



## LONG-TERM CARE DIVISION

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<b>CORPORATE LEAD:</b>	Quality Assurance Manager	Lipine Prak
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### **PRIORITY SETTING PROCESS**

Lambton Meadowview Villa (the Villa) has an Internal Quality Team which is comprised of members of the leadership team as well as the leads from a variety of programs (i.e., Falls Prevention and Management, Skin and Wound Care, Continence Care, Pain Management etc.) The team meets quarterly to discuss goal for programs, Quality Indicators, and offer suggestions for improvement based on the data presented. The working committee will provide suggested priorities based on:

- Analysis of performance data available from the Canadian Institute for Health Information (CIHI); with negatively performing areas and/or where benchmarking against the provincial average suggests improvement is required
- Elder, family and staff experience survey results
- Provincial improvement priorities (e.g. HQO)
- Opportunities for participation in projects through organizations (e.g. Ontario Centre for Learning, Research and Innovation in Long-Term Care {CLRI})
- Emergent issues identified internally (trends in critical incidents) and/or externally
- Input from Elders, families, staff, leaders and external partners, including the MOLTC

The Internal Quality Team's suggested priorities will be subsequently presented and discussed with the broader Quality Improvement Committee. This Committee has representatives from Residents' Council, Family Council, The Home's leadership team and mandatory programs, physiotherapy, pharmacy as well as the medical director. The committee will determine which indicators are most important for the Home and suggestions for appropriate actions are discussed.

The Villa will align the Quality Improvement Plan (QIP) that will be submitted to Health Quality Ontario (HQO) with the Quality Initiative indicators chosen through this process.

## 2025/26 PRIORITY AREAS

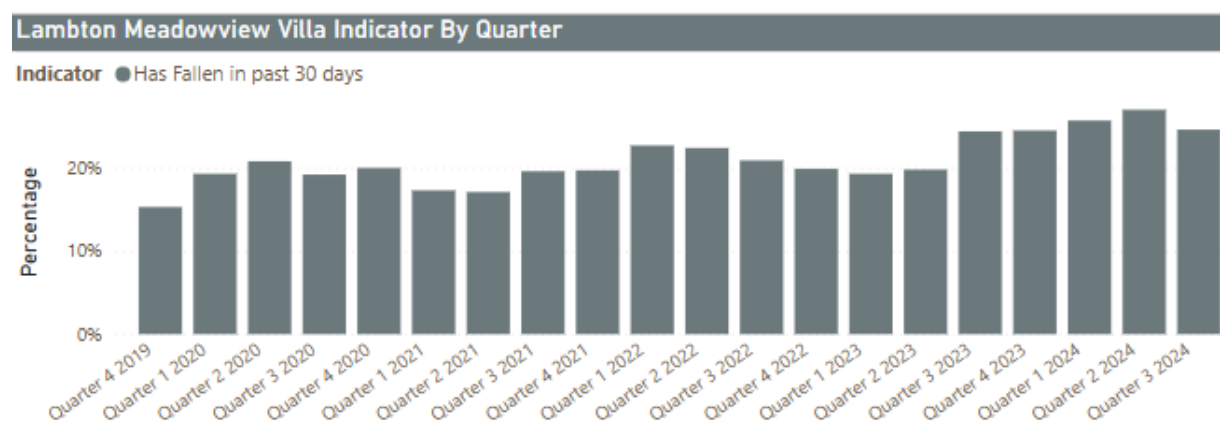
The Villa's Quality Improvement Plan (QIP) focuses on high level priorities for The Home. The Home's Internal Quality Team met to review a variety of indicators including the previous year's Elder Feedback Survey, nursing indicators and internal data. Areas of opportunity were identified and presented to The Home's Quality Improvement Council. In review of the data and planned action items, the Quality Improvement Council chose to highlight the following three indicators prioritized for **2025**:

- 1) Reduce the number of falls with injuries by 10%.
- 2) Number of Emergency Department visits of ambulatory care-sensitive conditions\* per 100 – improve by 15%.
- 3) Improve positive response for Elders participating in decisions about their lives to 80%.

All the priority indicators will be reviewed throughout the year at The Home's monthly goals meetings, quarterly Internal Quality Team Meetings and mid-year Quality Improvement Council meeting.

### INITIATIVE #1: Reduction in Number of Falls with Injuries

Overall, there has been an increase in the percentage of Elders who have fallen in the past 30 days over the past few years. In addition, from 2023 to 2024, there has been an increase in falls with injuries.



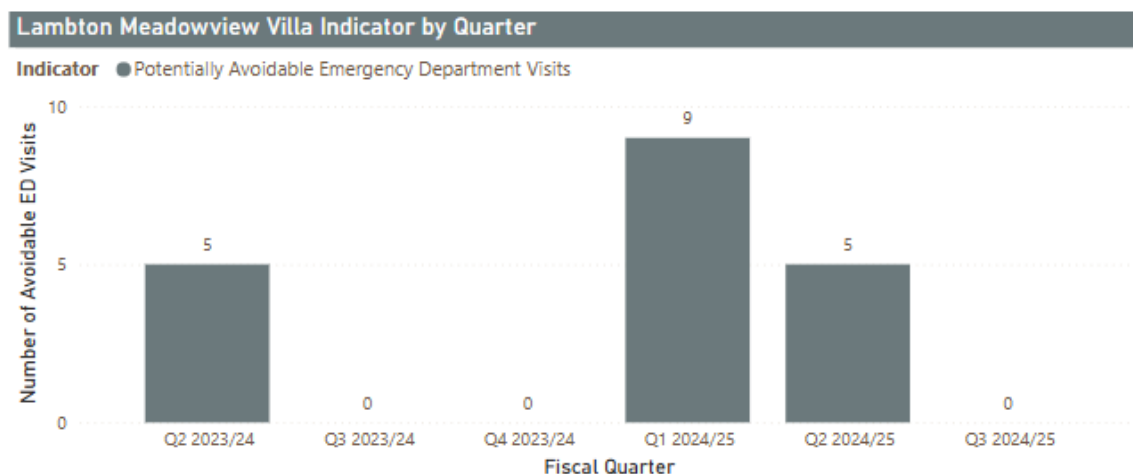
In 2024, the result of falls with injuries is 144. All falls are documented in PointClickCare (PCC) and the Quality Improvement Coordinator at the Villa tracks all falls for analysis. For 2025/26, the goal is to reduce it from 144 to 130 (by 10%). Action items includes:

Change Idea	Target	Responsible Group
Implementation of Registered Nurses Association of Ontario ("RNAO") Clinical Pathways Best Practice Guidelines – <b>Falls</b> Assessment integrated with PCC	100% of RPN/RN's will complete this training	DONPC, Quality Improvement Coordinator, Quality Assurance Manager, Quality Committee

Collaboration with Dietitian for educating direct care staff (nurses and personal support workers) on adequate nutrition for bone and skin health	100% of direct care staff will be trained	DONPC, Program Lead, Home's Dietician
Continue monthly shared falls data at neighbourhood areas by the Quality Improvement Coordinator	100% of neighbourhood meetings will have shared falls data and involvement of interdisciplinary team	Quality Improvement Coordinator
Continue to utilize Jubohealth/VitalLink platform to report any findings/trends	100% of Elder's vitals are inputted as required in platform	Quality Committee, Registered Staff

## **INITIATIVE #2: Potentially Avoidable Emergency Department Visits**

The Villa has chosen to improve on potential avoidable emergency department visits with support from new tools and strategies implemented in The Home. This is due to a slight increase in potentially avoidable emergency department visit in 2024 and aligns with priority indicators from Ontario Health.



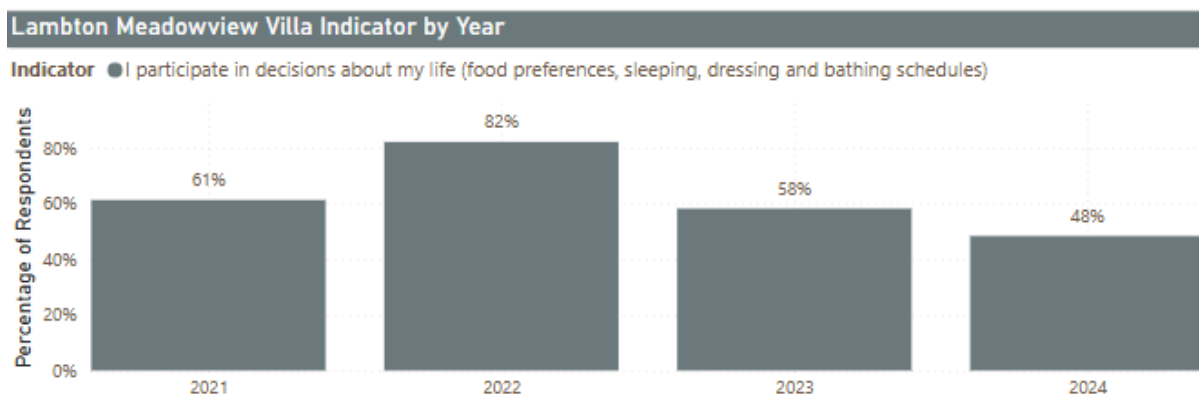
Action items include:

Change Idea	Target	Responsible Group
Implementation of intravenous therapy (IV) and education for nurses (this will allow The Home to be able to provide this therapy to Elders as required without going to the hospital)	50% of Registered Staff will be trained on IV therapy	DONPC, Registered Staff

In June 2024, the Villa added a new platform called “RESPECT Tool” within the PCC documentation system to help registered nursing staff to systematically approach discussion for goals of care with Elders and caregivers. Continue to use tool to navigate potential avoidable ED visits. RESPECT stands for Risk Evaluation for Support: Predictions for Elder life in the Community Tool.	100% of Registered staff will receive this training	DONPC, Quality Improvement Coordinator, Quality Assurance Manager, Registered Staff
In 2025, the Villa will implement Project AMPLIFI developed by Point Click Care System, St. Joseph’s Healthcare Hamilton and Ministry of Health of Long-Term Care. This tool will enhance health communication between nearby hospitals and The Home.	100% of Elders who are transferred to ED will use this platform	DONPC, Quality Improvement Coordinator, Quality Assurance Manager, Quality Committee, Registered Staff

### **INITIATIVE #3: Elder’s Preferences**

On the 2024 Elder Annual Feedback survey, the positive response rate for preferences in Elder’s life resulted in 48%. The positive response rate to these questions has declined from 2022.



For 2025, the Villa would like to achieve 80% of positive responses. This priority has been chosen due to a decrease in annual survey responses in previous years. With considerable discussion and input from Residents’ Council and Family Council, the preferences statement will

have four sub-sections to identify specific areas. Four sub sections will focus on dressing, eating, sleeping and bathing. See below to achieve target:

Change Idea	Target	Responsible Group
All staff will receive culture change/person centered care education/preferences	100% of all staff will receive this education	Quality Committee
Development of survey method to capture Elder's preferences and satisfaction throughout the year, in addition to the annual survey	100% of Elders will be assessed by this method	Quality Committee
Recommence New Elder Luncheon to establish person centered care and promote engagement	100% of New Elders will receive a luncheon	Home's Leadership team

Additionally, the Villa continues to implement RNAO Clinical Pathways. This two-year project will align with best practices and provide an opportunity to review assessment and plans of care with a person-directed lens. As of 2024, the Villa has implemented assessments based on admission/move in, resident and family centered care, delirium, dementia and depression. These comprehensive and person-centered care assessments enhance comfortability and smoother transitions to long term care.

## **FEEDBACK SURVEY**

The 2024 Annual Feedback Surveys were conducted between June 2024 to September 2024. Results were presented in November 2024 to Residents' and Family Councils along with the proposed action plan based on the results.

The response rate for the Villa in 2024 was 69 respondents. Based on the results of the Elder's survey, the highest area of satisfaction was in building/environmental with a result of 96%. Other high areas of satisfaction are respect/dignity, safety/security, care/support, recommendation of The Home and overall quality of care. The lowest areas of satisfaction are meaningful activities (71%) and information/health communication (57%). For the 2024 families/caregiver surveys, there were 56 caregivers who responded to the survey. All sections received high levels of desired responses above 94%. Various items were worked on throughout 2025 to improve the lowest areas of satisfaction. Action items include adding personalized activities of interest, implementing project AMPLIFI to support health communication and continuous education on culture change.

The Quality Assurance Manager has requested to be present in June 2025 Resident's and Family Council meetings to present Home's Quality Initiative Report and the final survey modifications based off suggestions. Both Councils were encouraged to provide any suggested actions or additions that the Villa should be working on in response to the survey results. The 2025 planned survey period will be between June and September 2025.

## **CONCLUSION**

A formalized Quality Improvement Plan (QIP) has been submitted to HQO to outline the various change ideas/action items. These ideas have been discussed and determined by the Villa's Internal Quality Team as well as their Quality Improvement Council. The Quality Improvement Council members have all reviewed the above report and have provided input to assist with its creation. The Villa will continue to look for opportunities to improve while providing the best possible care to Elders living in The Home. This report is displayed on The Home's Quality Improvement Board and website, where it is accessible to all staff members. For further information related to Quality Initiatives, please contact the Quality Assurance Manager or The Home's Administrator.