

Strathcona Long Term Care

Continuous Quality Improvement (CQI) Initiative Report

April 1, 2025 – March 31, 2026



Designated QI Lead Name: Shelby Jackson

Designated QI Lead Position: RAI-Coordinator, QI Lead

QUALITY IMPROVEMENT REPORT (2025)

Strathcona LTC 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

Strathcona LTC 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 continually focus on improving the quality of services delivered.

Objectives:

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 2024 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 2024, there were 44 out of 44 respondents. At Strathcona, our overall resident satisfaction was 79.9%.

ii. Family Satisfaction Survey Results:

Our Program Department distributes annual family satisfaction surveys to all family members. In 2024, there were 11 out of 96 respondents. At Strathcona, our overall family satisfaction rate was 91.9%.

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 45 respondents. At Strathcona, our overall staff satisfaction was 72.7%.

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
Oct 1, 2024 – Nov 15, 2024	2024 Family Overall Satisfaction Rate (%)	79.9%	F- Feb 12, 2025 R- Jan 15, 2025 S- Feb 4, 2025 QC- Jan 28, 2025
Oct 1, 2024 – Nov 15, 2024	2024 Resident Overall Satisfaction (%)	91.9%	F- Feb 12, 2025 R- Jan 15, 2025 S- Feb 4, 2025 QC- Jan 28, 2025
Oct 1, 2024 – Nov 15, 2024	2024 Staff Overall Satisfaction Rate (%)	72.7%	F- Feb 12, 2025 R- Jan 15, 2025 S- Feb 4, 2025 QC- Jan 28, 2025

Action plans were developed jointly by the CQI Lead, the Leadership team, and staff representatives 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 5, 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. Our goal this year is to reduce our ED visits from 25.2% to 22%.**
Our Change ideas include:
 - a. Track, monitor and analyze ED transfers on tracking and analysis tools. Report to the CQI committee and Quality Council.
 - b. Provide and discuss the 'Go to the hospital or stay here?' brochure.
 - c. Hire a Nurse Practitioner

- 2. Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education. This is a new indicator for us. Our current rate is 93.69% and our goal is for 100% of our staff to have education by the end of 2025.**
Our Change ideas include:
 - a. Executive Director to ensure all staff have completed all the mandatory courses that have been assigned to all staff in our Surge education platform.

- 3. Percentage of residents who responded positively to "the food looks appetizing and served at proper temperatures". Our current positive response rate to this question is 69.6% and our goal is to increase this to 76.5% with our 2025 Resident Satisfaction Survey.**
Our Change ideas include:
 - a. Inservice on presentation of plates
 - b. Increased food temperature audits in the serveries

- 4. Percentage of residents who responded positively to "staff take the time to listen to me and are helpful when assistance is required/requested". Our current positive response rate is 78.2% and our goal is to increase this to 83% with our 2025 resident satisfaction survey.**
Our change ideas include:
 - a. Provide education to staff at staff meetings surrounding effective communication with residents and validating

- 5. Percentage of residents who responded positively to "I can express my opinion without fear of consequences". Our current positive response rate is 82.2% and our goal is to increase this to 85% with our 2025 Resident satisfaction survey.**
Our change ideas include:
 - a. Encourage residents to voice concerns and opinions freely
 - b. Ensure that resident complaints are addressed adequately and in a timely manner

- 6. Percentage of LTC home residents who fell in the 30 days leading up to their assessment. Our current fall rate is 22.03% and our goal is to reduce this to 18%**
Our Change ideas include:
 - a. Run a report on the Scott Fall risk assessment outcomes and add/remove any resident who scores high risk or above. Place list in PSW binder for PSW to reference and add to purposeful rounding sheets
 - b. Track and analyze falls for possible cause

7. Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. Our current rate is 35.36% and our goal is to reduce this to 28.62%

Our Change ideas include:

- a. Review monthly at the committee meeting
- b. BSO is to review the list quarterly and communicate the list to MDs with possible reduction options

Quality Improvement Accomplishments: April 1, 2025 – March 31, 2026

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

Strathcona LTC added a Resident Service Coordinator to assist in improving the quality of resident care. Resident Service Coordinator completes regular audits, coordinates resident and family complaints, assists with running nursing programs and assists with the admission process.

Strathcona LTC aims to create a dynamic, affirming, welcoming, environment that is inclusive of all cultures, races, religions and lived experiences for both our residents and staff alike. We encourage our staff and Leadership teams to deliver inclusive and affirming care practices suitable for Two-Spirit, lesbian, gay, bisexual, trans, queer, intersex, and additional (2SLGBTQI+) people. Our staff are all required to complete annual education through our Surge Learning Platform.

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.

Last Fall, the Ministry of Long-Term Care (MLTC) updated the IPAC Standard 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:

Strathcona strives to support our staff to create a safe and collaborative workplace. We have onboarded many internationally trained nurses which has reduced agency PSW use significantly, thus improving quality and continuity of care.

Support Services has remained fully staffed throughout the year to ensure optimal meal and housekeeping services.

In addition to these strategies, Strathcona 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.