

Earls Court Village

Continuous Quality Improvement (CQI) Initiative Report

April 1, 2023 – March 31, 2024



Designated QI Lead Name: Kendra McNab

Designated QI Lead Position: Manager of Clinical Programs

QUALITY IMPROVEMENT REPORT (2023)

Earls Court Village has several priority areas for Quality improvement with clear objectives and protocols to guide us through implementation. Policies and Procedures are in place to ensure the practice is currently effective and sustainable.

Overview and Framework

Earls Court Village is part of Sharon Village Care Homes and is committed to ensuring that high-quality and integrated care is provided to all persons served in our Home. We endeavour to create a culture of Quality and knowledge integration where we are continually focused on improving the quality of services delivered.

Objective(s):

We strive to continually deliver the highest level of quality services to the persons served by using the following key processes:

- Risk management Plan
- Corporate Operational and Strategic Plan
- Dedicated Quality Improvement Lead at the Home level
- Quarterly Quality Council Meetings
- Quarterly Town Hall Meetings
- Monthly CQI Review meetings
- Focused committees and departmental meetings
- Resident and Family Councils
- Internal Audits
- Annual Program evaluations
- Review of priority indicators from Ontario Health
- Result of our Resident, Family, Staff and Volunteer Satisfaction Surveys

Our key priority indicators are tracked monthly and an evaluation of the data is completed quarterly using a Root Cause Analysis approach and action plans are put in place. Outcomes are communicated at our Quarterly Quality Council meetings and posted on the Quality Board.

Accreditation:

Our Quality Improvement initiatives align with CARF accreditation and other legislative requirements to improve, enhance, augment and sustain the quality of delivery and services for the persons served in our Home. In 2022 we were successful in being granted a Three-Year Accreditation for Person-Centred Long Term Care Community from CARF Canada.

Survey Results & Action Plans

i. Resident Satisfaction Survey Results:

Our Program Department distributes annual resident satisfaction surveys to those who can participate and assistance is provided as required. In 2022, 123 surveys were distributed with 26 respondents. At Earls Court Village, our overall resident satisfaction was 79%.

ii. Family Satisfaction Survey Results:

Our Program Department distributes annual family satisfaction surveys to all family members. In 2022, 123 surveys were distributed with 33 respondents. At Earls Court Village, our overall family satisfaction rate was 85%.

iii. Staff Satisfaction Survey Results:

The survey was made available to (100%) of the staff. In 2022, 186 surveys were distributed to staff members with 102 respondents. At Earls Court Village, our overall staff satisfaction was 53%.

Action Plans:

Survey results are summarized and shared with the Resident’s Council, Family Council, and staff for input to develop an interdisciplinary and inclusive action plan. These results are summarized and communicated to the Resident’s Council, Family Council, Quality Council, and Staff Town Hall with the plan of action for improvements.

2022 Survey Results			
Date of Survey	Survey	Overall Satisfaction	Date Shared and Action Plan input received F-Family, R-Resident S-Staff CQ- Quality Council
October 24- December 2, 2022	2022 Family Overall Satisfaction Rate (%)	85%	F- January 24, 2023 R- January 26, 2023 S- February 2, 2023 QC- January 27, 2023
October 24 - December 2, 2022	2022 Resident Overall Satisfaction (%)	79%	F- January 24, 2023 R- January 26, 2023 S- February 2, 2023 QC- January 27, 2023
November 1- December 31, 2022	2022 Staff Overall Satisfaction Rate (%)	53%	F- January 24, 2023 R- January 26, 2023 S- February 2, 2023 QC- January 27, 2023

Action plans were developed jointly by the CQI Lead, the Leadership team, a staff representative from each department and provided to the Residents Council & Family Council for review and input. This can be validated through the respective Meeting minutes

Home Priority Areas for Quality Improvement April 1, 2023 – March 31, 2024:

The Home’s Quality Improvement Plan was aligned with the Health Ontario QIP. In addition, our Home added additional indicators based on our previous identified areas requiring improvement.

Our 2023-2024 Quality Improvement Workplan includes the following Indicators:

1. Reduction of the number of Emergency Department visits for modified list of ambulatory care-sensitive conditions. Our goal is to reduce our current performance by 6.55% from 28.33% to 18.5% by the end of the 2023/24 year. Indicators and performance are shared at the Quarterly Quality Council meetings for input from the team.

Our Change ideas include:

- a. Registered staff will collaborate with the Charge Nurse prior to sending the resident to the hospital 100% of the time. Implemented January 2023. Indicators and outcomes are monitored quarterly and action plans are updated based on the results.

- b. A fulsome discussion of the goals of care during which the Interact Quality Improvement Program tool “Deciding about Going to Hospital” will also be discussed with 100% of our residents and families on admission. Implemented January 2023. Indicators and outcomes are monitored quarterly and action plans are updated based on the results.
 - c. All ED visits will be tracked, reviewed and analyzed quarterly and all Registered staff will receive education with regards to avoidable ED transfers with the goal being that 100% of our Registered staff will receive this education. Implemented January 2023. Indicators and outcomes are monitored quarterly and action plans are updated based on the results.
2. Percentage of residents responding positively, on the Resident’s Satisfaction Survey, to the question: The food is served at the proper temperatures. Our goal is to improve the percentage of residents responding positively to this question by 13.7% from 61.6% to 70%. The results of the 2022 survey were shared with the Resident Council on January 26, 2023, and they were asked to provide ideas for our action plan. The outcomes of our action plan will be determined based on our 2023 Resident Satisfaction survey.

Our change ideas include:

- a. Complete 100% of our dietary temperature and production audits weekly. Audit to include breakfast, lunch and dinner. Implemented in January 2023.
 - b. Complete 100% of our quarterly heating equipment audits. Implemented in January 2023.
 - c. Review processes to ensure that they are working effectively. This would include food production, floor deliveries and staffing practices. Implemented in 2023.
 - d. Review the processes at Resident Council meetings that have been initiated to help improve food temperatures at Resident Council meetings. Implemented in January 2023.
3. Percentage of residents responding positively, on the Resident’s Satisfaction Survey, to the question: the activities meet my interests and are scheduled at convenient times. Our goal is to improve the percentage of residents responding positively to this question by 11.1% from 72.4% to 80%. The results of the 2022 survey were shared with the Resident Council on January 26, 2023, and they were asked to provide ideas for our action plan. The outcomes of our action plan will be determined based on our 2023 Resident Satisfaction survey.

Our change ideas include:

- a. Review the times of activities and scheduling of staff. Increase staffing to meet the needs of programs by tracking the number of cancelled programs on a daily basis with a weekly review. Review the schedule biweekly to ensure adequate staffing. Implemented in January 2023.
 - b. Recreation staff to complete announcements of activities occurring throughout the day during breakfast. For large programs, management will encourage staff to promote the activities to residents/families. Recreation staff are to speak to residents regarding the daily activities that are taking place. The Director of Recreation will highlight the key programs for the week at the Manager’s meetings. Programs will be announced 100% of the time. Implemented in January 2023.
 - c. Programs will be audited for participation levels. Programs will ensure that all resident populations are being served e.g.: younger adults, males, etc. Implemented in January 2023.
 - d. The processes that have been taken to improve participation. Implemented in January 2023.
4. Percentage of Long-Term Care residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. Our goal is to reduce the number of residents receiving antipsychotic medication without psychosis by .06% from 20.39% to 19.3%. Indicators and performance are shared at the Quarterly Quality Council meetings for input from the team.

Our change ideas include:

- a. Staff education to registered staff on antipsychotic usage without a diagnosis. Pharmacy to provide a list of identified residents monthly in conjunction with 3-month reviews. Review at quarterly quality council meeting.

100% of residents who are given antipsychotics without a diagnosis are identified. 100% of Registered staff receive education. Implemented January 2023. Indicators and outcomes are monitored quarterly and action plans are updated based on the results.

- b. Review numbers at the monthly registered staff meeting, review monthly with DOC and review with the attending physician. 100% of residents receiving antipsychotics will be reviewed. Implemented January 2023. Indicators and outcomes are monitored quarterly and action plans are updated based on the results.

Quality Improvement Accomplishments: April 1, 2022 – March 31, 2023:

Clinical Tools Implemented (CST):

We have implemented 4 clinical support tools that were developed by think research in collaboration with the Ministry of Long-term Care. These clinical assessment tools meet the requirements of the Fixing Long-term Care Act and ensure that we are in compliance with the Act and its Regulations. Completion of these assessments assists in providing quality care to our residents and ensures that the plan of care is comprehensive and resident-specific.

Quality Improvement:

- Dedicated QI Coordinator
- Revised Quality Improvement framework and structure
- Increased transparency and sharing of KPIs through our Quality Council, Town Hall and Quality Board
- Collaborative practice interdisciplinary teams during Quality Council with representation from Residents, Family, PSWs, members of the nursing staff and external stakeholders
- Capacity development within our interdisciplinary committees and designated program leads
- Implementation of evidence-based practices
- Integration and alignment with OHT and HQO priority areas
- Utilization of the Surge platform to complete audits and program evaluations

Covid:

The past several years have been challenging for our home due to the worldwide COVID-19 pandemic. One key component that the pandemic brought to light was the need for increased IPAC measures in Long-term Care Homes. It also highlighted the need for finding innovative ways for our residents and staff to interact beyond our walls when it was mandated to have fewer people inside our homes. In addition, like most LTCs across the country, we initially had challenges with supply chain issues, staffing, outbreaks, ever-changing directives, guidance documents and public health recommendations. We are proud to say, that despite these challenges our focus continues to be the safety of our residents, their loved ones and our staff. Our home has been focused on continuing to improve our Infection Prevention and Control (IPAC) protocols which include but are not limited to the following examples:

- Hiring a designated IPAC lead
- Reviewing and developing policies as they related to ongoing IPAC changes in our sector
- Implementing screening processes
- Utilizing both PCR and RAT testing
- Regular and ongoing audits
- Education and training of staff and visitors
- Implementing directives and guidance documents as directed
- Working collaboratively with our healthcare partners to ensure compliance with all IPAC recommendations

Staffing:

Earls Court Village strives to support our staff to create a safe and collaborative workplace. The COVID-19 pandemic has taken a toll on staff at all levels in the organization. Staff are still recovering from the intense focus on prevention and containment over the past few years. We have also intentionally maintained staffing levels without any reductions over the past few years or the use of staffing agencies. We have been successful in recruiting staff when needed. In addition to these strategies, Earls Court Village provides annual online education and other in-services, seasonal staff recognition events and other special events to ensure staff experience a welcoming and supportive workplace. We also have an annual recognition event to highlight our experienced and long-serving staff.