



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2023-24

DESIGNATED LEAD: INGRID SMITHEN, ADNC/QUALITY LEAD

QUALITY IMPROVEMENT PRIORITIES 2023-24:

1. **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.
2. **Prevention of Abuse and Neglect:** To provide additional training to our team members with the focus of identifying signs and symptoms of abuse and neglect as well as methods and techniques to prevent abuse and neglect.
3. **Living in My Today:** To provide education related to our Living In My Today signature program related to the pillar, "Supportive Approaches to Care". Perry neighborhood will also undergo physical changes from the "Thoughtful Design" pillar to improve the environment in a way that supports well-being.

PROCESS TO DETERMINE PRIORITY AREAS:

When determining priority areas, we reviewed our performance for trends and compared to available benchmarks to identify opportunities for improvement. Alignment with organizational priorities is also considered.

1. Skin and wound was chosen as a result of our quality improvement audits, monthly skin and wound stats and quarterly CIHI report. It was identified that improvements can be made by additional training, and auditing process. Training will continue with our new team members, focus on policy, and the use of the skin and wound tool in Point Click Care electronic documentation system.
2. Prevention of Abuse and Neglect was chosen as a result of an increase in Critical Incidents reported to the MLTC and through review of internal incident reports. The village will focus on personal expressions related to resident-to-resident incidents.
3. Living in My Today, Schlegel Villages signature dementia program, was chosen as it is designed to improve quality of life and well-being for our residents, especially those living with dementia.

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

1. The Skin and Wound quality and 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 provincial average. Skin and wound lead will track and review pressure injuries on a weekly basis to ensure there are no worsening of the wounds. Areas of risk will be discussed during our monthly quality and improvement risk management meetings.
2. Incidents of abuse and neglect will be tracked and monitored on a monthly basis. The village will monitor by tracking the internal incident reports and how many critical incidents are submitted within the quarter. The

village will use the quarterly CIHI report to review the percentage of residents with worsening behavioural symptoms. The annual audit for prevention of abuse, neglect and retaliation will also be used to measure and evaluate outcomes.

3. Living In My Today progress will be measured by reviewing the number of My Experience (ME) Forms completed. Any adjustments that are made while the program is implemented will be communicated to team members, residents and their families. Quality of Life survey results will also be reviewed to gauge the impact of our Living in My Today program implementation.

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 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: Communication to families/ caregivers is sent out regarding the survey and they are encouraged to complete this by paper or online.

Survey results: Results of the surveys are generally reviewed and analyzed at a minimum of once per year and are shared with the Village neighbourhood teams, leadership team, Residents' Council, and Family Council. Results were shared at Residents' council on March 17/23, June 16/23 and with the Family council on May 17/23.

QUALITY IMPROVEMENT IN 2022-2023:

Improvements made in 2022-2023

We made significant improvements to our dining and food services operations throughout 2022. Regular training and auditing helped to ensure good practices are being sustained.

Skin and wound care training was provided to neighbourhood team members as well as implementation of new wound care technology.

During the past year the village has worked hard to ensure our bariatric residents were able to receive quality care by purchasing 2 new bariatric total mechanical lifts, 3 bariatric sit to stand, 4 bariatric beds and 2 bariatric transport wheelchairs and shower chairs. We were able to widen the entrance way to two of our neighbourhood dining rooms and opening up the front doors for more accessibility for larger wheelchairs to go in and out.

We implemented new roles as part of our staffing standards, including a full time Resident Support Co-ordinator, full time ADNC IPAC lead and a full time ADNC-Quality lead. The Nursing department had an increase in staffing as we implemented a PSW four-hour shift on each neighbourhood for the day shift, a charge nurse for each shift, a RPN on each neighbourhood on the day and evening shift and two PRNs on the night shift. The recreation department had an increase in staffing hours which supports activity programs running 7 days a week and in the evenings.

Quality of life survey data confirmed improvements in a number of key domains including activities, daily decisions and personal relationships.