



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2024-25

DESIGNATED LEAD: Mithila Vidwans, Director of Quality & Innovation

QUALITY IMPROVEMENT PRIORITIES 2024-25:

- To reduce avoidable Emergency Department (ED) transfers by tracking every hospital transfer in order to determine the largest contributor and to provide education to Registered team members on identifying early signs as well as on the appropriate use of the Situation, Background, Assessment, Recommendation documentation (SBAR).
- To reduce the number of residents receiving antipsychotics by reviewing residents as per the RAI-MDS schedule in terms of the Aggressive Behaviour Scale (ABS) and tracking and identifying those eligible for reduction.
- To reduce new and worsening pressure injuries by enhancing the skills of our Registered team with regards to assessment of wounds and accurate wound staging as well as by proactively ensuring that proper interventions are in place for residents with a Pressure Ulcer Risk Scale (PURS) score of 3 and above.
- To boost the percentage of residents who respond positively to the statement, "Staff take the time to have a friendly conversation with me," by utilizing and tracking the completion of the "My Experience" (ME) forms in order to learn more about residents' preferences as well as to track evidence of interactions between residents and team members.

PROCESS TO DETERMINE PRIORITY AREAS:

Areas of priority were determined through an interdisciplinary analysis of gaps emerging from audits, program evaluations and recommendations from the Residents' Council as well as our Continuous Quality Improvement (CQI) committee.

- We identified Emergency Department transfers as a priority because we intend to continue our work from the previous year and aim to achieve as well as surpass our target.
- We identified reducing the number of residents receiving antipsychotics without a diagnosis of psychosis as a key priority this year based on a review of our CIHI data against organizational and provincial benchmarks.
- After surpassing the target that was set for worsening pressure injuries in our Village in the previous year, we chose to continue our work on this indicator with the goal of moving closer to the organizational average.
- The area of staff-resident bonding was chosen as a key priority based on the feedback received from residents on this indicator during Residents' Council meetings in January 2024.

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

- All Emergency Department transfers will be tracked and analyzed monthly by the Nurse Practitioner. The number of Registered team members attending education sessions as well as any transfers that utilized the SBAR assessment tool will be tracked quarterly. Outcomes will be communicated with the team during monthly interdisciplinary Quality and Risk Management meetings as well as during quarterly Continuous Quality Improvement (CQI) committee meetings.

- The percentage of residents taking an antipsychotic medication who are identified on the tracker will be reviewed monthly and two residents who are eligible for reduction will be reviewed weekly. Outcomes will be communicated with the team during monthly interdisciplinary Quality and Risk Management meetings as well as during quarterly Professional Advisory Committee (PAC) and Continuous Quality Improvement (CQI) committee meetings.
- The number of education sessions provided to Registered team members on wound staging and other topics related to skin health will be tracked quarterly and the percentage of residents with a Pressure Ulcer Risk Scale (PURS) score over 3 will be reviewed as per the RAI-MDS schedule. Outcomes will be communicated with the team during monthly interdisciplinary Quality and Risk Management meetings as well as during quarterly Continuous Quality Improvement (CQI) committee meetings.
- The number of completed and outstanding "My Experience" (ME) forms and the number of 1:1 interactions between team members and residents will be tracked quarterly. Outcomes will be communicated with the team during monthly interdisciplinary Quality and Risk Management and Residents' Council meetings as well as during quarterly Continuous Quality Improvement (CQI) committee meetings.

RESIDENT & FAMILY/CAREGIVER EXPERIENCE SURVEYS:

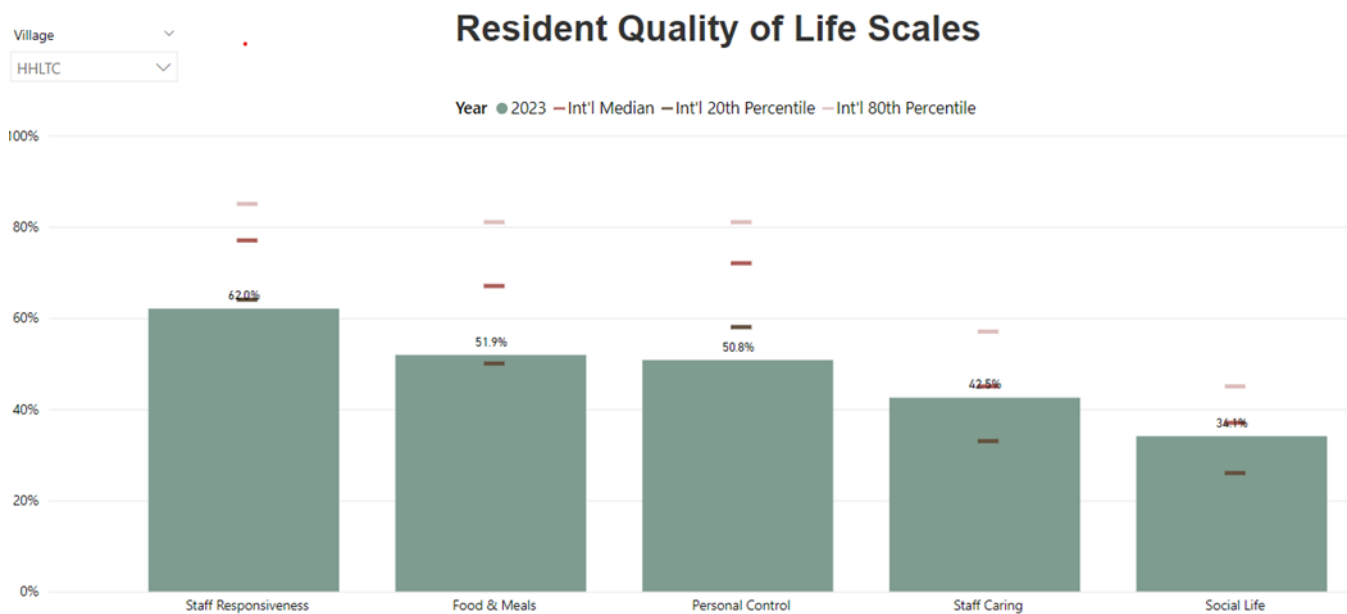
Schlegel Villages measures resident and family/caregiver experience using the interRAI Self-Reported Quality of Life Survey and the interRAI Family Survey on Quality of Life. The survey is made up of a number of statements, and participants are asked to respond with how frequently the statement is true 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 from 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. We collected 66 survey responses from eligible residents in total.

Family survey: Paper copies of the survey were available in the Village from January to December of 2023 for the family members of all residents to complete at any time during the year. Additionally, a letter of information containing a QR code and a link to complete the survey online was posted on Main Street from January to December. The letter was also sent to the families during periodic email communication by the Assistant General Manager (AGM), most recently in November of 2023. The survey was also offered to the families by Neighbourhood Coordinators (NCs) during care conferences from January to December of 2023. We collected 26 survey responses from residents' family members in total.

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 band of performance for three of the five scales: Social Life, Caring Staff, Food and Meals. We are below the 2018 20th percentile for both Staff Responsiveness and Personal Control.



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. In 2023, we were at or near the organizational average for treating residents with respect (85%), providing health services residents need (79%) and responding quickly when residents ask for assistance (65%). Opportunities for improvement were providing help right away when it is needed (53%) and team members respecting likes and dislikes (65%).

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 were above the organizational average with residents choosing which clothes to wear (80%) and residents feeling like they could go where they wanted on the spur of the moment (42%). Residents controlling who comes into their room (53%) and deciding how often to bathe or shower (53%) were just shy of the organizational average. Opportunities for improvement included decision-making around residents being alone when they wish (65%) and deciding when to go to bed (68%).

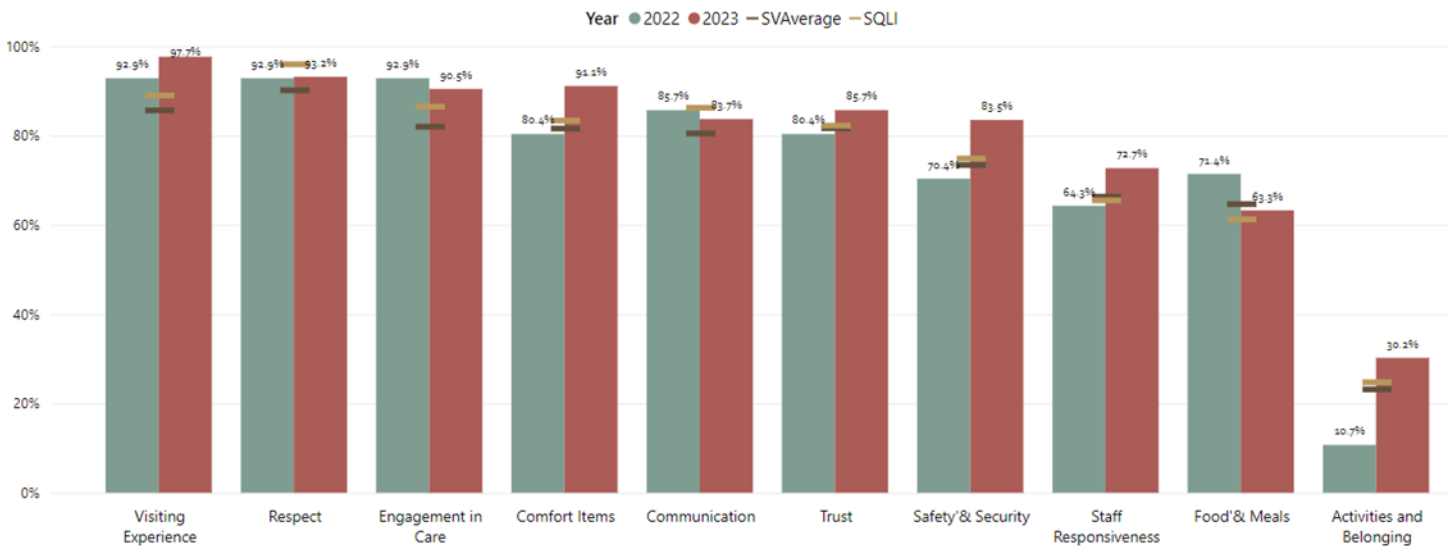
Social Engagement/Life Scale (10 items; max score 30): This scale evaluates residents' social interactions and engagement, looking at aspects like participating in activities, making friends, and experiencing meaningful connections. In 2023, we were above the international and organizational averages for enjoyable things to do on weekends (47%), the ease at which residents can make friends here (53%), and that people ask our residents for their help or advice (20%). Opportunities for improvement are with supporting residents to find people to do things together with them (23%) and spending time with other like-minded residents (38%).

Food Scale (3 items; max score 9): This scale gauges residents' satisfaction with food, including their favorite meals, meal variety and enjoyment during mealtimes. In 2023, we were in line with both organizational and international averages with enjoyable mealtimes (73%). We have opportunities to improve the frequency of favourite foods (40%) and variety in meals (46%).

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 met organizational average for positivity towards the team responding to resident's suggestions (47%). The opportunity our residents and CQI committee identified was with our team members taking the time to have a friendly conversation with our residents (47%). Team members knowing the story of our resident's lives is also an opportunity (28%) which should be impacted by our initiatives.

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 26 responses in 2023, compared to 14 in 2022. We perform well in the majority of domains and are at or above available benchmarks. Opportunities exist within the activities and belonging as well as food and meals domains.

Family Survey Domains



How the results were shared:

The results of the surveys from 2023 were shared with residents during the Residents’ Council meeting on January 18th, 2024. As we are currently recruiting for a Family Council, the survey results as well as our action plan will be sent to the families via email by the AGM in July of 2024. The team members will be notified of the results during huddles on the neighbourhoods between May and August of 2024.

QUALITY IMPROVEMENT IN 2023-2024:

The area of focus for quality improvement in terms of resident engagement for 2023 was decided based on the feedback sought from the Residents’ Council in December 2022. The Council recommended that we work to improve social activities offered in the evenings and on the weekends in the Village and as a result, we proposed an appropriate action plan for 2023. The action plan was communicated to the Residents’ Council on March 15th, 2023 before submission in order to seek approval and subsequently, on June 16th, 2023 post-submission in order to inform the Council of next steps. The action plan was also communicated to the CQI committee on April 11th, 2023.

We followed through with our action plan and accomplished a number of goals that were set. Recreation team members involved residents from non-secure neighbourhoods in the creation of program calendars by asking for their feedback beginning in May 2023. Residents were also asked to provide feedback in regards to activities and events in which they would like to participate. The Residents’ Council at the Village was reestablished in the previous year which resulted in increased resident engagement. Overall, the residents enjoyed the process of providing regular feedback in the creation of the monthly calendars. A greater sense of confidence was also noted among residents as they voiced their choices more freely to the team. The number of recreation programs on every neighbourhood was also increased to a minimum of four programs per day beginning in May 2023. Overall, an increased strength in attendance was noted as more programs were offered regularly on the weekends. As a result, we surpassed our target and increased the number of positive responses to the statement “I have enjoyable things to do here on weekends” from 30% to 47% over the course

of 2023. The results were communicated to the Residents' Council on January 18th, 2024 and to the CQI Committee on January 30th, 2024.

In addition to resident engagement, other quality improvement priorities from 2023-2024 included reducing the number of avoidable Emergency Department transfers, reducing the number of worsening pressure injuries as well as reducing antipsychotics. Each of the priorities as well as the improvements made on them were communicated to both the Residents' Council on January 18th, 2024 as well as to CQI Committee on January 30th, 2024. While initial progress on each indicator has been made, we continue to focus on these initiatives in 2024-25 as well.

PreviewED education was provided during the Registered team meeting to current team members as well as to new team members as part of their onboarding in April 2023. While 50% of all Emergency Department transfers each month did not have a consult with the Nurse Practitioner consistently, overall improvement has been noted, based on recent data. The presence of a Nurse Practitioner on-site was a significant contributor and our goal is to capitalize on that even further. In 2023, we reduced our Emergency Department transfers from 21.24% 19.17%. We plan on continuing our work on this indicator in 2024-2025 by implementing more regular education sessions for our Registered team.

With regards to reducing worsening pressure injuries, education sessions were conducted with team members related to accurate staging of wounds, the referral process and Negative Pressure Wound Therapy (NWPT) dressing beginning in May 2023. A number of follow-up one-on-one sessions were conducted with the Registered team to educate them on accurate wound assessment, referral and treatment. As a result, an increase in accuracy among the referrals being sent was noted. The Nurse Practitioner and Skin and Wound-Lead conducted regular weekly rounds in order to assess wounds. This resulted in the Registered team becoming more confident in identifying common contributors of skin concerns which were then referred to the Nurse Practitioner and the Skin and Wound-Lead much sooner. Overall, regular education sessions, consistent wound rounds as well as tracking referrals for accuracy helped us not only reach our target but surpass it. Over the course of 2023, we reduced worsening pressure injuries from 8.10% to 5.10%. We will be continuing our work on this indicator in 2024-2025 in order to improve even further.

In terms of antipsychotics reduction, a tracker was created to maintain a list of residents taking antipsychotic medication beginning in May of 2023. Additionally, one resident was chosen each week to be discussed more comprehensively during an interdisciplinary meeting with the Personal Expressions Resource Team (PERT). The aim of the meeting was to implement non-pharmacological interventions to help residents with personal expressions. Consequently, we managed to reduce a few residents' PRN medication. We learnt a number of important lessons along the way in terms of which measures were effective and which were ineffective. Moving forward, our goal is to hone in on the methods that were productive and continue our work on this indicator for 2024-2025.

Regular meetings continue to be held in order to gather feedback from interdisciplinary members during the monthly Quality and Risk Management Committee and quarterly CQI committee meetings and this has led to a number of improvements around the Village.

In August 2023, our Village participated in a CARF (Commission on Accreditation of Rehabilitation Facilities) survey and was awarded a three-year accreditation, the highest recognition by CARF International, for meeting international standards of quality. A number of our residents, family members and team members participated in the CARF survey. Our commitment to quality care for our residents and the focus we place on resident choice inspire us each day to develop and implement practices that put residents first and help them to live life to the fullest.