



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2024-25

DESIGNATED LEAD: Tricia Bakelaar, Director of Quality and Innovation

QUALITY IMPROVEMENT PRIORITIES 2024-25:

- Improve the quality of life of residents experiencing ongoing or uncontrolled pain by utilizing and leveraging the skills and ideas of our interdisciplinary team and providing easily accessible and ready to use resources on the neighbourhood (on our Quality Improvement Plan [QIP])
- Improve the quality of life of residents by increasing accountability and transparency in the way that team members respond to resident suggestions (QIP)
- Reduce the percentage of residents who develop pressure ulcers or experience a worsened pressure ulcer (QIP)
- Reduce the percentage of residents without psychosis who were given antipsychotic medications in the 7 days preceding their resident assessment (QIP)
- Enhance university gates' community members' (team members, family, residents) understanding of University Gates operations, roles, job skills and expectations to support increased transparency, accountability, and follow through
- Enhancing our teams' customer service skills by continuing to offer Connect the Dots education with a focus on follow through, earning trust, being present, knowing the resident, and understanding the customer's experience
- Provide dementia education with a focus on the changes that may occur with dementia, relationship-centred care, partnership approaches, protective expressions, and the stoplight approach to our team, family members and residents to enable a more understanding and supportive community

PROCESS TO DETERMINE PRIORITY AREAS:

- The Village's Quality Improvement Plan priorities were chosen using recommendations from Residents' Council and the Continuous Quality Improvement Committee (CQI), and Family Council.
- The priority area related to increasing understanding of Village operations, roles, and skills is related to ongoing questions and concerns related to team member skills and roles brought up at Residents' Council meetings, Family Council meetings and Resident Village Update Meetings. Further, this coincided with a large volume of new team members with a diverse educational and training background, we discovered a need to provide job skills training, and an opportunity to draw attention and awareness throughout the Village community to the positive work that University Gates does.
- Through team member, resident and family member interviews conducted by our Innovation catalyst, we identified a need to provide dementia education to family and residents in addition to our team members, and that this would enhance the quality of life for our residents who do live with dementia, as well as equip and prepare those family and residents for more understanding and supportive visits and interactions. Discussed at CQI Committee meeting in May and June 2024.

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

- We will support adequate treatment of pain by educating our registered team regarding the proper procedure for pain assessment, med administration, and follow-up documentation. We will compare monthly the number of PRN pain medications administered against the number of pain assessments to monitor our progress and

adjust education accordingly. We will provide our registered team and our personal support workers with a resource tool of suggestions on following procedure, and ideas of possible interventions to implement when a resident is experiencing pain. We will host an interdisciplinary pain committee to conduct case studies of residents identifying as experiencing worsening pain, and identify opportunities to support those residents. We will offer progress and adjustment updates to Residents' and Family Councils bimonthly (if not in person, then will be attached to council minutes). These same updates will also be sent to team members via Crossroads.

- We will discuss resident suggestions at monthly neighbourhood team meetings, we have placed suggestion boxes on each neighbourhood and will collect suggestions monthly, as well as request relevant approvals, and provide updates at Residents' Council monthly. We will ask residents about village performance in responding to suggestions monthly.
- We will conduct weekly rounds with our skin & wound lead and nurse practitioner to facilitate early assessment and intervention. We will train and implement a backup Skin & Wound lead to increase team capacity and facilitate timely interventions. We will audit the Skin & Wound program twice per month to identify opportunities for improvements. We will offer improvement and progress updates to Residents' and Family Councils bimonthly (if not in person, then will be attached to council minutes). These same updates will also be sent to team members via Crossroads.
- We will educate our RPN, RN, and PSW team members about their responsibilities in using documentation tools which support early identification of changes which may require further intervention. We will review the chart and history of 1 resident per week to identify residents who may be a candidate for reduction of anti-psychotic medications. Out of those identified as potential candidates, we will attempt to reduce the antipsychotic medications of 6 residents. We will also review newly admitted residents who receive antipsychotic medications to identify the potential of reduction. We will offer improvement and progress updates to Residents' and Family Councils bimonthly (if not in person, then will be attached to council minutes). These same updates will also be sent to team members via Crossroads.
- We will host a skills and education day every other month beginning July. We will request that attendees rate whether they were satisfied with the education provided, and ask which topics they would like to learn more about. We will track the number of complaints related to Care and Treatment to measure progress. We will communicate results via Family and Residents' Councils, as well as to team members via Crossroads bimonthly.
- We will host Connect the Dots customer service education every other month beginning July, and will monitor the number of complaints related to Attitude, Communication, Resident Rights, and Timing to measure progress. Results will be communicated to Residents' and Family Councils, as well as to team members via crossroads.
- We will continue to run bimonthly dementia education to team members, beginning August, on the alternate month, will run a dementia education session for interested families and residents. We will measure understanding and uptake of this education by team members by tracking the number of incidents on the neighbourhoods that have had the majority of their team members attend. We will communicate results to Residents' and Family Councils, as well as to team members via crossroads.
- Progress on these Initiative items will be shared at CQI meetings quarterly.

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.

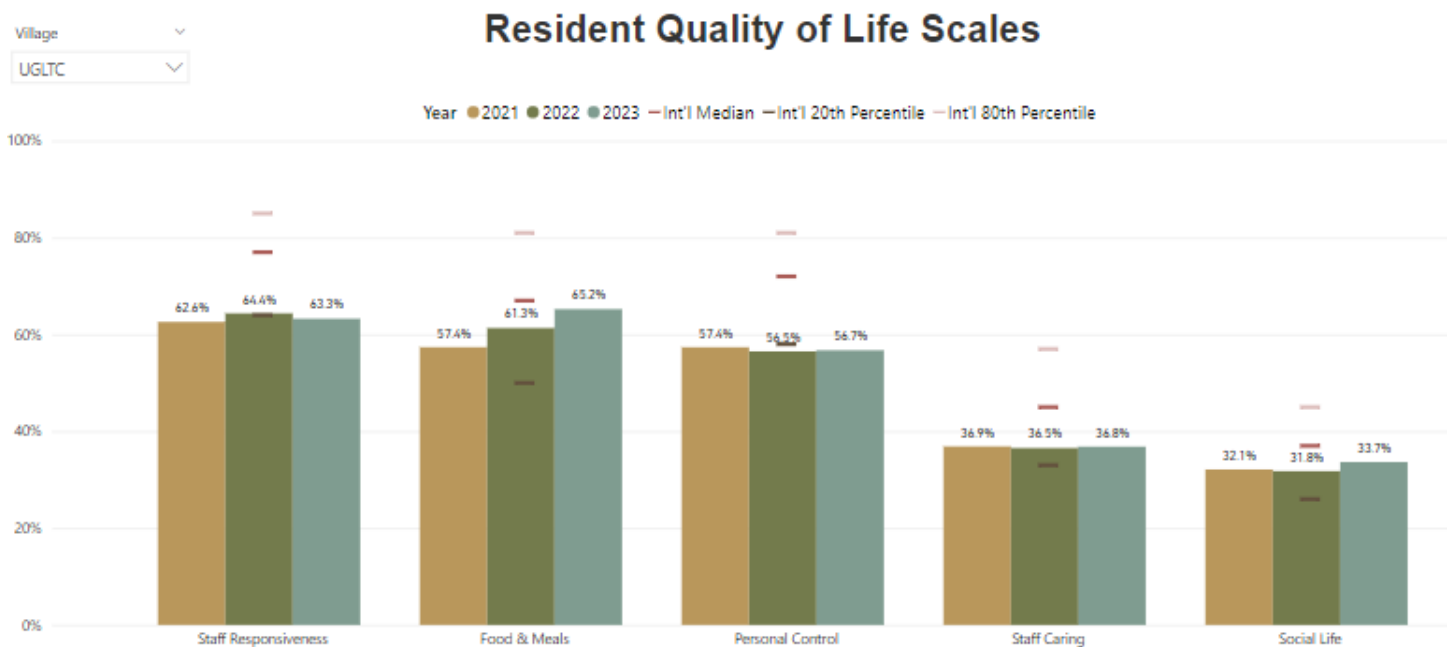
Resident survey: Residents who are able, are given the opportunity to complete the survey annually, around the anniversary of their move-in date. Surveys are run year-round (January to December) to help eliminate bias. New

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 Surveys were sent as an attachment to those listed as Power of Attorney who have provided their emails, as well as a QR code and a hyperlink within that email. Hard copies of the surveys were also mailed to the Financial Contacts, as well as placed at the front desk in Long-Term Care for Families to pickup and complete if they were interested. On October 14, 2024, Family Council suggested to also distribute the survey via mail, to increase our responses from 16 in 2022. This resulted in an increased number of results to 48 in 2023. The survey was emailed on November 17, 2023 and was open until December 8, 2023. Surveys were mailed November 27, 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 University Gates report is included below, along with a brief overview. International benchmarks are from 2018. As a village, we had three scales within the band of performance (international benchmarking); food and meals, caring staff and social life. Two scales were just below or at the 20th percentile, personal control and staff responsiveness. In 2023, we had 116 residents participate in the survey, compared to 92 in 2022. We are hosting a monthly town hall program with residents to request feedback and further insight into why questions were answered the way they were.



Staff Responsiveness Scale: 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 made some improvement in 2023 with team members paying attention to residents (60% in 2022 to 66% in 2023), respecting likes and dislikes (58% in 2022 to 61% in 2023) and have maintained overall respect given to residents at approximately 78%. There is opportunity to improve responsiveness as compared to organizational average. In particular with getting help right away (53% compared to 67% organizationally), getting the health services needed (53% compared to 79% organizationally) and providing support which helps residents live their life the way they want (55% compared to 72% organizationally).

Personal Control Scale: This scale measures how much control residents have over their daily activities, including going outdoors, choosing activities, and deciding on personal matters. We have made improvements in residents feeling that they can easily go outdoors (increased from 49% to 53%), and control over who comes into their room (49% in 2022 to 53% in 2023). Opportunities include resident's perception of being able to go where they want on the spur of the moment (28% compared to organizational average of 39%), having a bath or shower as often as they want (decreasing from 38% in 2022 to 30% in 2023), and deciding when to go to bed (decreasing from 66% in 2022 to 55% in 2023).

Social Engagement/Life Scale: This scale evaluates residents' social interactions and engagement, looking at aspects like participating in activities, making friends, and experiencing meaningful connections. In 2023, we made improvements with "enjoyable things to do here on weekends", (increasing from 23% in 2022 to 29% in 2023), and "it is easy to make friends here (increasing from 39% in 2022 to 45% in 2023). We have an opportunity to support relationships between residents; "another resident is my close friend" (dropped from 26% in 2022 to 19% in 2023), and "I have people who want to do things together with me" (scored 17% compared to organizational average of 36%).

Food Scale: This scale gauges residents' satisfaction with food, including their favorite meals, meal variety, and enjoyment during mealtimes. Overall, the food scale has increased the most over the last year, with improvements to enjoying mealtimes (73% up from 63% in 2022), and favourite foods being available (45% in 2023 up from 37% in 2022). Residents desire increased variety in their meals (decreased from 75% in 2022 to 71% in 2023).

Caring Staff Scale: This scale focuses on residents' perceptions of the team's friendliness, communication, and responsiveness to their needs. We are below the international median and Schlegel village averages for items in this scale, with notable room for improvement in knowing the story of residents' life (23% compared to organizational average of 33%), asking how resident needs can be met (12% compared to 45% organizational average), as well as responding to resident suggestions (16% compared to 47% organizational average).

We continue to consult with residents to gain insights.

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 48 responses in 2023, more than double the previous year (16 in 2022). As a Village, we exceed the Schlegel Villages average in most of the categories, with the exception of the Activities and Belonging category.

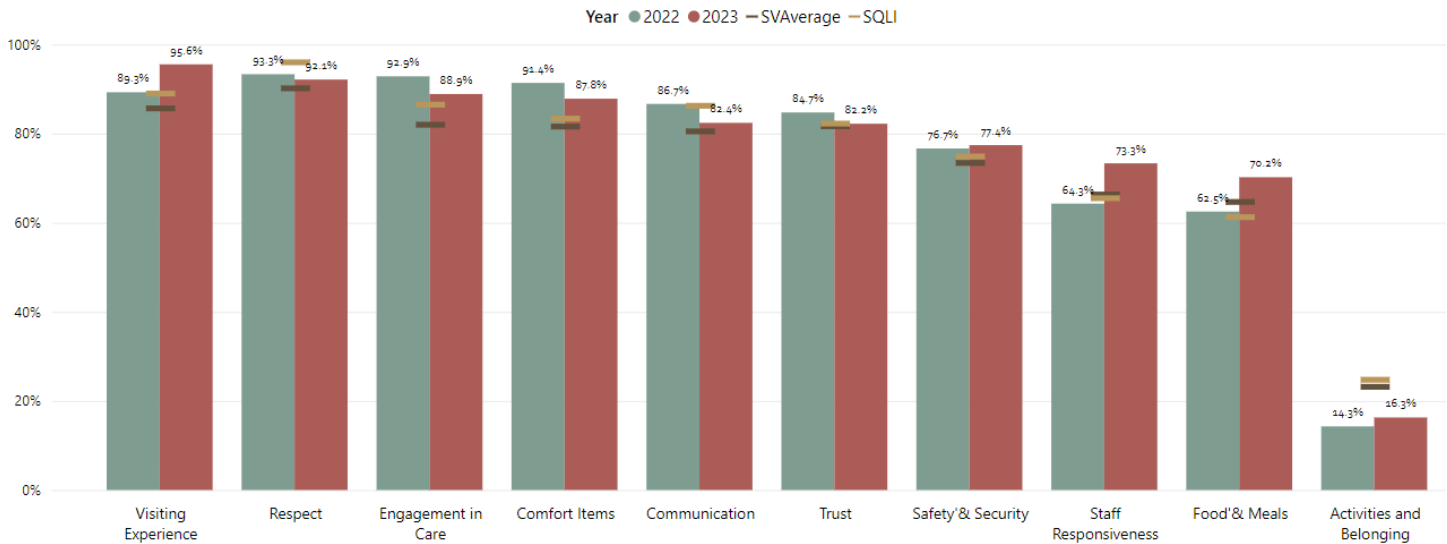
Mirroring the residents' responses, there is room for improvement in families reporting that their loved one has a close friend in the village. There is also opportunity to increase the families' knowledge of their loved ones' participation in meaningful activities.

This past year we saw an increase in families' satisfaction with meal variety, the security of residents' possessions, and response times when residents are calling for help. Of note, 97.7% of family respondents indicate that they are treated with respect by staff, and 97.8% indicate that they participate in care decisions about their loved one.

There was decline (and thus room for improvement) in residents' ability to be alone when they wish, knowledge of who to contact when families have concerns about the residents' care, and how the home is managed.

A focus group was held on May 28, 2024 to gain further insight into families' perceptions of how the home is managed, and discovered that this question is closely tied to the question of who to contact when there are concerns, as well as customer service expectations.

Family Survey Domains



How the results were shared:

2023 Resident survey results were shared with Family Council on January 11, 2024 and emailed to family members on January 19, 2024. On January 19 they were also printed and made available on main street for anyone in the building to access. They were shared with Residents' Council on January 25, 2024 and printed and made available on main street on February 1, 2024 for anyone to access. Resident survey results were shared with the Team on June 15, 2024 via Crossroads.

2023 Family Survey results were shared with Family Council on April 25, 2024, emailed to family members on April 28, 2024, and also printed and made available on main street for anyone in the building to access. They were shared with Residents' Council on May 23, 2024 and printed and made available on main street on May 31, 2024 for anyone to access. Family survey results were shared with the team on June 15, 2024 via Crossroads.

QUALITY IMPROVEMENT IN 2023-2024:

Improvements based on results of QoL survey from 2022:

- Enjoyable things to do on weekends improved from 22.8 in 2022 to 29.3 in 2023, as a result of doubling our recreation team on weekends from 3 team members to 6 team members, which began December 10, 2022. We also implemented monthly Calendar Planning programs beginning May 3, 2023. Communicated to CQI on July 26, 2023.
- A different Resident Right poster was featured in the newsletter and posted on each neighbourhood from May 2023- April 2024 - Review of resident rights posters at CQI on August 30, 2023
- 74 Team Members attended Connect the Dots customer service training from June 27, 2023 – May 28, 2024
- Water pitchers added to each table on Johnston in August 2023 to foster independence and increase enjoyment of meals
- Implemented Meaningful and Active Engagement kits on each Neighbourhood on February 13, 2024 to enhance team members' engagement with residents

Other improvements made in 2023:

- 75% of team members on secured neighbourhood attended full day Dementia Education (Nov. 14, 15, 21, 22, 2023) (March 11, 18, 2024) communicated to CQI March 20, 2024. This was implemented as part of the Quality Improvement Plan, in an effort to provide alternative strategies to antipsychotic medications.
- Provided education to family members (and anyone on Main Street who could see) regarding skin health, and how family members can support their loved one to have healthy skin, via monthly posterboards from March-November 2023. – Last Reported to CQI Sept. 27, 2023
- Initiated weekly PERT meetings to review incidents to ensure all referrals, care plan updates, and action items/interventions are implemented, beginning December 1, 2023 to support residents experiencing personal expressions
- Communicated opportunity for families to drop off Christmas clothing to village office before Christmas, to label and then return items for families to gift wrap prior to being gifted on Christmas. Intent was to reduce the likelihood of losing laundry during the peak holiday season. Email sent November 22, 2023, pickup dates December 16, 17, 18, 2023. Communicated to CQI on January 17, 2024.
- Hired a Nurse Practitioner, who started November 6, 2023. Have been at 10 or below ED visits from December 2023-present. – reported to CQI on November 29, 2023