

Kensington Village LTC

Continuous Quality Improvement (CQI) Initiative Report

April 1 2023 – March 31 2024



Designated QI Lead Name: Melissa Milner RPN

Designated QI Lead Position: RAI-C/QI Coordinator

QUALITY IMPROVEMENT REPORT (2023)

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

Overview and Framework

Kensington 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.

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
- Results 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 2021 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, 5 surveys were distributed with 5 respondents. At Kensington Village, our overall resident satisfaction was 83%.

ii. Family Satisfaction Survey Results:

Our Program Department distributes annual family satisfaction surveys to all family members. In 2022, 40 surveys were distributed with 40 respondents. At Kensington Village, our overall family satisfaction rate was 81%.

iii. Staff Satisfaction Survey Results:

The survey was made available to (100%) of the staff. In 2022, 190 surveys were distributed to staff members with 68 respondents. At Kensington Village, our overall staff satisfaction was 54%.

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 (%)	81%	F- December 20, 2022 R- February 23, 2023 S- January 18, 2023 QC- January 27, 2023
October 24 – December 2, 2022	2022 Resident Overall Satisfaction (%)	83%	F- December 20, 2022 R- February 23, 2023 S- January 18, 2023 QC- January 27, 2023
October 19 - December 31, 2022	2022 Staff Overall Satisfaction Rate (%)	54%	F- December 20, 2022 R- February 23, 2023 S- January 18, 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:

Our priorities for this year were determined by risk management, strategic planning, survey results, outcome indicators, CARF, inspections etc.

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 of 24.49% to 20.0% 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. Identify the highest diagnosis/reason for transfer to the hospital and focus on assessment education based on the diagnosis found. Provide assessment education and introduce the interact pathway tool for nurses to follow based on that diagnosis
 - b. Track and monitor ED transfers on tracking and analysis tools, and report to the CQI committee and Quality Council regarding possible root causes. Will review with registered staff what the definition of avoidable transfers is as per MOH.
 - c. Full discussion of goals of care and discussion of Interact "Deciding About Going to Hospital" during admission and annual care conference
2. 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. The Rai Coordinator, ADOC and DOC will work collaboratively to audit documentation in PCC, as well as physician orders.
 - b. Pull a Drug utilization report from CareRX to review with the physician
3. Resident Experience: Percentage of residents responding positively to: "I am provided an opportunity to participate in my bedtime and my preference of a bath or shower and when to have it"

Our change ideas include:

- a. Nursing in-services, 1:1 education with staff as needed, increased supervision of PSW
4. Resident Experience: Programs offered days, evenings & weekends; Activities scheduled meet my interest and are scheduled at convenient times; family is encouraged to attend and participate in special events in the home

Our change ideas include:

- a. Recreation staff will collaborate with monthly calendars to increase the variety and times of programs. Will obtain input from residents

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

In addition to the indicators above, Kensington Village has been involved in several Quality Improvement initiatives and planned methods of improvement, but not limited to as follows:

- Introduction of day RN Charge Nurse Position
- Introduction of a Resident Services Coordinator
- Implementation of Bath Shift to support resident preferences for bathing
- Successfully secured a dedicated IPAC Lead
- Meeting mandated MOH staffing levels of 3.5 hours to support Resident care in the home
- Effectively implementing ongoing changes to Covid Measurements and Management in the home
- Education and implementation of Corporate Policies to support the Fixing the Long Term Care and Resident Centered Care in the home
- Reintroduction of Volunteers and Community Supports in the home
- Resumed implementation of MealSuite program; purchased remaining hardware, provided staff education on new program and preparing for installation of Monitors.
- Released new spring/summer menu meeting all requirements and approved by residents
- Installation of additional mechanical air units in the hallways

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:

Kensington 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. We have been successful in recruiting staff when needed. In addition to these strategies, Kensington 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.