

Deer Park Villa 2024-2025 Continuous Quality Improvement Initiative Report

Designated Lead

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The Seniors Division of the Regional Municipality of Niagara Region provides resident-centred care with a focus on continuous quality improvement for the benefit of residents, families, and staff. We work together with team members, volunteers, students, physicians, and the Public Health and Social Services Committee to ensure that the quality of resident care and services are monitored, analyzed, and evaluated per resident preferences, best practices, leading practices, and in compliance with the Fixing Long-Term Care Act 2021 (FLTCA), Ontario Regulation 246/22 requirements, and Accreditation Canada standards. Whenever we identify opportunities for improvement, we work together on developing, implementing, and evaluating initiatives accordingly.

Deer Park Villa is one of the eight long-term care homes owned and operated by the Regional Municipality of Niagara. The Home has 39 beds.

Strategic Plan 2024-2027

Seniors Services has successfully achieved all the objectives outlined in its 2020-2023 Strategic Plan cycle. This achievement demonstrates significant progress in the quality initiatives taken over the past three years to optimize outcomes and enhance the delivery of quality care in long-term care homes.

Seniors Services has conducted more discussion sessions with stakeholders to review accomplishments and identify emerging needs and opportunities. The insights gained from these collaborative sessions were incorporated into the Seniors Services Strategic Plan 2024- 2027. This strategic plan aims to foster growth, innovation, and inclusivity while consistently providing quality and compassionate care and bringing the community together. The following strategic priorities are the focus for each Long-Term Care home from 2024 to 2027.

1. **Person-Centred Care & Engagement:** It is more than just a process; it is a commitment to understanding individual needs, values, and preferences. This approach can increase satisfaction, trust, and empowerment for those we serve.
2. **Thriving Workforce:** Prioritize the well-being and happiness of staff in the workplace; their

positivity and contentment will lead to better outcomes for everyone involved.

3. **Safety Focused:** Consistently exhibiting a steadfast devotion to safety. By consistently demonstrating a strong commitment to keeping ourselves and others safe, we can create a positive and secure environment for everyone involved.
4. **Innovative Service Delivery:** Embracing cutting-edge technology, modernizing systems and processes, fostering innovation, and harnessing the power of digital health, we have the potential to transform the way we care for ourselves and our communities.
5. **Strong Partnerships:** To achieve the highest level of care and support, it is crucial to establish a solid and effective collaboration with our community partners. By working closely with them, we can maximize our resources and provide the best possible outcomes for those who depend on us.

Reflections Since the Last Report

Over the past decade, understanding among long-term care residents has consistently risen. As a result, senior services have focused on improving the quality of care and patient experience by optimizing system capacity, enhancing access to care, and streamlining patient flow.

Equity and Indigenous

Niagara Region's Seniors Services has supported the access to information and resources that help build a culturally knowledgeable workforce to reduce health disparities and promote improved outcomes for seniors living in the region. To achieve this objective, the organization is continuously and strategically working towards advancing health equity within the Niagara Region. The organization has established an Equity, Inclusion, and Diversity work plan to promote cultural safety initiatives that align with this goal. This plan offers an opportunity to ensure that all seniors, staff, and families receive equitable access to healthcare services and support.

Patient Safety

Niagara Region Seniors Services follows the "safety first" principle to ensure the safety of its residents. Staff members, families, volunteers, students, doctors, and the Public Health and Social Services Committee share the commitment to safety. To maintain a consistent standard of care, improve the resident experience, and ensure quality of care, we developed a Resident Safety Plan across our eight long-term care facilities. Niagara Region Long-term Care Homes have taken on several initiatives to align our divisional priorities to the new Fixing Long-term Care Act and

Accreditation requirements.

In 2023, each of the eight long-term care homes maintained their designation as Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organizations. Key quality initiatives completed as part of this designation include preventing falls and reducing injuries from falls, Nursing Advantage RNAO Clinical Pathways—Resident and Family Centred Care, and Delirium and Admission Clinical Pathways.

Seniors Services is actively providing feedback to a working group to develop and implement more clinical pathways in all long-term care homes across Ontario. Additionally, we proudly train staff as Best Practice Champions across all eight long-term care homes. We conduct regular training sessions throughout the year to ensure our staff is fully equipped and empowered to deliver the highest quality care to our residents.

In 2023, Senior Services promoted resident engagement and consultation to enhance emergency preparedness by aligning it with the impact of climate change. We completed a risk assessment and utilized data from the Ministry of Environment to identify urban flash flood risks. As a result, Seniors Services extended the flood risk plan to all homes and identified risks of smog and bushfires. We developed and implemented a "Code Orange" air quality plan to address these risks.

In 2023, we also Implemented technologies designed to support clinical decision-making, promote efficiency, and improve workflow. One example is Welbi technology, which represents a system improvement for the Programs and Recreation Department. This new technology helps long-term care homes design and plan programs and enhances communication with families and residents by promoting our person-centred care philosophy.

In 2023, our organization implemented PointClickCare's Document Manager to improve our processes. This technology allows us to create, personalize, and update admission, discharge, and routine documentation in an electronic format, which helps us align with Green - resilient council priority. This tool lets residents and families quickly and efficiently sign documents electronically. This enhanced end-user experience ensures compliance and standardization of required documentation, making it more convenient for residents who move in and out of long-term care facilities. We are currently transitioning documents ranging from individual agreements and amenities to forms for health services, which will be completed between 2024- 2025.

Health Equity

Deer Park Villa worked closely with the engagement group to implement the 2023-2024 action plan

and recommendations to maximize family engagement across all Niagara Region Long-term care homes.

Seniors Services has recently taken a step toward promoting diversity, equity, and inclusion by partnering with the Niagara Folk Arts Multicultural Center to support the placement of Healthcare Navigators in long-term care homes. The Healthcare Navigator Training Program for Internationally Educated Health Professionals (IEHPs) is designed to train newcomer professionals who can assist and advocate for newcomers to Canada in accessing healthcare services in Ontario. Despite having educational qualifications in the healthcare field, many newcomers to Canada face challenges in securing employment in this sector. Seniors Services provided group orientation, training, and on-site integration in long-term care homes to address this issue and help IEHP understand LTC and the Seniors Community Program's service delivery and operations. This initiative expands the successful Supervised Practice Experience Partnership (SPEP) Program.

Home's Priority Areas

In 2024-2025, Deer Park Villa will maintain its focus on working collaboratively to uphold its philosophy of "nothing about me without me" and promote inclusivity. The home's quality plan will guide achieving excellence in care and service and navigating environmental challenges and opportunities. The plan will help to establish clear priorities, allocate resources effectively, monitor progress, and act based on results.

1. Number of ED Visits for A Modified List of Ambulatory Care Sensitive Conditions per 100 Long-Term Care Residents

Quality Dimension: Access & Flow

Goal: Reduce avoidable ED transfers by 5%:

- Maximize using nurse-led outreach teams to provide education, training, and clinical guidance on early recognition and treatment of residents at risk for ED visits.
- Educate Long-Term Care staff, residents, and families about the benefits and approaches to preventing emergency department visits.
- Strengthening palliative care support.
- Capacity building in registered Staff: Offering ongoing training and development of registered staff can help ensure they remain current with the latest best practices and are better equipped to meet the evolving needs of our Residents.

Indicator: Potentially avoidable ED visits

Target Justification: We understand the importance of minimizing avoidable hospital transfers in our home. We know that such transfers can cause immense stress and anxiety for our residents and their families, and we are committed to doing everything in our power to prevent them. We aim to ensure our residents receive the best care and support while minimizing any inconvenience or discomfort caused by unnecessary hospital transfers. We are committed to taking every possible step to prevent them.

2. Resident and Family Satisfaction

Quality Dimension: Resident and Family Engagement and Resident-Centred Care Goals: Integrate resident and family input and feedback into both service experience and service delivery planning:

- To continue educating staff training on pleasurable dining. Discover the aspects of meal service that bring joy to our residents.
- To foster a resident-centred care philosophy that aligns with our PoET (Prevention of Error-Based Transfers) approach.
- To gather real-time meal feedback. We will thoroughly review the home resident council using the OARC tools to ensure that our residents are making the most of the residents' committee.
- To ensure programming is enhanced to include more activities/events that enable social connections with each other, friends, and families, e.g., pet visits and social events.

Indicators:

- Overall rating of the home.
- Percentage of residents responding positively to "What number would you use to rate how well the staff listen to you?"
- Percentage of residents who responded positively to the statement: I can express my opinion without fear of consequences.

In 2023, the survey was available for completion from October 16th to November 20th. The survey received 23 responses, 12 from residents and 11 from families. The average satisfaction rate was 94.8%, with a family satisfaction rate of 98.5% and a resident satisfaction rate of 91.3%.

Three areas received low satisfaction scores: dietary services, the quality of food and snacks, and

the services provided by the physician. The 2023 Resident and Family Satisfaction Survey results were communicated to residents, families, and staff through the home's newsletter on March 1, 2024. A copy of the results was also posted on the Homes Quality Board on the same date. Furthermore, the results were verbally presented to the Resident Council on February 6, 2024, along with the meeting minutes.

Action items for improvement were identified, focusing on the three areas that received low satisfaction ratings in the survey. They are as follows:

- **Services Provided by the Physician:** The physician will attend resident council meetings as invited; assign time to physician rounds to visit residents; add Nurse Practitioner to the team; share information about physician services in the Home's newsletter.
- **Dietary Services:** Survey residents regarding dietary services; provide training to staff regarding pleasurable dining; and provide care plans for residents with disruptive behaviours at meals.
- **Quality of Food and Snacks:** Comprehensive review of the spring/summer menu; with permission from council, ensure food and NES manager is a standing item on resident council agenda; ongoing survey of residents in real time regarding food.

The Resident and Family Council and the Professional Advisory and Quality Committee are presented with the current report and are regularly informed of the progress made regarding action items at their meetings. During these meetings, members can ask questions, give input and make changes as needed. An updated report and minutes of the meetings are posted in the Home, and copies are available upon request.

The action plan will be reviewed and revised every quarter in collaboration with the resident (and family council if applicable) and the Quality Committee (refer to Appendix A). The comprehensive action plan is available in the home.

3. Percentage of Long-Term Care (LTC) residents without psychosis who were given antipsychotic medication in the seven days preceding their resident assessment.

Quality Dimension: Resident care and safety

Goal: Reduce the percentage of residents taking antipsychotic medication by 5%. Indicator: Residents not living with psychosis who were given antipsychotic medication.

- Review the continuous use indicator at quarterly multidisciplinary medication reviews and

summaries of residents' recent behaviours and identify residents who may benefit from trialing an adjusted antipsychotic use/dose.

- Review and optimize antipsychotic medications monthly.
- Decrease drug utilization rate through continuous discussions.
- Introduce therapeutic activity kits of nonpharmacological resources.

Target Justification: Antipsychotic medications may help treat behavioral symptoms associated with psychosis or dementia, such as agitation and aggression. The use of these medications has sparked debate about the side effects, which include sedation, a greater chance of falling, and a slightly higher death probability. Therefore, we must consider alternatives that help residents moderate their usage while providing a good quality of life and improving behaviours.

4. Percentage of Long-Term Care (LTC) home residents who fell in the 30 days following their assessment.

Quality Dimension: Resident care and safety

Goal: Reduce the percentage of residents who fell in the 30 days by 5%

- To utilize fall risk mitigation strategies.
- To conduct a thorough review of medication administration to reduce the incidence of falls that result in injury.
- To use repositioned devices for appropriate residents at risk of sliding from their chairs.
- To provide ongoing surveillance of resident spaces to identify environmental hazards that could pose a fall risk.

Indicator: Percentage of LTC home residents who fell in the 30 days.

Target Justification: Falls are the primary cause of nonfatal injuries and hospital admissions, posing a life-threatening risk. Additionally, falls can have adverse health outcomes and make residents feel fearful, which can hinder their independence, activity, and physical strength.

Therefore, it's essential to be mindful of fall prevention strategies to ensure the safety and well-being of individuals. We will continue to work on decreasing our falls to meet the province benchmark.

5. Diversity, Equity, and Inclusion

Quality Dimension: Equity

Goal: Increase cultural knowledge to provide residents with better service and equitable opportunities in our long-term care home.

Indicators:

- To enable education opportunities for team members about different cultures and establish a task force (active committee) that helps identify priorities within the home.
- To identify the number of residents at high risk of becoming socially isolated and develop a list of programming activities offered to residents.

Indicator: Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.

Target Justification: We can create a workplace that values and celebrates differences among our employees, leading to greater creativity, better decision-making, and a constantly pushing forward culture. Prioritizing DEI programs can pave the way for meaningful growth and long-term opportunities for our workforce and residents. Encouraging diversity can lead to increased innovation and collaboration and a more forward-thinking work environment. Implementing DEI strategies can improve our homes and create lasting relationships.

Niagara Region Services Approach to Continuous Quality Improvement

The Operational plan includes improvement efforts and initiatives across the homes to optimize standardization and decrease variability. Accreditation Canada and Health Quality Ontario

Identify the priority areas through in-home committees, audits, reports, resident and family feedback, legislative requirements, and guiding principles.

All eight long-term care homes have been accredited with Exemplary Standing under the Qmentum accreditation program with Accreditation Canada.

Our home will monitor progress on strategic priorities to align it with our home needs by focusing on providing the best quality to our residents and embracing our continuous quality improvement philosophy. Prioritizing opportunities for improvement is a critical step in the process of translating data into action.

Deer Park Villa is committed to fostering a collaborative and inclusive environment where the voices of our residents and their families are integral to shaping the care we provide. Deer Park Villa actively engages members of the Resident and Family Councils in quarterly Professional Advisory

and Continuous Quality Improvement (PAC-CQI) Committee meetings. The insights and experiences of the Resident and Family Council and the Quality Committee are invaluable in identifying areas for growth and implementing meaningful, actionable plans. By working together, Deer Park Villa ensures the care practices consistently evolve to meet the highest standards and deliver the best possible outcomes for the residents.

Our team will:

Identify/Diagnose the Problem

All identified problems that need attention are analyzed using the root cause framework.

- Deer Park Villa will document the problem and identify opportunities for improvement.
- Deer Park Villa will identify how they plan to achieve desired results and document them in the Resident and Family Survey Action Plan
- The plan should include (1) Where we are, (2) Where we want to be, (3) How we will do it and identify the team that will support the improvement activity.
- Determine if training is needed and include it as a task.

Set Improvement Aims

The aims set in our plan are developed using an interdisciplinary approach and feedback from residents and families. Data supporting the objective will be collected and used for analysis and benchmarking. Examples of data include scorecards, dashboards, and other facility reports such as employee and resident satisfaction results. Reports available from outside resources, including but not limited to Health Quality Ontario, CIHI, and RNAO, are used to set clear paths for improvement.

We use the SMART framework (Specific, Measurable, Attainable, Relevant and Time-Bound) to set goals that will align with the desired improvement target and will help to focus on continuous improvement.

Set and Test Improvement Ideas

Our quality improvement plan relies on teamwork among all staff to analyze problems and propose and implement resolutions. Ideas or interventions are established and monitored for the duration of the plan. The analysis identifies the effectiveness of the improvement activity and if any other approach should be considered.

The improvement indicator or activity progress is documented in the Resident and Family Survey

Action Plan, and meeting minutes are recorded immediately after each quality meeting.

Implement, Spread and Sustain

Implementation plans are reviewed and evaluated as often as needed. The interventions are tested and assessed to ensure that any practice changes are appropriately embedded into our workflow and that staff is aware of the changes. At the end of the testing period, the team will evaluate if the interventions or change ideas resulted in improvement. The team will present any opportunities that could result in standardized practices across our long-term care homes to the quality steering committee. The Quality Steering Committee will discuss sustainability and consistency approaches and support the long-term care homes with the resources needed to implement any adaptations.

How We Monitor Improvement and Identify Outcomes

An Interdisciplinary team reviews metrics on the Point Click Care system and monitors progress in line with the core programs by proactively reviewing real-time data and progress across indicators. This allows the team to communicate effectively and adjust strategies to align with any issues identified.

Communication

Strategies are developed following the senior's communication plan but are not limited to home-specific needs and preferences.

Updates in the quality improvement plan are shared through several means, including:

- Postings on the quality board
- Direct e-mails to staff and families
- Newsletters
- Website
- Informal presentations/huddles
- Presentations at staff meetings
- Presentations at Residents' Council meetings
- Presentations at Family Council meetings (on request)
- Presentations at Public Health and Social Services Committee

Appendix A- Resident and Family Satisfaction Surveys Action Plan Update

Indicator	Action Item	Resident council	CQI Committee
Services provided by the physician	<ol style="list-style-type: none"> 1. Share results with quality committee. 2. physician to attend resident council as invited. 3. assign time during physician visits to meet with residents (target=10/year) 4. support attending physician services with Nurse Practitioner services. 5. Include information about services in the newsletter 	<ol style="list-style-type: none"> 1. Communicated to Resident Council on April 9/24. 2. In person on Oct 14/24 at Resident Council meeting. 3. Informed Resident Council on Oct 14/24 4. Resident Council meeting on Oct 15/24. 5. Resident Council on Oct 14/24. 	<ol style="list-style-type: none"> 1. Verbal and written in minutes from April 30/24 PAC and Quality Committee Meeting. 2. Communicated to PAC on Oct 15/24. 3. Details of visits are documented in resident charts on PCC, completed October 2024. Informed PAC on Oct 15/24. 4. NLOT services every 2 weeks, added Nurse Practitioner effective October 2024. Verbal and in minutes at Oct 14/24. PAC on Oct 15/24. 5. Included in the Oct and Nov newsletter. Communicated to PAC on Oct 15/24.
Dietary Services	<ol style="list-style-type: none"> 1. Inform team of results 2. Survey residents to narrow scope of “dietary services.” 3. Provide training/education to staff regarding pleasurable dining (target=3 sessions held; 30 staff attended) 4. Ensure residents with disruptive behaviours at meals have care plans in place and are followed (target = 100% of identified residents) 	<ol style="list-style-type: none"> 1. Communicated to Resident Council on February 6, 2024. 2. Communicated to Resident Council on Jun 10/24. 3. The home held 3 sessions, target # of staff is less than 30, communicated on Oct 14/24 at RC 4. Action Plan was completed year to date and communicated on Oct 14/24 at Resident Council meeting. 	<ol style="list-style-type: none"> 1. Verbal and written in minutes from Jan 23/24 NES department meeting. Communicated to PAC on April 30/24. 2. Completed on 1:1 basis in March & May 2024. Communicated to PAC on July 16/24. 3. Communicated at PAC on Oct 15/24. 4. Communicated to PAC on Oct 15/24.

Indicator	Action Item	Resident council	CQI Committee
Quality of Food and snacks	<ol style="list-style-type: none"> 1. Inform team of results 2. revise spring and summer menu (NES manager to site on working group). standing item at resident council with NES manager in attendance to solicit input and give feedback. 3. Survey residents during meals and snacks regarding quality and act on results (target=30 surveys) 	<ol style="list-style-type: none"> 1. Communicated to Resident Council in Feb 6/24. 2. New Spring Menu revised and reviewed with Resident Council at both April 9 and May 14 meetings, see minutes and at PAC on July 16/24. 3. Verbal presentation and written in the minutes from the April 9/24 Resident Council meeting. 4. Presentation of survey material and written in the minutes from Apr 9/24 Resident Council meeting - implemented by paper in June 2024 and electronic in October 2024. Final update provided to resident council on Oct 14/24 	<ol style="list-style-type: none"> 1. Verbal and written in minutes from Jan 23/24 NES department meeting. Communicated to PAC on April 30/24. 2. Reviewed with at PAC on July 16/24. 3. At April 30/24 PAC. 4. Final update provided to PAC on Oct 15/24.