

# **Earls Court Village**

**Continuous Quality Improvement (CQI) Initiative Report**

**April 1, 2025 – March 31, 2026**



**Designated QI Lead Name: Adrienne Pepper**

**Designated QI Lead Position: Quality Improvement Coordinator**

## **QUALITY IMPROVEMENT REPORT (2025)**

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. April of 2025 we will be going through another accreditation process, to hopefully be granted an updated three-year accreditation with CARF.

## 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 2024, surveys were distributed with 24 respondents. At Earls Court Village, our overall resident satisfaction was 76%.

### ii. Family Satisfaction Survey Results:

Our Program Department distributes annual family satisfaction surveys to all family members. In 2024, surveys were distributed with 15 respondents. At Earls Court Village, our overall family satisfaction rate was 78%.

### iii. Staff Satisfaction Survey Results:

The survey was made available to (100%) of the staff. In 2024, surveys were distributed to all staff members with 35 respondents. At Earls Court Village, our overall staff satisfaction was 76%.

### 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- Quality Council
October 2, 2024 – November 15, 2024	2024 Family Overall Satisfaction Rate (%)	78%	F- March 17, 2025 R- March 11, 2025 S- February 28, 2025 QC- March 20, 2025
October 2, 2024 – November 15, 2024	2024 Resident Overall Satisfaction (%)	76%	F- March 17, 2025 R- March 11, 2025 S- February 28, 2025 QC- March 20, 2025
October 2, 2024 – November 15, 2024	2024 Staff Overall Satisfaction Rate (%)	76%	F- March 17, 2025 R- March 11, 2025 S- February 28, 2025 QC- March 20, 2025

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. Results of the surveys were posted on February 21, 2025.

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

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

### Our 2025-2026 Quality Improvement Workplan includes the following Indicators:

- 1. Rate of ED visits for modified list of ambulatory care-sensitive conditions\* per 100 long-term care residents. In 2024/2025 we did reduce our transfers to the ED department from 26.92% to 25.61%. Our goal for 2025/2026 is to reduce this to 22%.**  
Our Change ideas include:
  - a. Review process of reporting significant changes and making decisions with the support of the charge nurses or nurse managers when transferring resident to hospital.
  - b. Early and ongoing engagement of POA/family members through effective communication to alleviate fear and anxiety related to change in conditions of residents.
  - c. Educate registered staff on avoidable ED transfers by reviewing Ministry of Health List.
- 2. Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism (DEI) education. In 2024/25 we achieved 100% of all staff completing this education and our goal is to continue 100% for this education.**  
Our change ideas include:
  - a. We will continue to use Surge Mandatory education annually for DEI education.
- 3. Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?". In 2024/25 we achieved 83.33% satisfaction and our goal is to increase this to 86% during our 2025 Resident Satisfaction Survey.**  
Our change ideas include:
  - a. Person-centred care education cards (laminated tip cards to add to their badge) to be provided with education (by nurse managers) to all staff.
  - b. Person-centred care posters to be posted on all floors in all resident areas.
  - c. Person-centred care to be added as a standard item in both PSW and registered staff monthly meetings.
- 4. Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". In 2024/25 we achieved 74.22% satisfaction and our goal is to increase this to 80% during our 2025 Resident Satisfaction Survey.**  
Our change ideas include:
  - a. Same change goals as indicator #3.
- 5. Percentage of LTC home residents who fell in the 30 days leading up to their assessment. In 2024/25 we recorded 19.10% of residents who fell in the 30 days leading up to their assessment and we aim to reduce this value to 16% on 2025/26.**  
Our change ideas include:
  - a. Find root cause of falls through collaboration of staff of the floor following a resident fall.
  - b. Resident list of high-risk repeat fallers made available to all staff to allow staff from all departments to be aware and alert of residents who are at an increased risk of falling.
  - c. Prevention methods are in place for residents who are high risk fallers and are continually being implemented.

**6. Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. Our current performance is 27.45% and our goal is to reduce this to 23% in 2025/26.**

Our change ideas include:

- a. Monitor and review who is receiving anti-psychotic medication to analyse and find opportunities to reduce their use.
- b. Identify residents with anti-psychotic use without a diagnosis on monthly tracking sheet.
- c. Educate staff in all departments how to approach and properly handle residents with behaviours to be able to mitigate and diffuse repetitive behaviours.

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

Implementation of 'Through Their Eyes' program from our recreation department. This program allows residents to be interviewed to gain an insider perspective into their lived experiences, opinions, beliefs, and their current views to gain a better understanding of the residents within our home. We have used this program as an informational tool to allow our staff to understand and better connect with our residents during everyday interactions.

**Quality Improvement:**

- Dedicated QI Coordinator
- 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/Infection Control Update**

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

The Ministry of Long-Term Care (MLTC) updated the IPAC Standards for Long-Term Care Homes to embed key remaining COVID-19 measures, such as masking and passive screening, into the robust IPAC requirements set out in the Fixing Long Term Care Act, 2021 (Act), and Ontario Regulation 246/22 (Regulation) and our homes are 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

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 homes continue 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:**

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 organizational levels. 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 a yearly recognition event highlighting our experienced and long-serving staff.