



## CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2024-25

*DESIGNATED LEAD:* Tracy King, Director of Quality & Innovation

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

Our Quality Improvement priorities identified through our Quality Improvement Plan include:

- Reducing potentially avoidable hospital transfers
- Improving our skin & wound program to reduce the incidents of new and worsened pressure injuries
- Improving the resident experience by collecting resident feedback about variety in their meals to better customize menus to resident preference
- Reduce the number of residents receiving antipsychotic medication

Additional areas of focus include:

- Strengthening our Continence Care program through the implementation of Tena champions on each neighbourhood, to provide additional front-line support to ensure residents feel empowered in their continence choices
- Improving team member engagement to enhance resident centred care and enhance our resident quality of life

### *PROCESS TO DETERMINE PRIORITY AREAS:*

When determining our priority areas, we reviewed Village performance against available benchmarks as it relates to resident care and quality of life indicators. Reports reviewed included quality indicators available through CIHI as well as hospital transfer data. We also reviewed any identified gaps through our internal audit process. Resident Quality of Life survey results were analyzed for specific areas to focus based on resident perspective. Family survey results were reviewed to ensure we were capturing any additional areas of focus for quality improvement. Finally, our Team Member Engagement Surveys were also analyzed for opportunities to improve team member experience which in turn will positively influence resident quality of care. When identifying our priorities, we also considered alignment with organizational and provincial priorities.

We sought feedback into priorities through our Councils and the Continuous Quality Improvement Committee. When reviewing our resident experience indicator for our QIP, residents voiced their wish to focus on I have enough variety in my meals for 2024-2025.

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

- We will measure progress on our resident experience priority by reviewing the number of residents that attend our monthly meetings focused on variety in meals and their collaborative input on how often they would like to see certain items within a 4-week menu cycle. We will also monitor progress through our quarterly quality of life survey results.
- We will track and trend wounds through our clinical software to identify improvement. We will also review weekly audit reports, and quarterly CIHI wound indicator results for improvements.
- We will review continence indicators through CIHI to evaluate outcomes. We continue to have continence committee meetings quarterly and will focus on attendance growth for increased engagement.

- Wounds, continence, emergency department transfers and antipsychotic use will be reviewed at monthly risk management and quality improvement meetings, and quarterly at CQI meeting.
- For team member engagement, we will monitor results on our engagement surveys to identify how improvements implemented were received by the team. We will also monitor our retention rates. We will continue to share our progress quarterly with our Continuous Quality Improvement Committee.

#### *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.

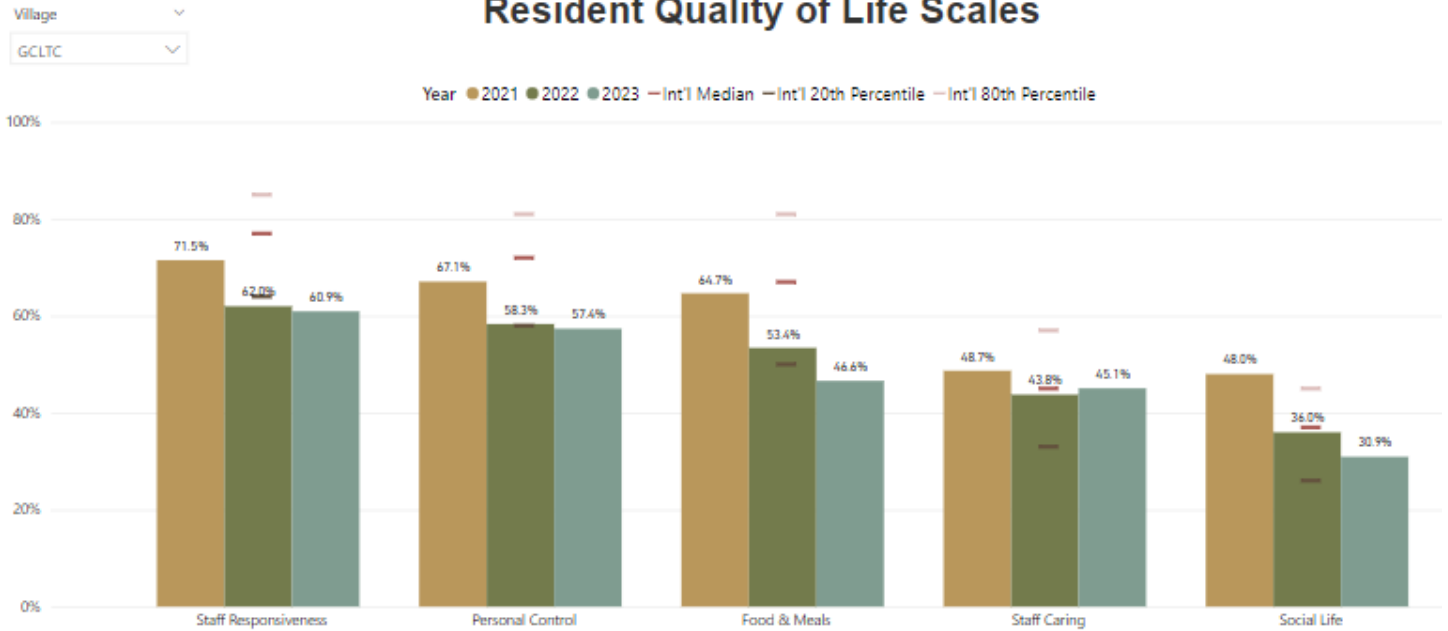
#### *Family survey:*

Family interRAI surveys in 2023 were provided throughout the months of October - December. Email was sent to all residents' families about process for distribution on October 24, 2023, and survey closed December 31, 2023. Surveys were offered digitally, through a QR code families could scan with their phones, a link to use in a search browser or a paper copy available from Village Office.

#### *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 had 103 resident surveys completed in 2023, compared to 81 in 2022. Performance within the caring staff scale is equivalent to the international median. The social life scale is within the international benchmarks. Three scales, staff responsiveness, personal control and food and meals were just shy of the 20<sup>th</sup> percentile.

## 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. Our highest rated question within the scale was, “I am treated with respect by the staff”, we went from 85% in 2022 to 89% in 2023. Opportunities for improvement are, “staff respond quickly when I ask for assistance” (54%) we have maintained but is below the SV average, and “if I need help right away, I can get it (63%).

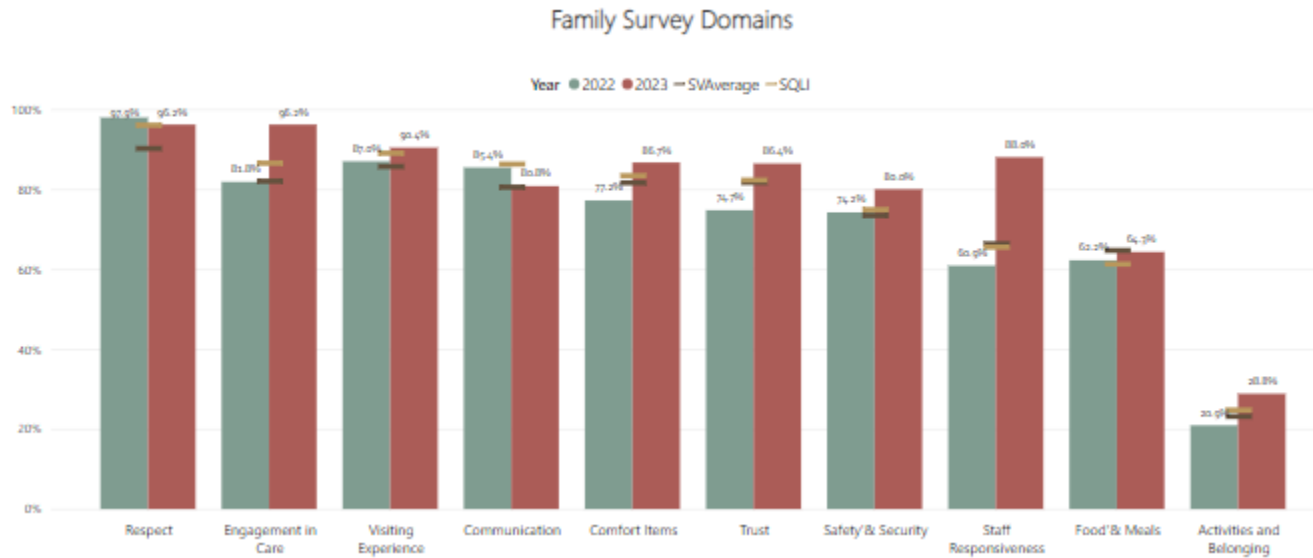
**Personal Control Scale (8 items; max score 24):** This scale measures how much control residents have over their daily activities, including going outdoors, choosing activities, and deciding on personal matters. In 2023, we improved on questions such as residents feeling they could go where they wanted on the spur of the moment (increased from 43% in 2022 to 54% in 2023), having a bath or shower as often as they wished (increased from 54% to 64%, and deciding how to spend their time (increasing from 70% to 79%).

**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 performed similar to the organizational and international averages for meaningful activities (46%) and another resident is my close friend (41%). Opportunities for improvement include enjoyable things to do on weekends (decreased from 20% in 2022 to 12% in 2023), opportunities for new skills and interests (decreased from 24% in 2022 to 13% in 2023), religious activities of meaning (decreased from 35% in 2022 to 19% in 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. Responses from residents of Glendale Crossing were inline with organizational average (69%). The opportunity identified was favourite foods (decreased from 38% to 26%) and having enough variety in meals (decreased from 61% to 44%).

**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. In 2023, we improved on staff respond to my suggestions, increasing from 43% to 64%, and staff knowing the story of the resident’s life (increased from 52% to 54%. An opportunity for improvement is, “staff ask how my needs can be met” as it scored 23% in 2023 compared to 31% 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 29 responses in 2023, compared to 24 the previous year. We perform well in the majority of domains and are at or above available benchmarks. The largest improvement was the staff responsiveness domain.



**How the results were shared:**

Results of the surveys were shared with Residents’ Council at their February 20, 2024 meeting and included in their meeting minutes accessible on Mainstreet, Family Council via email on April 15, 2024, and with Village Team members on June 20, 2024 via our Crossroads communication system. An email was shared with families on June 27, 2024.

**QUALITY IMPROVEMENT IN 2023-2024**

**Improvements based on results of QoL survey from 2022**

Through consultation with Residents’ Council in March 2023, they wanted us to work on “I have opportunities to spend time with other like-minded residents”, with a focus on dining connections as well. Starting April 2023, we intentionally offered programming related to shared dining and connection. We observed meaningful connections between residents from the same, and different neighbourhoods. As a result, we experienced improvements in QoL indicators such as, “I have people to do things with me”, which improved from 17% in 2022 to 25% in 2023, “Another resident here is my close friend” improving from 30% in 2022 to 41% in 2023. These results were shared with Residents Council February 20, 2024, Family Council April 15. QIP progress was reviewed with the CQI Committee quarterly from May – December 2023.

**Other improvements made in 2023**

We opened our Retirement home on October 23, 2023, making us a full continuum of care, which provides additional space and opportunities for residents to make connections through Village-wide programming and events. Our long-term care resident’s council president cut the ribbon to join long term care to retirement on October 27, 2023. Following the ceremony residents were able to tour the new space.

Our Nurse Practitioner was hired September 5, 2023. We have seen a significant positive impact on reducing Emergency Department transfers; our quarterly rate ending June 2023 was 20% compared to the quarter ending in December 2023 which was 9% for potentially avoidable ED transfers. She continually supports our Registered team members to build

both practical and communication skills, which in turn allows them to build strong relationships with our families and residents to provide the highest quality care.

Connect The Dots Education – Our customer service program that was reintroduced in October of 2023 focuses on our 5 credos related to giving our residents the best customer service experience and building authentic relationships through, “Know Me, Earn Trust, Be Present, Follow Through & Walk in my shoes” which gives our teams the tools to build on our vision of resident centred care. Since October we have been able to train 110 team members and continue monthly. Impact on residents is evident in 2023 QoL results for caring staff. We saw improvements in “Some of staff know that story of my life” 52% in 2022 and 55% in 2023, (Know me) “Staff respond to my suggestions” 43% in 2022 to 64% in 2023(Walk in my shoes).