



## CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2024-25

### *DESIGNATED LEAD:*

Ingrid Smithen, Assistant Director of Nursing Care

### *QUALITY IMPROVEMENT PRIORITIES 2024-25:*

1. **Living in My Today (LIMT):** To implement the Meaningful and Active Engagement (MAE) pillar of the LIMT program across all neighbourhoods in our long-term care home. To provide neighbourhood resources to each neighbourhood in the long-term care home as well as education and coaching support for both recreation team members, nursing team members, and resident volunteers that will help implement and facilitate ongoing MAE programming.
2. **Customer Service:** To implement and improve customer service throughout the Village via our Connect The Dots customer service program and credo awards. This includes education provided to both frontline and leadership personnel as well as positive recognition to those demonstrating our Connect The Dots credos on a monthly and annually basis.
3. **Skin and Wound Care:** To continue to improve the skin and wound program in the village through training, education and auditing. The skin lead will follow up with new and worsening pressure, arterial and vascular wounds in a timely manner to ensure proper treatment and interventions are in place. The village will utilize our external skin and wound consultants as needed.
4. **Rate of Emergency Department visits.** To work to reduce the amount of potentially avoidable emergency department visits through communication and collaboration with our nurse practitioner, physicians, registered team, residents and/or their substitute decision makers.
5. **Quality of Life.** To improve the number of residents that feel that team members ask how their needs can be met through training and education.
6. **Antipsychotic medication use.** To reduce the percentage of residents without psychosis who were given an antipsychotic medication in the 7 days preceding their assessment.

### *PROCESS TO DETERMINE PRIORITY AREAS:*

1. **Living in My Today (LIMT):** Through the Village's Continuous Quality Improvement program it has been identified by reviewing the resident Quality of Life surveys that there has been a slight drop in meaningful activities. This is something the Village continues to prioritize and put a focus on. The Village plans to implement Meaningful and Active Engagement (MAE) resources which should see an improvement in meaningful activity scores in the Quality of Life survey.
2. **Customer Service:** Through the Villages Continuous Quality Improvement program, complaints are reviewed and analyzed monthly, quarterly, and annually. It has been established by the committee that many complaints can be avoided by using an improved customer service oriented approach. By implementing the Connect The Dots

customer service program we hope to see changes in the types of complaints being received and potentially a reduction in overall complaints.

3. Skin and wound was chosen by our Quality Improvement Committee as a result of the quality improvement audits, monthly skin and wound stats, and quarterly CIHI report. This is something the Village continues to work on as it has been identified improvements can be made through additional training, and auditing processes. Training will continue with our new team members, focus on policy, and the use of the skin and wound tool in Point Click Care, our electronic documentation system.
4. Rate of Emergency Department visits is a standing priority within our Quality Improvement program. Our committee is focused on reducing avoidable emergency department visits as it positively impacts our resident experience by treating issues that can be treated in the home and using the emergency department in the event of an emergency. This ultimately reduces strain on the healthcare system and should improve each resident's experience as well.
5. Quality of Life indicator "staff ask how their needs can be met" was reviewed with our Quality Committee, and Quality Improvement/Risk Management committee as one of the options we could work on. However, ultimately when reviewed with the Residents' Council our resident group decisively chose to work on this area of service. This was chosen for our residents, by our residents and will positively impact quality of life if and when improvements are made.
6. Antipsychotic medication use is something that our Behavioural Supports Ontario-Personal Expression Resource Team keeps a close eye on and works to reduce unnecessary medication use. The Quality Committee ultimately chose to keep this as a priority as discontinuing use of this medication, if it is not necessary, can improve quality of life for our residents.

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

1. Living In My Today (LIMT) Meaningful and Active Engagement (MAE) implementation and progress will be reviewed by the recreation team at monthly departmental meetings. LIMT-MAE will also be reviewed monthly as part of our Business Process Review (BPR) meetings held with the leadership team. Quality of Life survey results will be used to measure progress in terms of our resident perspective as to whether they are positively engaged in meaningful and active activities.
2. Customer Service: Connect The Dots customer service training will be offered on a monthly basis throughout the year. Number people who receive training will be tracked throughout the year. Subject matter of each complaint will be reviewed as well as total number of complaints through our Quality Improvement Committee.
3. The Skin and Wound quality improvement audit will include monitoring of the clinical wound dashboard on a weekly basis. A monthly wound report will be analyzed for trends. Scores for the audit will be used to evaluate areas that require improvements. Quarterly CIHI results will be used to monitor and evaluate the Village's progress as it works towards the provincial average. Skin and wound lead will track and review pressure injuries on a weekly basis to ensure there are no worsening of wounds. Areas of risk will be discussed during Village monthly quality improvement and risk management meetings.
4. Rate of ED visits for modified list of ambulatory care-sensitive conditions\* per 100 long-term care residents will be used as comparative numbers to monitor, measure, performance and to communicate outcomes to resident and family councils, as well as quality and risk management committees. These numbers are provided by the data branch of the Ministry, and we have set a goal to work towards 14 ED visits per 100 residents by the end of the 2024.

5. Quality of Life. Eligible residents are provided an opportunity to participate in the Quality of Life survey over the course of the year. This information is analyzed on a quarterly basis and reviewed with our quality and risk management committees, as well as resident and family councils. Through training and education, we look forward to making improvements in the category “staff ask how my needs can be met” by seeing an increase in residents who respond positively to this question on the survey.
6. Percentage of residents without psychosis who were given an antipsychotic medication during the 7 days preceding assessment will be monitored and measured by using CIHI data. At the time we submitted our Quality Improvement Plan we were at 22.77 residents per 100 who were on antipsychotic medication without psychosis. Our target is to reduce this reaching the Ontario average of 21.20 by the end of 2024. This will be reviewed quarterly in line with the release of CIHI data.

#### *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. Final results of the Quality of Life surveys were shared with the Residents’ Council in January 2024.

*Family survey:* Family members are asked and encouraged to complete Quality of Life surveys once per year. The survey was open for participation from October to December 2023. Final results of the Family Quality of Life surveys were shared with the Family Council in May 2024.

#### *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 between the international median and 80<sup>th</sup> percentile for three scales, food and meals, personal control and caring staff. We exceed the international 80<sup>th</sup> percentile for both staff responsiveness and social life. In 2023, we had 55 residents participate in the survey, compared to 33 the previous year.

## Resident Quality of Life Scales



**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. We performed well within all but one question within the scale. “I get the services I need” was at 47.5% (an increase from 33.3% the previous year). This may be due to the fact the question is quite general – residents have identified the wide range of services they consider when answering this question.

**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. Our residents’ responses were extremely positive when it came to daily decisions. The majority of questions (6) scored above organizational and international averages. We made significant improvement on the question, “I can have a bath or shower as often as I want”, scoring 34.5% which increased from 9.1% the previous year.

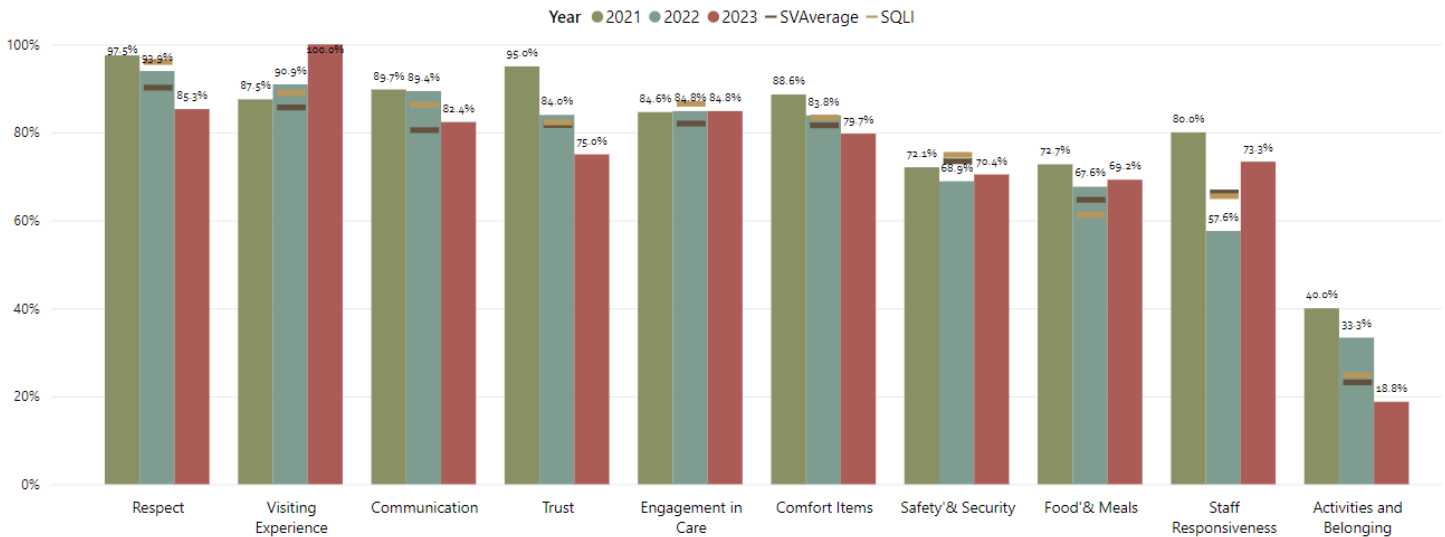
**Social Engagement/Life Scale** (10 items; max score 30): This scale evaluates residents' social interactions and engagement, looking at aspects like participating in activities, making friends, and experiencing meaningful connections. In 2023, we maintained strong positive response rates for enjoyable things to do on weekends (96.4%), ability to spend time with like-minded residents (98%), having the opportunity to explore new skills and interests (96.4%), and participating in religious activities which have meaning for residents (92.7%). The opportunity for improvement in comparison to available benchmarking is with “another resident is my close friend” – we scored 27.3%, compared to organizational average (37%).

**Food Scale** (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favorite meals, meal variety, and enjoyment during mealtimes. We received strong responses for enjoyable mealtimes (87.3%) and variety in meals (87.3%). We improved on “I get my favourite foods here”, increasing our score from 33.3% in 2022 to 47.3% 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. The highest response within this scale was “staff take the time for a friendly conversation” (98.2%); it speaks to the relationships developed between our residents and team. We made improvements in “staff respond to my suggestions”, scoring 81.8% compared to 72.7% in 2022. An opportunity for improvement is “staff ask how my needs can be met”, which sits at 18.2%, compared to organizational average of 45%. We also experienced a drop in “some of the staff know the story of my life”, which fell from 36.4% to 25.5% 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 a village, we received 20 responses in 2023, compared to 34 in 2022. We perform well in the majority of domains and are at or above available benchmarks. Opportunities exist within the activities and belonging, trust and respect domains.

Family Survey Domains



**How the results were shared:**

Survey results are shared with both the Residents’ and Family Councils at a minimum once per year. At that time both Residents’ Council and Family Council are able to provide feedback specific to any actions they may feel are necessary or recommended in order to make improvements in specific areas of the survey. Residents’ Council reviewed results in January 2024 and Family Council in May 2024. The results are also shared with meeting minutes and available in binders on Mainstreet for residents and families to review. Results were also discussed during team member huddles and neighbourhood team meetings in February and March 2024.

**QUALITY IMPROVEMENT IN 2023-2024:**

Based on 2022 QoL results the Village’s Quality Improvement Committee found that the item around “I can have a bath or shower as often as I want” was significantly lower than scores were in previous years. Discussions about the Quality Improvement Plan and specifically resident choice of baths or showers started in March of 2023 and were chosen by the committee as an area to work on. This topic and all items of the Continuous Quality Improvement Initiative report was reviewed with the Resident’s Council in June 2023. The Village leadership team held education type huddles throughout the summer of 2023. The neighbourhood teams worked with residents and/or their substitute decision makers to have more deliberate discussions around showers and baths which included encouraging the use of spa like bathtubs. In June 2023, 2 neighbourhoods had bathtubs upgraded ensuring all 4 neighbourhoods to have the same style of bath as a bathing option. This approach was a success and the score of this indicator actually more than tripled in 2023 (from 9.1% to 34.5%).

#### Other improvements made in 2023:

In 2023 as part of our Quality Improvement committee we worked on making improvements to our skin and wound program. Residents who were at risk of decreased skin integrity or who had active wounds were prioritized based on assessments and a turning clock repositioning tool was implemented starting in March of 2023. The skin and wound lead also assessed all wounds that were deteriorating during the year and worked with team members on interventions and treatments leading to wound improvements. In 2023, The Village also worked to reduce avoidable Emergency Department visits. In March of 2023 huddles were completed with registered team and PSW's around proper assessment when communicating with MD as well as early detection of resident changes in health status. We reviewed proper communication to appropriate team members as well as increased use of NP STAT program. Our Quality Improvement and Risk Management program also worked at reducing unnecessary use of antipsychotic medication (percentage of LTC residents without psychosis who were given antipsychotic in the last 7 days). We started at 29.49% and lowered to 22% throughout the year. We originally set our goal at 21.4 and continue to work towards attaining this goal.