



Saint Elizabeth

Well beyond health care



H. J. McFarland

April 2016 Update

Status Report

C	Completed
G	On Track / Minor Issues
Y	At Risk / Pre-emptive Action Required
R	Critical Issues / Immediate Corrective Action Required

Summary: This report highlights the accomplishments in H.J. McFarland during the reporting period Jan 1 – March 30 2016.

Objectives	Status	Accomplishments to Date	Impending Activities
Labour Relations / Engagement	G	<ul style="list-style-type: none"> UNIFOR negotiations continue Consistent staff meetings Weekly management meetings Staff engaged in developing new schedule Monthly newsletter created, 3 editions to date RNAO Best Practice Coordinator engaged to provide leadership education 	<ul style="list-style-type: none"> Fine tune schedule and break times Summer vacations and vacation coverage to maintain staffing complement
Policy Review	G	<ul style="list-style-type: none"> Policies and Procedures implemented and available to all staff Policies incorporated into day to day operations 	<ul style="list-style-type: none"> IT to create a quick link on the desktop to allow staff easy access to P and Ps Ongoing staff education to embed P and Ps in practice
CMI	G	<ul style="list-style-type: none"> CMI improved from 0.965 (fiscal 2014/15) to 1.001 (fiscal 2015/16) CMI increase represents a \$119 000 increase in funding for the home RAI Coordinator has attended training session on coding with Point Click Care (PCC) 	<ul style="list-style-type: none"> Documentation and consistent coding need to be reinforced ongoing with registered staff
Quality Indicators	G	<ul style="list-style-type: none"> Quality Improvement plan submitted to Health Quality Ontario Quality committees formed and champions chosen for each content area Structure to support quality initiatives created Community support engaged through; RNAO best practice coordinator, physiotherapy provider, Nurse Practitioner. RAI Coordinator and Registered Staff informed how to generate a Quality Report in PCC 10 / 11 Indicators have improved in one year period (slides 10-12) 	<ul style="list-style-type: none"> Workplan creation for each quality committee Consistent collection of indicators

Staff Engagement

Meetings:

- Discipline specific teams meet every 3 wks (PSW, RN, RPN)
- All staff meetings monthly

Scheduling Committee:

- Recognized the schedule did not meet all the needs of the home
- To create a new schedule staff nominated their peers to participate on a scheduling committee
- **Schedule developed by staff for staff**, encompasses union rules, employee standards
- New schedule rolled out in April

Monthly Newsletter:

- Each department contributes content to inform staff, residents and families

HJ. MCFARLAND
MEMORIAL HOME



H. J. McFarland Gazette

H.J. McFarland Gazette

March 2016

Department Contact

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Dietary/Environmental Manager

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Resident Services

The dining experience at HJ McFarland Home– from the Administrator

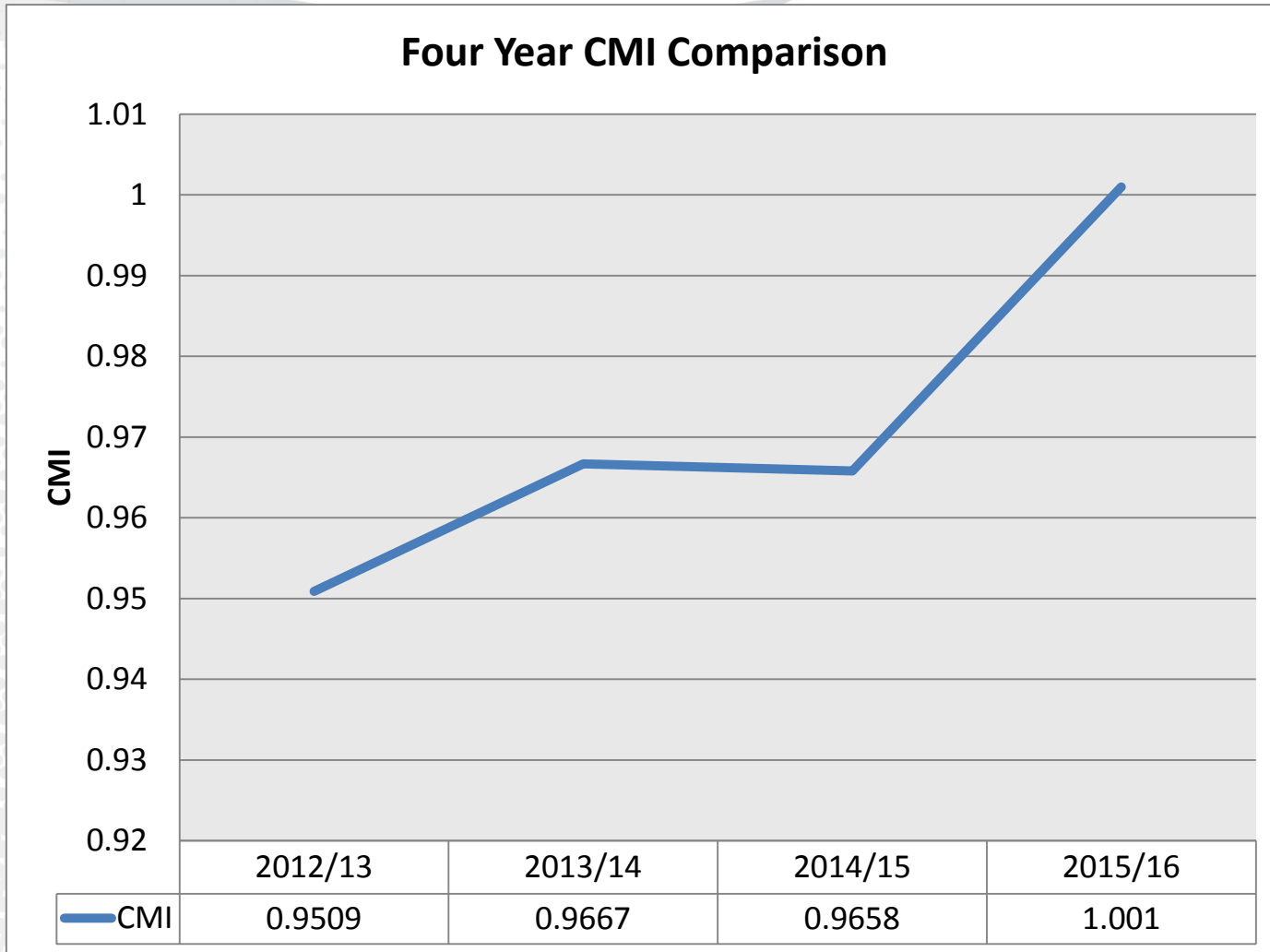
One of life's first and last enjoyable experiences is the "Dining Experience." I believe that this is one of a care giver's simplest ways to achieve some level of comfort and pleasure for our residents. I would like to take this opportunity to provide an explanation for the need to revert back to smaller groups of residents sharing their dining experience.

As noted in a recent gerontology article I read by Lillian Hung RN, To Promote A Pleasurable Dining Experience For Residents, care facilities need to create small home-like dining rooms which become quieter as a result of fewer people and the smaller size. She mentioned that the traditional facility of a large dining room with many tables, heavy traffic, and talking amongst

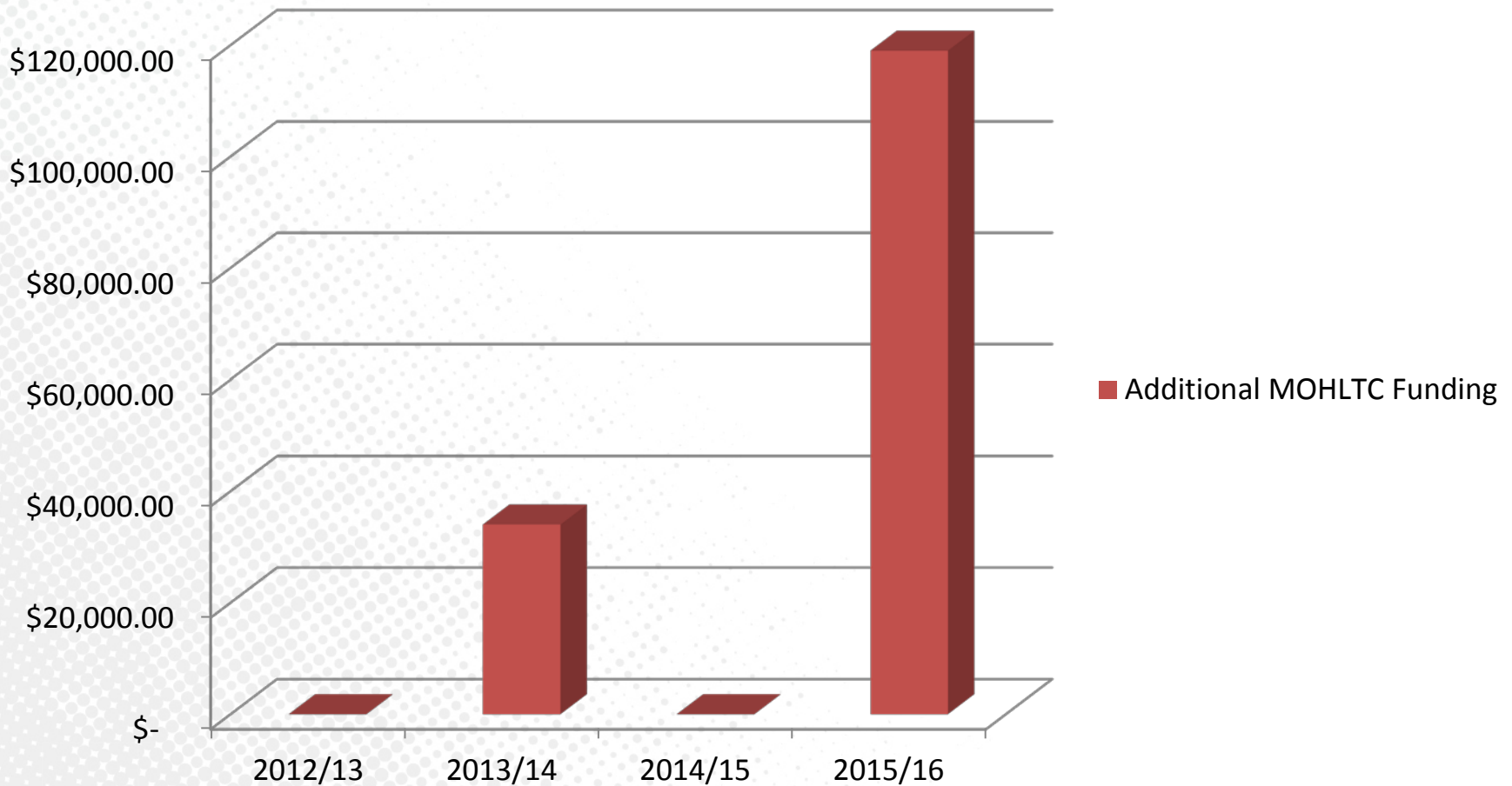
Leadership

- RNAO Best Practice Coordinator Sandra Kioke has delivered one 2 hour workshop on Best Practices and has been engaged to lead a series of workshops with the Registered Staff
- Sandra will assist with a number of initiatives within the home including:
 - **Leadership, focused on RNs and RPNs increasing the leadership capacity of the registered staff**
 - Pain and Palliation
 - Falls and Restraints
 - Wound and Incontinence

CMI



CMI and Funding Increase



Focus on Quality

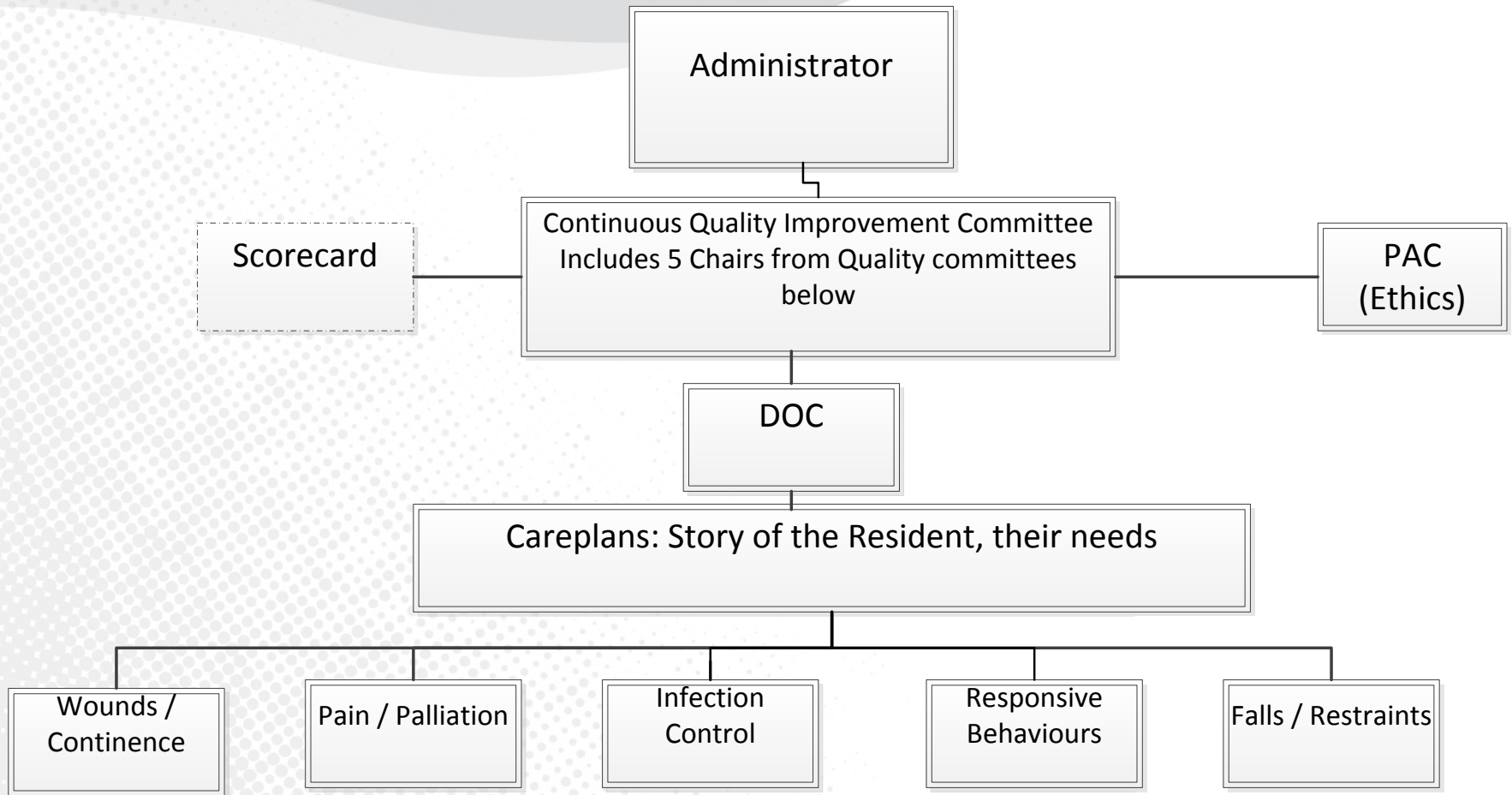
Operational Planning Day March 3rd

- Review of quality programs, identification of gaps, potential committee members, and community resources to support quality initiatives
- Developed committee structure to support quality initiatives
- Attended by Administrator, DOC, Tim Burns LTC consultant, Kristen Parise, Susan Turnbull, Ethel, Rhonda, Trudy, Amber

Quality Fair April 20th :

- Staff, Management, Community Nurse Practitioner and Family Council representatives participated throughout the day by setting quality improvement targets, reviewing current quality indicators and identifying champions for each quality improvement initiative

Committee Structure to Support Quality Initiatives

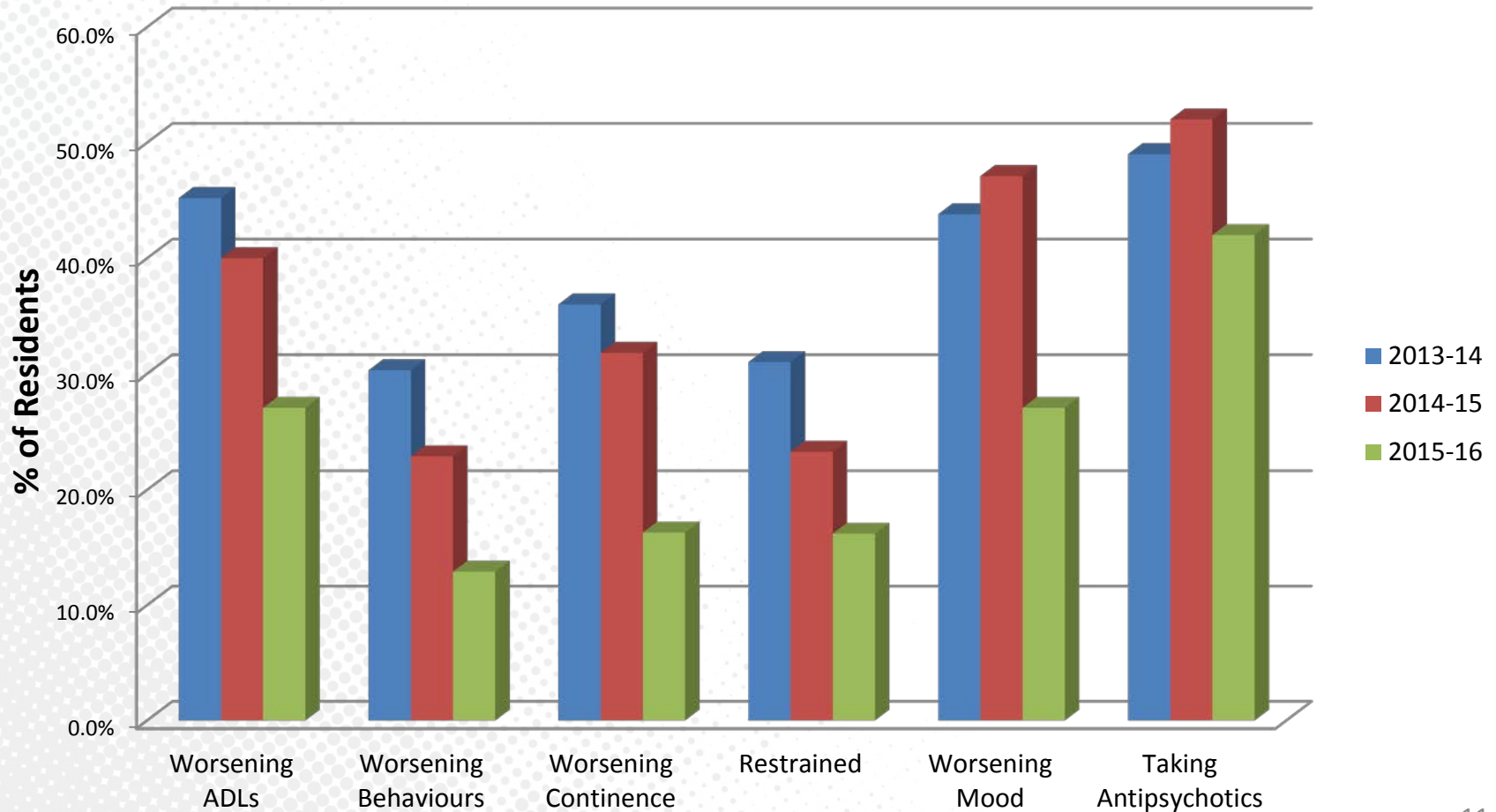


10 / 11 Indicators Improved from 2014/15 – 2015/16

	McFarland 2014-15	McFarland 2015-16	ONTARIO Average	BENCHMARK
% Residents Worsening Activities of Daily Living	42%	27%	33%	25%
% Residents Worsening Behaviours *	22%	14%	14%	8%
% Residents Worsening Bladder Continence *	23%	15%	19%	12%
% Residents Worsening Pressure Ulcers *	3%	1%	3%	1%
% Residents Who Fell Last 30 days	19%	26%	14%	9%
% Residents with 1 or more Infection	19%	14%	11%	
% Residents New Pressure Ulcers *	3%	1%	3%	1%
% Residents Restrained	23%	16%	14%	3%
% Residents Worsening Mood	47%	27%	26%	13%
% Residents Worsening Pain	23%	15%	11%	6%
% Residents Taking Antipsychotics	52%	42%	29%	
* Indicates Quality Indicators at or below the Ontario Average				

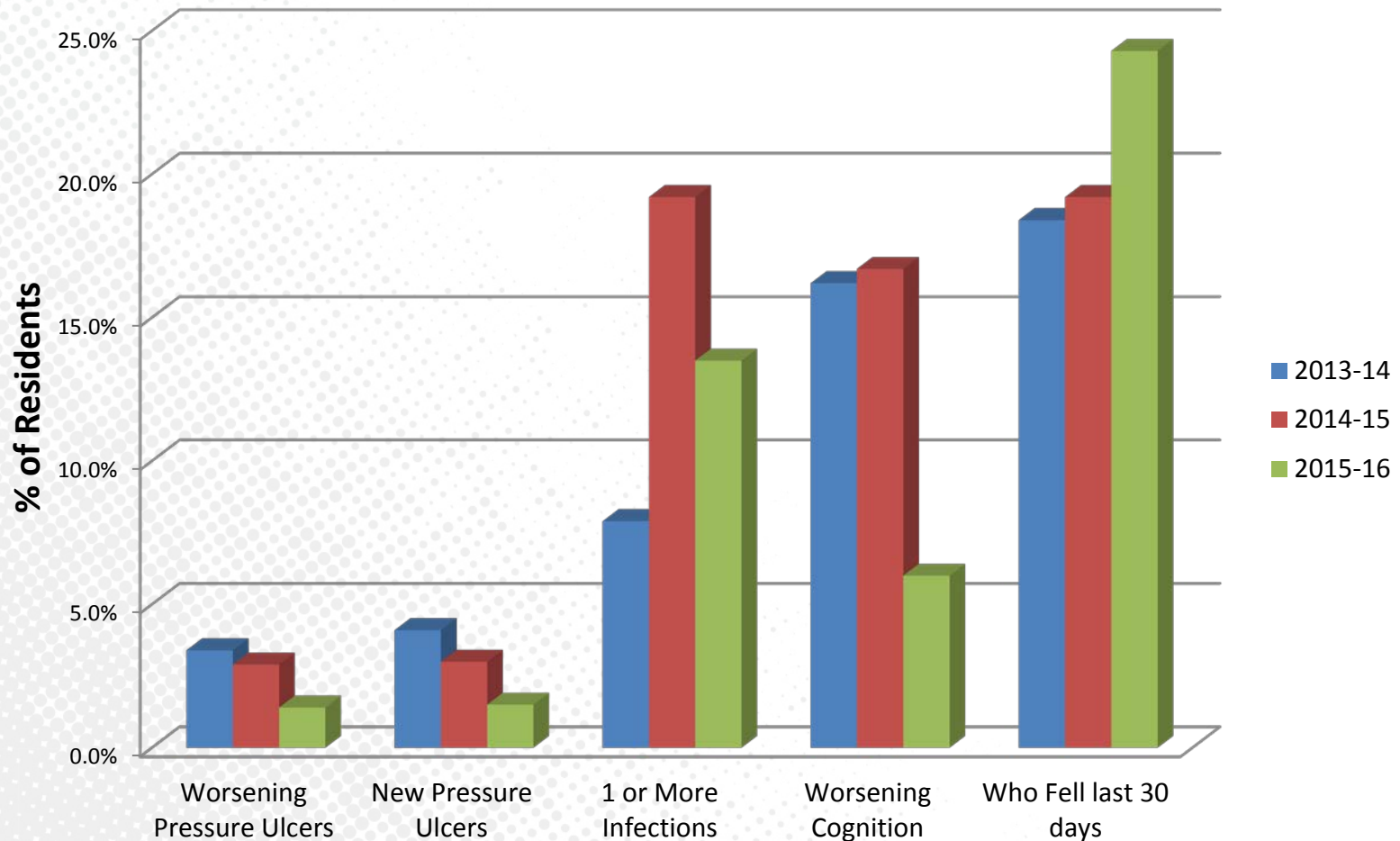
Three Year Comparison of Quality Indicators

Quality Indicators



Three Year Comparison of Quality Indicators

Quality Indicators



Focus of Q2

- Ensure smooth transition to next leadership team
- Solidify structures and processes in home that will assist with quality improvements
- Focus on QIP objectives listed below
 - To Reduce Falls
 - To Reduce Worsening of Pressure Ulcers
 - To Reduce the Use of Restraints
 - To Reduce Worsening Bladder Control
 - To Reduce the Inappropriate Use of Anti psychotics in LTC
 - Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".
 - Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction"
 - To Reduce Potentially Avoidable Emergency Department Visits
- Ensure scheduling and staffing levels reflect best practices especially during summer months
- Infection control home audit and follow up