



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2024-25

DESIGNATED LEAD: Kaitlyn Wynnyk, Director of Nursing Care

QUALITY IMPROVEMENT PRIORITIES 2024-25:

This year Hamilton Continuing Care will be focussing on the following three priorities established from our Family and Resident Survey and reflected in our Quality Improvement Plan:

1. **Resident Centered Care:** To focus on continuing to enable our team members to build caring, trusting relationships with our residents and families.
2. **Reducing the Use of Antipsychotic Medications:** to ensure we are considering the health and well being of all residents with or without the diagnosis of psychosis by re-evaluating antipsychotic use.
3. **Reducing Potentially Avoidable ED Visits:** to ensure we are improving resident experience and enhancing resident centered care by reducing the number of resident transfers to the Emergency Department.

PROCESS TO DETERMINE PRIORITY AREAS:

1. **Resident Centered Care:** Through review of our 2023 quality of life survey results with residents' council on March 12, 2024, the resident's suggested that we focus on the following statements: "I have a special relationship with a staff member" & "I have opportunities to spend time with other like-minded residents". We aim to align our goals to build upon improving relationships between residents and team members.
2. **Reducing the Use of Antipsychotic Medications:** We reviewed our CIHI scores for this quality indicator and compared it to organizational and provincial benchmarks. We will continue our multi-year initiative in reducing the use of antipsychotics medications given to LTC residents, specifically those without psychosis, is an area for improvement our village wants to continue to focus on as a priority.
3. **Reducing Potentially Avoidable ED Visits:** When we analyzed our performance and compared this quality indicator to provincial and organizational benchmarks, we noticed that avoidable resident transfers to ED was an area in which our village needed to prioritize. After consultation with the leadership team, we felt that this can have an impact on resident's quality of life and would therefore focus on reducing avoidable ED resident transfers.

Our CQI Committee was consulted and involved in recommending the priorities for 2024-25.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS, AND COMMUNICATE OUTCOMES:

During our quarterly Quality Committee and Professional Advisory Committee meetings, we will be communicating progress towards the following initiatives:

1. **Resident Centered Care:** We will continue with this priority in 2024-2025 by training an on-site facilitator to provide team member education sessions. We will continue to review the number of team members who complete the Schlegel Villages' Connect the Dots training on a quarterly basis. This year, we have also decided to implement resident Top 10 boards in each resident's room and ensuring to complete and educate the team about the use of the resident My Experience (ME) forms. We will also review trends identified through our quarterly quality of life survey results to identify if any adjustments will need to be made.
2. **Reducing the Use of Antipsychotic Medications:** We will continue to work collaboratively with our pharmacy consultant, RAI coordinator, psycho-geriatrician and BSO/PERT lead to review all residents who are receiving antipsychotics and their diagnosis, upon move-in, re-admission and current. We will also review this CIHI data on a quarterly basis with our interdisciplinary team.
3. **Reducing Potentially Avoidable ED Visits:** We will be providing SBAR (clinical communication tool) education to all of our active registered team members, and The 3 D's: Differentiating Delirium, Dementia and Depression education to all of our neighbourhood team members. We will review percentage of team members who attended this education on a quarterly basis. We will also review our internal and provincial data quarterly amongst the interdisciplinary team and make any adjustments if needed.

RESIDENT & FAMILY/CAREGIVER EXPERIENCE SURVEYS:

Schlegel Villages measures resident and family/ caregiver experience using the interRAI Self-Reported Quality of Life Survey and the interRAI Family Survey on Quality of Life. The survey is made up of a number of statements, and participants are asked to respond with how frequently the statement is true for them – Never, Rarely, Sometimes, Most of the Time or Always. The validated surveys are used internationally and allow for benchmarking across organizations and countries.

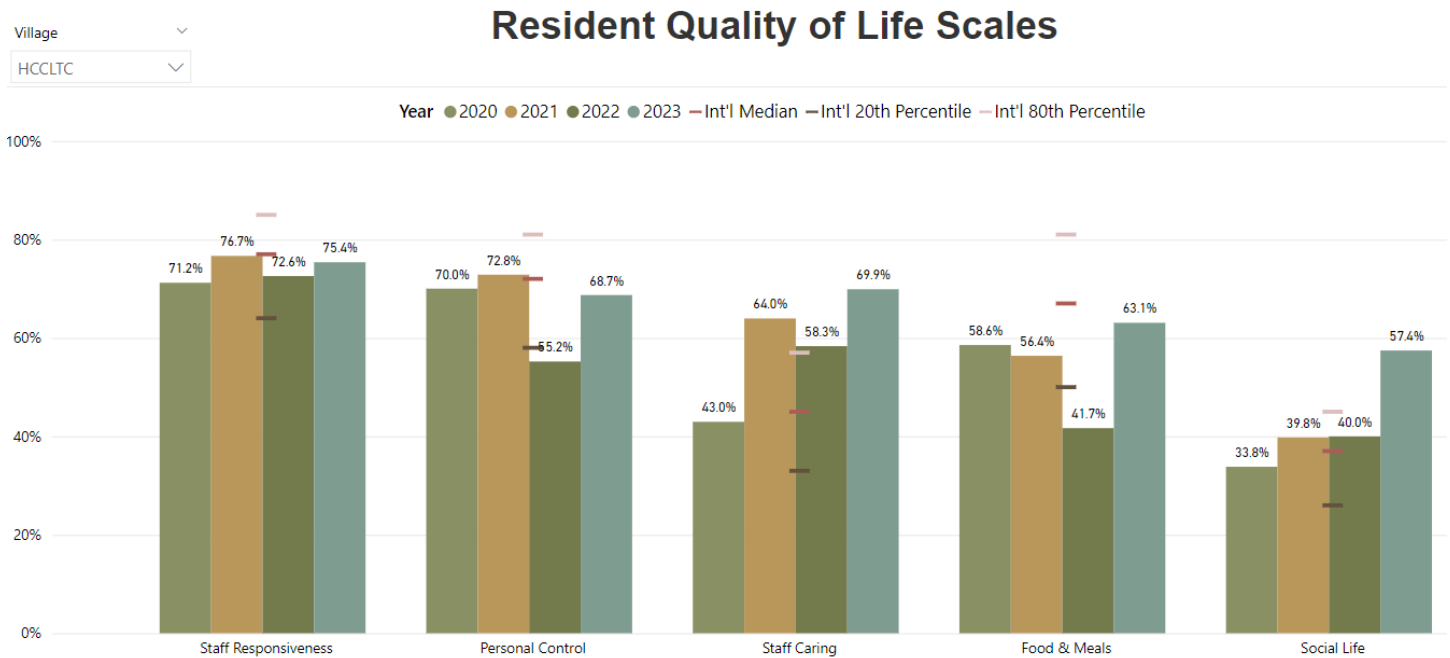
Resident survey: Residents who are able, are given the opportunity to complete the survey annually, around the anniversary of their move-in date. Surveys are run year-round (January to December) to help eliminate bias. New residents moving into the Village are ideally offered a survey twice in their first year; three months after moving in and then again around their anniversary.

Family survey: The Family Quality of Life Survey went out to all of the resident's families and caregivers via e-mail on November 13, 2023. Families and caregivers were provided with an electronic copy of the survey and encouraged to complete it on-line or print and submit it to the village. The survey closed December 31, 2023.

Results of the surveys:

Residents: The interRAI Self-Reported Quality of Life Survey is designed to capture residents' perspectives of life within long-term care. This survey is recognized globally and helps us compare our performance over time and against others. In the survey, residents answer questions about how often certain statements are true for them. InterRAI has created 5 scales, aggregating correlated statements. A snapshot of the report is included below, along with a brief overview. International benchmarks are from 2018. As a village, we are within the international benchmarks for three of the five

scales: staff responsiveness, personal control, as well as food and meals. We exceeded the international 80th percentile for both caring staff and social life. We had 37 resident surveys completed in 2023, compared to 10 in 2022.



Staff Responsiveness Scale (8 items; max score 24): This scale assesses how residents perceive the responsiveness of our teams, covering aspects like getting help, receiving needed services, and being treated with respect. 78% of residents felt the support they received help them live their life the way they want (up from 60% in 2022). 84% of residents felt the team responded quickly when they asked for assistance (up from 60% in 2022). An opportunity to improve is with the team treating residents with respect as this decreased from 80% in 2022 to 73% in 2023.

Personal Control Scale (8 items; max score 24): This scale measures how much control residents have over their daily activities, including going outdoors, choosing activities, and deciding on personal matters. We made significant improvements with resident’s being able to go outdoors, up from 40% in 2022 to 65% in 2023, having a bath or shower as often as residents wanted (up from 50% in 2022 to 68% in 2023), residents controlling who come into their rooms (up from 30% in 2022 to 68% in 2023), and residents being alone when they wished (up from 50% in 2022 to 73% in 2023).

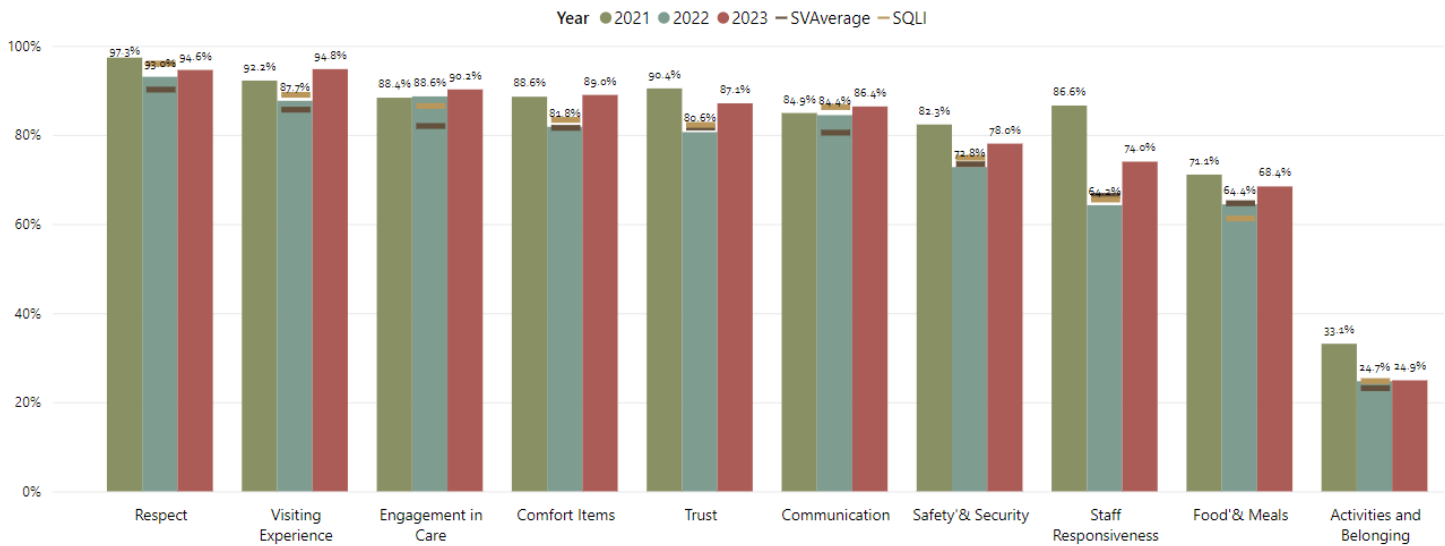
Social Engagement/Life Scale (10 items; max score 30): This scale evaluates residents' social interactions and engagement, looking at aspects like participating in activities, making friends, and experiencing meaningful connections. We made significant improvements with enjoyable things to do on weekends (up from 10% in 2022 to 68% in 2023), residents being able to explore new skills and interests (up from 10% in 2022 to 54% in 2023), meaningful activities (up from 10% in 2022 to 57% in 2023), access to religious activities of meaning if residents choose (10% in 2022 to 65% in 2023) and people asking for our resident’s help or advice (up from 10% in 2022 to 54% 2023).

Food Scale (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favorite meals, meal variety, and enjoyment during mealtimes. Improvements were made with providing residents with their favourite meals (up from 20% in 2022 to 54% in 2023) and providing more variety in meals (up from 30% in 2022 to 65% in 2023). Overall enjoyment of mealtimes improved from 60% in 2022 to 65% in 2023.

Caring Staff Scale (5 items; max score 15): This scale focuses on residents' perceptions of the team's friendliness, communication, and responsiveness to their needs. Residents responded more positively to questions regarding considering a staff member a friend (up from 60% in 2022 to 84% in 2023), team members knowing the story of their life (40% in 2022 to 70% in 2023) and the team responding to their suggestions (70% in 2022 to 81% in 2023). There is an opportunity to increase friendly conversations with team (decreased from 80% in 2022 to 68% in 2023).

Family: The interRAI Family Survey on Quality of Life was developed to measure family members' experiences and perspectives. Families are asked 25 questions, 12 are core items which are similar with the resident survey, and 13 are unique to the family experience. Similar to residents', families are asked how often the statements are true. Positive response rates are "most of the time" and "always". Results are summarized by domain. As an organization, we received 544 responses in 2023, more than double the previous year. We perform well in the majority of domains and are at or above available benchmarks. Opportunities exist within the activities and belonging, food and meals and staff responsiveness domains. For our village, we only received 1 survey back; this was too few to share for trending, so we utilized organizational data when sharing results.

Family Survey Domains



How the results were shared:

The Resident Quality of Life survey results were shared to residents during residents' council on February 13, 2024. The resident quality of life survey results were also posted onto our main entrance Quality Improvement board on June 3, 2024 so that it is visible to all residents, their families and team members. As our village currently does not have an active family council and is in the process of recruiting members, our village has shared the family survey results by posting our results and action plan to our Quality Improvement board so that it is visible to all families, residents and team members on June 3, 2024. The family results and action plan were also shared to all family members and team members via e-mail on June 3, 2024.

QUALITY IMPROVEMENT IN 2023-2024:

Improvements based on results of QoL survey:

Our meaningful activities have improved in the village since the implementation of the following activities:

1. Use of Wentworth Heights Bus for outings outside of the village was first implemented on August 30, 2024. This action was shared with our residents' council on February 13, 2023 and our CQI committee meeting on July 24, 2023. Bus outings are shared to residents through monthly calendars.
2. As a response to residents' council expressing more opportunities to go outside on May 9, 2023, our village launched the use of a duet bike. The duet bike was implemented on August 9, 2023. Since its implementation, residents have had the opportunity to experience a bike ride out in the community. This action was shared during our Quality Committee meeting on July 24, 2023 and October 30, 2023. Duet Bike rides are communicated and shared to residents through monthly calendars.
3. With the introduction of our exercise therapist in October 2022, residents have benefited from walking programs, sports related activities and exercise classes being offered both 1:1 and in a group. Programs and classes being offered are shared to residents through monthly calendars. Our exercise therapist is a member of our quarterly CQI committee meeting.

Other improvements made in 2023:

In 2023-2024, our village has made many improvements that have positively impacted our resident's quality of care and quality of life. We continue to seek feedback from our Residents' Council and our Continuous Quality Initiative Committee to gain insight on our quality priority initiatives the village has been working on.

4. Our Palliative & Spiritual Services Program has improved with the implementation of our Social Service Worker as a program lead, who started May 30, 2023. The first Palliative Committee meeting was held on August 30, 2023. On October 30, 2023 these actions were shared with our CQI committee members.
5. With the onboarding of a full-time PAL (Program for Active Living) coordinator, we have been able to substantially improve our CIHI falls quality indicator from 13.6% to 12.8%, positively impacting the resident's quality of life. This data is shared on April 29, 2024 during our CQI committee meeting.
6. With the revitalization of skin & wound committee and program, our village has been able to improve the CIHI quality indicator of worsened stage 2 to 4 pressure ulcers from 5.4% to 4.3% (from Jan-Mar 2023 to Oct-Dec 2023). This data was shared during our CQI Committee on April 29, 2024.