Home for Senior Citizens 2022/2023 Interim Continuous Quality Improvement Plan Report****Overview:**

The Corporation of the City of London - Dearness Home, is a fully accredited Municipal Home owned and operated by the City of London. Dearness is home to 241 permanent residents and provides 2 respite beds for those members of the community who require short term or respite stays; however, since the start of the COVID-19 pandemic, and at the request of the Home and Community Care Support Services (HCCSS) both our respite beds are being occupied by permanent residents for the foreseeable future. Of our total 243 beds, 27 are located on a secure unit, including one of the respite beds. Our mission statement, "Compassionate people enriching the lives of others. Always", keeps us focused on achieving our vision, standards of care and commitment to our residents and supports the Home in achieving success in safety, compliance, and resident satisfaction. Our Continuous Quality Improvement (CQI) team have chosen, for the 2022/23 interim Continuous Quality Improvement Report Plan (QIP), to focus on and address the Health Quality Ontario (HQO) identified priority areas of Potentially Avoidable Emergency Department Visits, Resident Experience in terms of "Having a Voice" and "Being Able to Speak Up About the Home", and Potentially Inappropriate Antipsychotic Use. In accordance with HQO, our team believes these priority areas are important to the overall health care system and have been particularly impacted by COVID-19 and require attention to support the health system recovery. The Home, in consultation with our CQI team members, also chose to add an additional area of Continuous Quality Improvement to this year's work plan (see work plan below) under Safe and Effective Care: Falls. Since the start of the pandemic, Falls have increased in our facility and we want to ensure we are placing a strong emphasis on decreasing our numbers in this area. For this QIP, the Dearness Home will strive towards meeting the local South West HCCSS average with respect to ED visits, the Provincial Benchmark for Potentially Inappropriate Antipsychotic Use, as well as Falls, and an in house established respectable Theoretical Best target for Resident Experience. Our strategic direction and the initiatives that support it also align with our Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation Standards and meet the requirements of our Long-Term Care Service Accountability Agreement (LSAA).

In order to implement our plan for continuous improvement over the remainder of the 2022/2023 fiscal year, our continuous quality improvement lead and chair of the Continuous Quality Improvement Committee, Jason Westbrook, Manager of Support Services and Business Operations, will review our progress monthly with the management team, and quarterly with the Continuous Quality Improvement Committee. Further, the Home's lead will review and share our progress regularly with relevant stakeholders, including the family and resident councils and the licensee. Along the way, we will ensure we celebrate our successes while allowing for time and space to discuss next steps or changes in strategy in areas we are failing to see improvement.

**Reflections Since Our Last Mandatory Health Quality Ontario QIP Submission in 2019/2020:**

With the emergence of the COVID-19 virus, we, like most in the health care sector, had to abruptly pivot, reset, and focus the majority of our quality efforts over the last 2 years towards a new formidable threat to the health and wellbeing of those we care for. To say the pandemic has changed our quality improvement work over the last 2 years would not give it the weight or demonstrate the impact it so deserves. The pandemic has disproportionately affected and continues to affect the population we are dedicated to caring for. Further, our staff and all those working and living in congregate settings continue to be at higher risk of infection, yet we carry on our work.

At the height of the first wave, despite varied and ever changing priority areas put forth by various Ministries and levels of government to try to ensure adequate care capacity in our sector, one early and consistent practice enacted in an effort to ease the spread of infection, albeit also taking various forms and frequencies over time, was surveillance testing for staff. Effective COVID-19 surveillance is essential for timely detection of the virus among staff and implementation of necessary infection prevention and control (IPAC) measures, such as contact tracing, isolation and testing to limit risk of transmission. For our Home, we believe our COVID-19 surveillance testing centre to be our greatest quality improvement initiative for the 2020/2021 and 2021/2022 fiscal



years, having contributed to our low infection rates within our resident population and possibly translating to zero deaths directly or indirectly related to the COVID-19 virus within our resident population thus far.

Our centre is staffed by an external agency who has consistently guaranteed staffing by nurses in the centre seven days a week. The centre operates to ensure all shifts (days, evenings, and nights) have access to surveillance testing (the centre also ensure all visitors and contractors are tested in accordance with legislation) and that all staff are tested by the testing centre staff two times per week using a Rapid Antigen Test (RAT). Staff also have the option to complete an additional Polymerase Chain Reaction (PCR) test within a seven day period should they choose. The testing centre staff maintain a spread sheet of all staff tested and send a list to the relevant managers near the end of each week indicating which staff, if any, have not met their twice weekly testing requirement. The managers then directly follow-up with the staff to ensure compliance.

Additionally, if or when a staff member has symptoms consistent with the COVID-19 virus, they are immediately given a RAT and PCR test in the testing centre, must await a negative result of both tests, and be symptom free prior to returning to work. If the staff member is at work and they become symptomatic they attend directly to the testing centre prior to leaving the facility. If a staff member becomes symptomatic while off duty, the testing centre offers a drive through service whereby the staff member remains in their vehicle and the testing centre staff exit the building and attend to the symptomatic staff member outside of the facility to maintain the best possible infection control practices.

While costly, the Home believes this system for surveillance testing has saved lives and decreased the overall burden of infection in the Home and the greater community. As the pandemic continues on its trajectory we will, as we have throughout, continue to adapt and change processes and practices, including in our testing centre, as this virus dictates.

### **Resident Partnering and Relations**

Dearness Home's mission is "Compassionate people enriching the lives of Others. Always" and we strive to accomplish this by engaging our residents and families in numerous ways. We promote transparency with residents and families by requesting their participation in various activities such as quality improvement projects, satisfaction surveys, various committees, and active Resident and Family councils. More generally, we also openly share Ministry inspection reports, quarterly indicator results, accreditation survey results and concerns and successes in the Home. On an individual basis, we also involve residents and/or families by discussing their unique needs, preferences and concerns and then building their plan of care based on these discussions.

While the pre-pandemic era made developing and maintaining these relationships through the methods outlined above relatively simple in retrospect, the pandemic created many challenges and opportunities, forcing us to become innovative and create new ways to meaningfully connect. Starting with the first wave of the pandemic, social norms, including face to face interactions and meetings were upended for the larger community, but even more so for our sector when mandates to prevent spread of the virus were put into place that either prevented in person interaction entirely, except for the provisions of direct care, or at least significantly limited the amount of interaction depending on the stage and timing of the pandemic. This became a significant challenge most notably for our Family and Resident Councils, Resident Food Committee, and annual care conferences. Our Home was determined to maintain our connections and relationships through these meetings and conferences leading us to reach out to our corporate partners requesting adequate equipment to support communication between residents, families, and our team. The corporation was able to respond to our call for assistance and provided a large number of iPads not being used at the time throughout the corporation to ensure all of our residents who wanted to participate in any meetings had the ability. Our recreation team supported the residents in setting up the technology for each meeting and various managers provided tech support to family members on how to navigate their cellular phones and various video calling/meeting apps. As a result, throughout the pandemic, despite being given leeway by the

Ministry of Health to temporarily pause all committees and care conferences, the Home was able to continue with all Resident and Family Council meetings, Resident Food Committee meetings, and annual care conferences without interruption.

### Workplan

| Theme:<br>Timely and<br>Efficient<br>Transitions | Measure   | Population   | Source/Period                   | Current<br>Performance | Target | Target<br>Justification                               | Planned<br>Improvement<br>(Change Idea)  | Methods  | Process Measure  | Target for Process<br>Measure  |
|--|---|--|---------------------------------|------------------------|--------|---|--|--|--|--|
| Efficient  | Number of<br>ED visits for<br>modified list<br>of<br>ambulatory<br>care-<br>sensitive<br>conditions<br>per 100 LTC<br>residents | Rate per 100<br>residents /<br>LTC home<br>residents | CIHI CCRS Oct<br>2020-Sept 2021 | 24.14                  | 17.5   | Target chosen<br>to meet local<br>SW HCCSS<br>average | 1) Educate staff<br>regarding resident<br>centered fall prevention<br>interventions<br><br>2) Enhance the BSO<br>program | Physiotherapist will<br>identify units with 10 or<br>more falls per month and<br>discuss with unit staff<br>(PSWs and RPNs on days<br>and evenings) specific<br>resident centered fall<br>prevention interventions<br><br>Increase the hours of the<br>BSO nurse from PT to FT | Percentage of units with<br>10 or more falls per<br>month who participate in<br>targeted fall prevention<br>intervention meetings<br><br>Number of hours weekly<br>the BSO RPN works in the<br>assigned BSO role | 100% of units with 10 or<br>more falls per month will<br>have a targeted meeting<br>from August 2022-March<br>31 2023<br><br>On average during the<br>2022/2023 fiscal year, the<br>BSO RPN will work 32 of<br>the assigned 40 hrs per<br>week in the BSO role |

| Theme:<br>Safe and<br>Effective Care | Measure   | Population              | Source/Period                 | Current<br>Performance | Target | Target<br>Justification                             | Planned<br>Improvement<br>(Change Idea) | Methods   | Process Measure  | Target for Process<br>Measure  |
|--------------------------------------|---|-------------------------|-------------------------------|------------------------|--------|---|---|---|--|--|
| Safe                                 | Percentage<br>of<br>LTC residents<br>without<br>psychosis<br>who were<br>given<br>antipsychotic<br>medication<br>in the | %/LTC home<br>residents | CIHI CCRS/ July-<br>Sept 2021 | 19.81                  | 19     | Target chosen<br>to meet<br>provincial<br>benchmark | 1) Implement<br>Antipsychotic Rounding  | Monthly pharmacist will<br>run a report on<br>antipsychotic usage and<br>identify the unit with the<br>highest usage. Rounding<br>meetings on the unit with<br>interdisciplinary care team<br>will be held to review. | Number of antipsychotic<br>rounding meetings held in<br>the 2022/2023 fiscal year<br>(April 1 2022-March 31<br>2023) | 12 antipsychotic rounding<br>meetings will be held in<br>the 2022/2023 fiscal year |

|  |   |                      |                                     |    |   |  |   |  |   |   |
|--|---|----------------------|-------------------------------------|----|---|--|---|--|---|---|
|  | 7 preceding their resident assessment   |                      |                                     |    |   |  |   |  |   |   |
|  | Percentage of residents who fell during the 30 days preceding their resident assessment | %/LTC home residents | HQO data from 2020/2021 fiscal year | 15 | 9 | Target chosen to meet provincial benchmark | <p>1)Implement targeted antipsychotic usage and falls prevention meetings</p> <p>2)Implement the Resident of the Day program</p> <p>3)Educate staff regarding resident centered fall prevention interventions</p> | <p>Monthly following the Antipsychotic Rounding the ADOC overseeing the falls program will meet with the physiotherapist to review frequent fallers (if any) who are on antipsychotics on the identified unit</p> <p>Resident care plans will be reviewed and updated by all members of the nursing team on a specific unit (i.e. PSWs, RPNs, and RNs) – overseen by the Restorative Care Coordinator</p> <p>Physiotherapist will identify units with 10 or more falls per month and discuss with unit staff (PSWs and RPNs on days and evenings) specific resident centered fall prevention interventions</p> | <p>Number of targeted call prevention meetings held in the 2022/2023 fiscal year</p> <p>Percentage of residents who have their care plans reviewed through the Resident of the Day program</p> <p>Percentage of units with 10 or more falls per month who participate in targeted fall prevention intervention meetings</p> | <p>12 targeted meetings will be held in the 2022/2023 fiscal year</p> <p>50% of residents will have their care plans reviewed through the resident of the day program in the 2022/2023 fiscal year</p> <p>100% of units with 10 or more falls per month will have a targeted meeting from August 2022-March 31 2023</p> |

| Theme: Service Excellence | Measure                            | Population             | Source/Period              | Current Performance | Target | Target Justification                     | Planned Improvement (Change Idea)                            | Methods                                      | Process Measure  | Target for Process Measure                  |
|---------------------------|------------------------------------|------------------------|----------------------------|---------------------|--------|--|--|--|--|---|
| Resident-Centred          | Percentage of residents responding | % / LTC home residents | In house data Survey April | 88.43               | 95     | Target chosen as in in-house theoretical | 1) Residents will directly participate in Continuous Quality | Resident representative to attend Continuous | Number of CQI committee meetings attended by a resident representative | A resident representative will attend 2 CQI |

|  |   |                              |  |       |    |  |   |  |  |  |
|--|---|------------------------------|--|-------|----|--|---|--|--|--|
|  | positively to<br>“What number<br>would you use<br>to rate how<br>well the staff<br>listen to you?”  |                              | 2021-March 31<br>2022                                  |       |    | best<br>benchmark  | Improvement in the<br>Home  | Quality Improvement<br>Committee Meetings  | from October 1 2022-<br>March 31 2023                          | committee meetings from<br>Oct 2022-Mar 2023                               |
|  | Percentage of<br>residents who<br>responded<br>positively to<br>the statement<br>“ I can express<br>my opinions<br>without fear of<br>consequences” | % / LTC<br>home<br>residents | In house data<br>Survey April<br>2021-March 31<br>2022 | 86.13 | 95 | Target chosen<br>as in-house<br>theoretical<br>best<br>benchmark | 1)Residents will have<br>increased access and<br>exposure to the<br>management team | Morning interdisciplinary<br>/ management huddle will<br>be held in the activity<br>room on a specified unit | Number of morning<br>huddles held on any given<br>unit monthly | Each unit will have<br>morning huddle in their<br>activity room 1x monthly |

**Policies, Procedures and Protocols**

Relevant policies, procedures and protocols to be references in addressing and working through our Continuous Quality Improvement Plan include, but are not limited to, the Antipsychotic Rounding Procedure, Interdisciplinary Fall Prevention and Management Unit Meetings Procedure, Falls policy, Medication Advisory and Professional Advisory Committee Terms of Reference, Medication Review Policy, Call-in Shift Replacement Procedure, Continuous Quality Improvement Committee Terms of Reference, Continuous Quality Improvement Committee Policy, Quality Improvement Program Policy, and Morning Nursing Huddle Procedure.