LONG-TERM CARE DIVISION

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REVIEWED BY:	Carolyn Hodges, Administrator Michael Gorgey, General Manager
INFORMATION ITEM:	2025 Quality Improvement Initiative Report
REPORT DATE:	June 2025

CORPORATE LEAD:	Quality Assurance Manager	Lipine Prak

PRIORITY SETTING PROCESS

North Lambton Lodge (The **Lodge**) 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 internal team 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
- Mandated 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 Council. This Council has representatives from Residents' Council, Family Council, the Home's leadership team and mandatory programs, physiotherapy, pharmacy as well as the medical director. The Council will determine which indicators are most important for the Home and suggestions for appropriate actions are discussed.

The Lodge 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

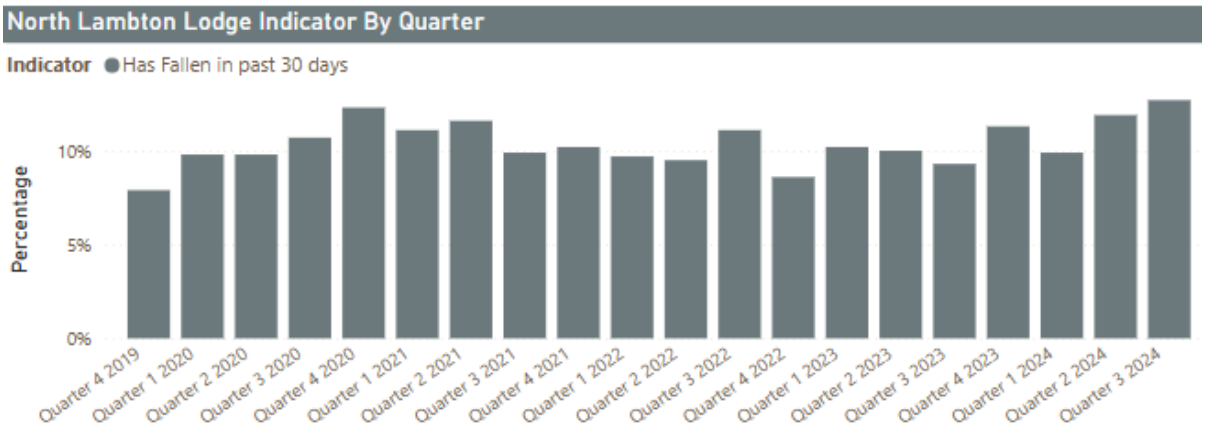
The Lodge's Quality Improvement Plan (QIP) focuses on high level priorities for the Home. The Home's Internal Quality Improvement Team met to review a variety of indicators including the previous year's Elder Feedback Survey, nursing indicators and internal data. Areas of opportunity were identified 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) Reduction of Number of Falls among Elders in the last 30 Days by 3% (from 11.9% to 8.9%)
2) Reduction of Skin Tears by 20% (from 95 to 76)
3) Increase Positive Responses related to Elder's Preferences (from 65% to 80%)

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

INITIATIVE #1: Reduction of Number of Falls among Elders in the last 30 Days

This indicator is tracked by the Canadian Institute Health of Information ('**CIHI**'). In 2024, the Lodge ~~has~~ noticed an increase in Elders who has fallen in the past 30 days. The goal is to reduce this indicator by 3% in 2025.



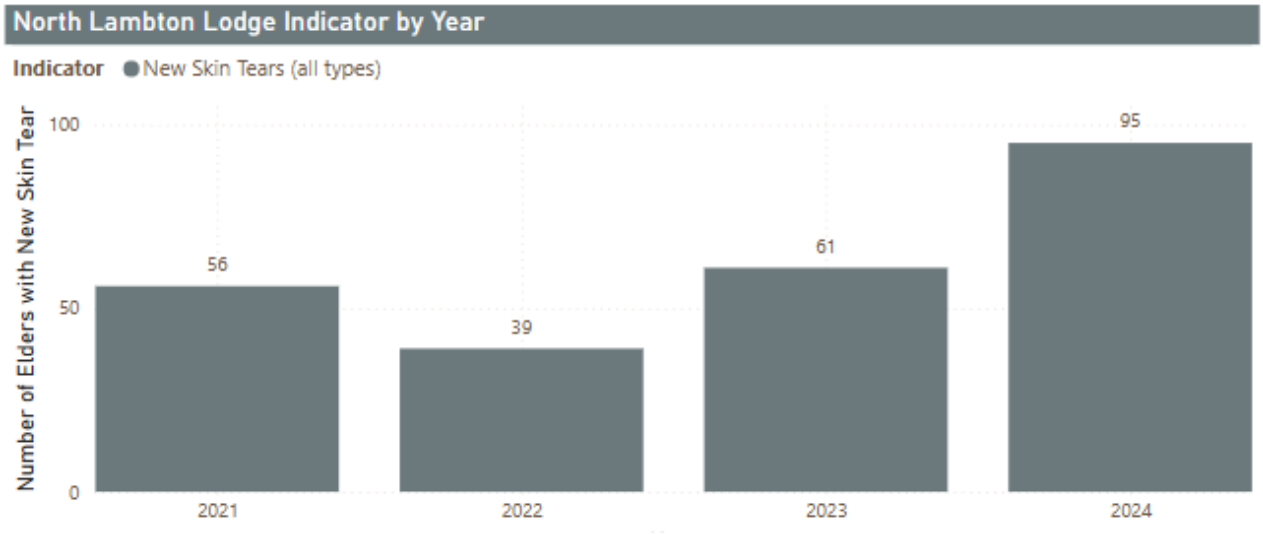
The Lodge will apply the following to achieve target:

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

Point Click Care documentation system (PCC)		
Continue monthly shared falls data at neighbourhood areas by the Quality Improvement Coordinator	100% of neighbourhood meetings will have shared falls data and discussed with the interdisciplinary team	Quality Improvement Coordinator
Continue to utilize Jubohealth/VitalLink technical platform to report any findings/trends in Elder's falls.	100% of Elder's vitals will be inputted as required in the platform	Quality Committee, Registered Staff

INITIATIVE #2: Reduction of Skin Tears

This indicator was chosen due to the increase in number of skin tears in the past two years. The Lodge is aiming to reduce skin tears in the Home by 20% (from 95 to 76).



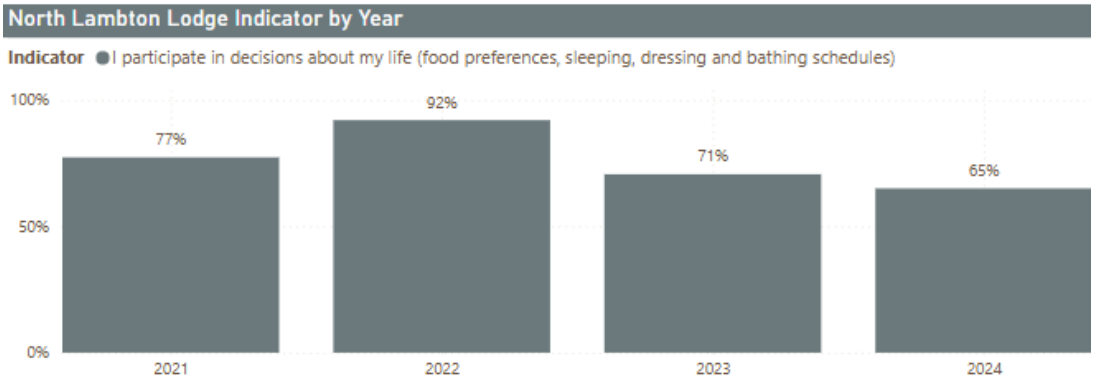
The Lodge will apply the following to achieve target:

Change Idea	Target	Responsible Group
Educate direct care staff on interventions and preventative measures to reduce skin tears	100% of direct care staff will be trained on the resources	DONPC, Program Lead, Quality Committee
Implementation of PointClickCare Skin and Wound application to streamline accurate wound documentation, enhancing visibility into wound and skin	50% of RPN/RN's will be trained on the Skin and Wound App	DONPC, Quality Improvement Coordinator, Quality Assurance Manager, Quality Committee, Registered Staff

progression and supporting better monitoring of treatment efficacy		
Educate all staff on the importance of nutrition and exercise	75% of all staff will receive education of nutrition and exercise	DONPC, Program Lead, Quality Committee

INITIATIVE #3: Elder's Preferences

On the 2024 Elder Annual Feedback survey, the positive response rate for Elder's preferences was 65%, which has declined over the past few years. For 2025, the goal is to increase the positive response rate to 80%.



With considerable discussion and input from Residents' Council and Family Council, the plan is to breakdown preferences into 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

Additionally, the Lodge 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 Lodge has implemented assessments-based 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 to Residents' and Family Councils in October 2024 along with the proposed action plan based on the results.

The response rate to the 2024 survey was 57 Elders. Based on the results of the Elder's survey, the highest area that received 100% of satisfaction was in the building/environmental section. The sections that received more than 90% of desired responses were in the following areas: respect/dignity, safety/security and care/support. Other areas of high satisfaction include meaningful activities, overall quality of care and recommendation of the Home. The lowest area of satisfaction is Information/health communication with a result of 66%. For the families/caregiver survey, there were 38 caregivers who responded to the survey. All sections received high levels of desired responses from 97% to 100%. Various items were worked on throughout 2025 to improve the lowest area of satisfaction. Action items include implementing project AMPLIFI to support health communication, continuous education on culture change and updating personalized activities.

The Quality Assurance Manager has requested to be present in June 2025 at Residents' 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 Lodge 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 Lodge'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 Lodge 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.