



Kensington Village LTC

Continuous Quality Improvement (CQI) Initiative Report

April 1, 2025 – March 31, 2026

Designated QI Lead Name: Melissa Milner RPN

Designated QI Lead Position: RAI-C/QI Lead

QUALITY IMPROVEMENT REPORT (2024)

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 2024 we were successful in being granted a Three-Year Accreditation for Person-Centered Long Term Care Community from CARF Canada. We completed our new CARF accreditation in May of 2024.

Survey Results & Action Plans

i. Resident Satisfaction Survey Results:

Our 2024 annual resident satisfaction survey was available online in our Surge Platform for Residents to complete. Resident’s completion of surveys was facilitated by Recreation Staff in the home as need or requested with 41 respondents completing the survey. At Kensington Village, our overall resident satisfaction was 81.0%.

ii. Family Satisfaction Survey Results:

Our 2024 annual family satisfaction survey was available online in our Surge Platform for family members to complete. In 2024, 78 surveys were distributed with 40 respondents. At Kensington Village, our overall family satisfaction rate was 86.60%.

iii. Staff Satisfaction Survey Results:

Our 2024 annual staff satisfaction survey was available online in our Surge Platform for staff to complete. In 2024, 108 surveys were distributed to staff members with 27 respondents. At Kensington Village, our overall staff satisfaction was 88.0%.

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.

2024 Survey Results			
Date of Survey	Survey	Overall Satisfaction	Date Shared and Action Plan input received F-Family, R-Resident S-Staff CQ- Quarterly Quality Council
Oct 2 – Nov 15 2024	2024 Resident Overall Satisfaction Rate (%)	81.0 %	R- November 28 2024 F- March 2025 S- January 22 2025 QQC- January 30 2025
Oct 2 – Nov 15 2024	2024 Family Overall Satisfaction (%)	86.6 %	R- November 28 2024 F- March 2025 S- January 22 2025 QQC- January 30 2025
Oct 2 – Nov 15 2024	2024 Staff Overall Satisfaction Rate (%)	88.0 %	R- November 28 2024 F- March 2025 S- January 22 2025 QQC- January 30 2025

Action plans were developed jointly by the Quality Lead, the Leadership team, and 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. Results of the surveys were posted on March 1 2025

Home Priority Areas for Quality Improvement April 1, 2025 – March 31, 2026:

Our priorities for this year were determined by risk management, strategic planning, survey results, outcome indicators, CARF, inspections etc. and align with our Health Quality Ontario Quality Improvement plan.

- 1. Access and Flow- Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. Our performance was 22.22. Although we were unable to meet our target from the previous QIP, we provided education about Treatments and End of Life Care available to Residents in KV and most ED transfers continue to be at the request of the Resident, POA/Family or SDM. Our goal this year is to reduce our current performance of 22.22% to 19% by the end of the 2025/2026 year. Indicators and performance were shared at the Quarterly Quality Council meetings for input from the team.**

Our change ideas include:

- a. Resident/POA/SDM/Family Members will be provided education at admission, care conferences and at times of significant changes to discuss services that are able to be provided at the home level and benefits/risks of sending residents to the hospital
- b. Advanced Care Directives Updating

- 2. Safety- Percentage of Long-Term Care residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. While we did not meet our target for 2024/2025 100% of antipsychotic medication use in the home was reviewed by the Physician and trends discussed by Pharmacy at Quality Council Meetings. Our goal this year is to reduce the number of residents receiving antipsychotic medication without psychosis from 17.86% to 15.96%. Indicators and performance are shared at the Quarterly Quality Council meetings for input from the team.**

Our change ideas include:

- a. Antipsychotic use for Residents without a diagnosis will be reduced in the home

- 3. Safety- Percentage of LTC home residents who fell in the 30 days leading up to their assessment. This is a new QIP for our home. Our current performance is 18.01. Our target for 2025/2025 is 16%. This target was set with the goal of improving our current performance to meet or exceed the provincial average of 16.2%**

Our change ideas include

- a. Falls in the home will be reduced with use of falls huddles after every fall to identify triggers/root causes and to discuss interventions to prevent reoccurrences

4. **Equity-** Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education. Our home met our goal of 100% completion of education by all staff by the end of 2025. KV was able to build on equity diversity, inclusion and anti-racism in the home for Residents, Staff and Families in 2024, including programs, menus and education to foster a more inclusive environment in the home.

Our change ideas include:

- a. 100% of Staff will complete updated mandatory education to ensure relevant education related to equity, diversity, inclusion and anti-racism assigned will be completed through the year

5. **Experience-** Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?". Our home did not meet our goal of 94%. Currently, 80% of residents in the home responded positively to this question. Our goal for the 2025 survey is to continue to build on this positive response to increase it to 90%

Our change ideas include:

- a. Percentage of Residents responding positively to the Resident Survey question "Staff take the time to listen to me and are helpful when assistance is requested/required will improve
- b. Food Forum for input into menus and menu planning will be more accessible to Residents in each home area

6. **Experience-** Percentage of residents who responded positively to the statement "I can express my opinion without fear of consequences." This is a new QIP for our home. Our current performance from our 2024 surveys was 84.63. Our home's goal is to continue to improve on this positive response and with a goal of 95% of residents responding positively to this question.

Our change ideas include

- a. 100% of Staff in the home will complete mandatory education on "Whistle Blowing Protection" to ensure they understand that every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others without interference and without fear of coercion, discrimination or reprisal.

Quality Improvement Accomplishments: April 1, 2024 – March 31, 2025

Kensington Village began using AMPLIFI starting in March 2024. AMPLIFI has facilitated better clinical information sharing between LTC and acute care facilities. As a result, healthcare providers have access to up-to-date and accurate resident health records and residents will experience a reduced need to reshare their stories and clinical history.

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:

Nursing:

- Hiring of more PSW staff
- Implementation of designated bath shifts
- Purchasing of new bladder scanners
- Purchasing new air mattresses
- Hiring of RPN full time staff to empty lines
- Palliative Care initiative through Bruyere, education to all disciplines in the home to provide a palliative care approach, this was concluded and is starting to roll out in the home
- Purchasing of additional fall mats and bed pad alarms
- Manual Crank beds in the home being replaced with electric beds
- PIECES Education and certification completed by 2 Registered Staff
- U-First Education provided to 4 PSW's
- LEAP Training (Learning Essential Approaches to Palliative Care) Provided to staff
- Reimplementation of Restorative Care Program in the home- Hiring 2 Permanent and 2 Part-Time Restorative Care/BSO PSW's
- Restorative Rehabilitation/Restorative Nursing Education Training Provided to 4 Staff

Resident Services

- Implemented meeting with Residents/Families on the day before admission to facilitate a smoother transition to the home on date of admission for the resident and family
- LTC Rate Reduction Training Session- June 26, 2024
- In The Know: Palliative Education/Maid Sep 11, 2024

IPAC

- Fit testing for all staff
- Fit testing certificates printed for all staff.
- Organizers for nursing stations - prevent clutter at nursing desks and are cleanable
- Hand sanitizing station increased in the hallways
- Oxivir wipes holders placed on sharable equipment such as Hoyer lifts, BP machines and bladder scanner
- Hand hygiene and PPE paper audits edited for better tracking and auditing
- Fridge temps Calanders printed for all both fridges in nursing station
- Completed the online IPAC prep courses for CIC-LTC certification
- Vaccines clinics for both staff and residents
- PPE demonstrations for staff

Recreation

- Awarded the Sharron Cooke Legacy Award from the OARC for the "Taste of Home" Initiative.
- Ongoing Resident & Family Socials provided in the Home (i.e. Strawberry & Holiday Socials, Ice Cream Truck Event, BBQ's,).
- Continued to promote volunteerism in the Home: Director of Recreation attended multiple Volunteer Fairs and significantly increased the number of volunteers.
- Formed partnership with Western for the Elderly Club through Western University to provide intergenerational programming and special events.

- Continued to support student placement opportunities with Fanshawe College Gerontology Interprofessional Practice and Recreation & Leisure Programs.

BSO:

- Restructured and increased the number of Embedded BSO Team roles and schedules to better provide support to the residents living at Kensington Village.
- Reporting BSO Statistics on a Quarterly basis in order for Southwest BSO Operations to provide data driven guidance and support for each BSO embedded team, and to assist leadership in their overall understanding of the BSO program.

Dietary

- Installed the MealSuite App on all iPads, implemented all features and educated nursing and dietary staff making Dietary completely digital
- Conducting Food forum in all home areas to gather a wider range of input from residents
- Taste of home – Collecting recipes from residents, test cooking and taste testing for residents' approval, adding these recipes onto Fall/Winter Menu – this initiative won the Sharon Cooke Award
- Planned at least one Special Menu a month that incorporates diversity, celebrating different holidays and events from a variety of different cultures.

Environmental

- The second floor patio area was given a facelift to add greater safety and aesthetic appeal for the residents.
- Large canopy was replaced that is used as a shaded area for outdoor events
- Updated/increased laundry hours to provide better customer service for residents in the delivery of their laundry
- Increased Wi-Fi capabilities to decrease in lag time or loss of internet
- Continuing program of replacing manual crank beds with electric beds with hand pendant functions to assist staff and give more autonomy to the residents.

Infection Prevention and Control Update

As part of our ongoing efforts to prioritize the health and safety of residents, staff, and caregivers in our homes our practices in the home continue to align with the latest Ministry and Public Health Guidelines.

The Ministry of Long-Term Care (MLTC) updated the IPAC Standard for Long Term Care Homes, into the robust IPAC requirements set out in the Fixing Long Term Care Act, 2021 (Act), and Ontario Regulation 246/22 (Regulation) and our home is committed to ensuring these standards are met.

Based on the Act we ensure that our IPAC Program includes, but is not limited to, the required components as noted:

- IPAC Lead and interdisciplinary team
- Evidence-based policies and procedures

- Training and education
- Routine Practices and Additional Precautions
- Infectious Disease Surveillance
- Outbreak Management system
- Hand Hygiene program
- Personal Protective Equipment
- Quality program and evaluation
- Ethical framework
- Application of the precautionary principle
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In addition, Long-term care homes continue to be required to follow MLTC’s IPAC requirements, as set out in the Act and regulation and the IPAC Standard for Long-Term Care Homes, which includes wearing a mask based on a point of care risk assessment, regularly screening residents for signs and symptoms of infection, practicing hand hygiene, conducting regular IPAC audits, among other IPAC related requirements. IPAC Hubs continue to be available to provide support in building IPAC capacity. They deliver IPAC education and training, support implementation of IPAC best practices and offer networking opportunities.

Our home continues to work with their local Public Health Unit, following MOH’s new Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings to manage outbreaks.

Getting vaccinated and staying up to date with your vaccines is the best way to remain protected against severe outcomes, including hospitalization and death, due to viral respiratory infections and we encourage everyone to remain up to date with their vaccines.

We remain vigilant in following foundational infection prevention and control (IPAC) practices and outbreak management guidance to prevent the spread of COVID-19 and other respiratory or infectious illnesses to our residents, their families, staff and visitors.

Staffing:

Kensington Village strives to support our staff to create a safe, diverse, inclusive and collaborative workplace. We have added to staffing levels to include additional laundry hours, dedicated bath shifts and reimplementation of Restorative Care Staff in the home. We have been successful in recruiting staff as needed. We have built our teams diversity as we welcome many international students and workers to our team. In addition to these strategies Kensington Village provides annual online education and other in-services and special events to ensure staff experience a welcoming and supportive workplace including Pot-Lucks, “Caught in the Act” Appreciation/Thank you Program as well as an annual recognition event to highlight our experienced and long-serving staff.