



**victoria
village**
Community of Care

Continuous Quality Improvement Report



DESIGNATED LEAD

William A. Krever

President and Chief Executive Officer

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Overview

A. Overview of Quality Improvement Report – 2023

Victoria Village Manor is pleased to share its 2023 Quality Improvement Plan (QIP). Our QIP plan is based on our mission;

***Victoria Village is a vibrant community providing person-centred care
with the goal of an individualized aging experience***

Our beliefs as an organization are based on the following five pillars:

Our Beliefs



We believe in outstanding quality and innovation



We believe in the power of our people



We believe in person-centred care



We believe in the strength of our community



We believe in collaboration and dynamic partnerships

Each year, our quality priorities are guided by these five pillars and represent our commitment as an organization to provide the best care possible to our residents.



Review of Quality Improvement Activities for 2022/2023 _____

A. Review of Quality Improvement Activities for 2022/2023

1. Quality and Innovation

Priority #1: Hand Hygiene

Improve hand hygiene (HH) compliance rates through the integration of electronic hand hygiene audits and increased education and training.

Current Status:

HH Rate Q1: 29% Compliant, 63% Noncompliant (Did not meet time required), 8% Missed (these rates have already improved when compared to our May and June HH rates)

Proposed Target: TBD

Action:

1. Increased Hand Hygiene audits performed across the facility on all shifts (Set target for # performed monthly or weekly)
2. Feedback to be given to staff that do not meet targets at time of audit
3. Hand Hygiene training for all staff (proposed target of 80% completed by September 30, 2022)
4. Information given to auditors on how to effectively give feedback during the audit process.

Results:

All targets have been met or exceeded.



Priority #2: Dietary Services

To increase the overall satisfaction rating in the 2022 and 2023 Resident Satisfaction Survey for Food Services from 76% to 80%.

Current Status:

For the 2021 Resident Satisfaction Survey, the overall satisfaction with Dining Services was 75.9%, including:

- Assistance at mealtime (100% satisfaction)
- Dining room is clean (97%)
- Taste (62%)
- Food looks appealing (57.6%)
- Food temperature (55.9%)

Proposed Target: 80%

Action:

1. Complete the implementation of the Synergy System and MealSuite.

Results:

For the 2022 Resident Satisfaction Survey, the overall satisfaction with Dining Services was 75.9%, including:

- Assistance at mealtime (100% satisfaction)
- Dining room is clean (95%)
- Taste (66%)
- Food looks appealing (66.0%)
- Food temperature (54.0%)



2. Power of our People

Priority #3: Staffing Resources

Ensure that staffing levels continue to average at least 90% occupancy on all shifts in all departments.

Current Status: 95%

Proposed Target: 90%

Action:

1. Increase recruitment strategies for new employees.
2. Continue joint work with Barrie and Area LTC homes around agency staff agreements.
3. New staffing software (UKG) introduced to streamline HR and staffing functions, including scheduling, payroll, and tracking of performance reviews

Results:

Staffing levels have averaged 92% over the past year including support from external agency staff and the use of overtime.



Priority #4: Employee Engagement Survey

Develop and implement an employee engagement survey in 2022/23 and develop strategies to improve issues identified from the survey.

Current Status: Survey development in progress

Proposed Target: Unknown

Action:

1. Implement a new Staff Engagement survey for 2022 and compare results to 2021 and 2019 surveys to set benchmark targets for employee engagement.

Results: Employee Engagement survey was implemented and a full report was produced.

3. Person-Centred Care**Priority #5: Resident Bill of Rights**

Increase the awareness of the Resident Bill of Rights in the resident and family survey to 70% (currently 58.2% in the 2021 survey).

Current Status: 58.2%

Proposed Target: 70%

Action:

1. Increase awareness of the Resident's Bill of Rights in the monthly newsletter
2. Post updated Bill of Rights throughout the Home

Results: 88% of the residents were aware of the Resident Bill of Rights

Priority #6: Palliative Care

Increase the percentage of residents who have their palliative care needs identified and documented.

Current Status: Unknown

Proposed Target: Unknown

Action: TBD

Results: 100% of residents who have their palliative care needs identified and documented.

Priority #7: Skin and Wound Care

Reduce the incidents of New Stage 2-4 Pressure Ulcer and Worsened Pressure Ulcer from 1.0% to 0.8% and promote healing of Stage 2-4 Pressure Ulcers.

Current Status: 1.0%

Proposed Target: 0.8%

Action:

1. Education on:
 - a. the importance of and accurate application of pressure relieving device's ex. w/c cushions and
 - b. elevation of head and foot for offloading of pressure points
2. Monitoring of correct applications of w/c pressure relieving devices
3. Implement resident feedback and input by:
 - a. Interview residents in relation to current interventions and effectiveness
 - b. comfort with the application of current interventions
 - c. provide education on the importance of proper application for their wellbeing.
4. Review, amend and/or develop policies and procedures
5. Assess and develop resident specific interventions to address individual resident care needs e.g. air mattress, mobility devices, pressure relieving boots, etc.

Results: incidents of New Stage 2-4 Pressure Ulcer and Worsened Pressure Ulcer is 0.8%.

4. The Strength of our Community

Volunteers from the local community are an important part of our team at Victoria Village. In the past year, we have added a full-time position of Volunteer Coordinator to help us increase our volunteer program.

Priority #8

Increase the quality of life for residents with more meaningful volunteer involvement. For 2022/23, this goal includes increasing the number of active volunteers to 30.

Current Status:

The previous number of volunteers is not available due to the closure of the volunteer program during the pandemic.

Proposed Target: 30 active volunteers

Action:

1. Increase community recruitment of volunteers including within Victoria Village and in the local community.
2. Increase the role of volunteers within Victoria Village Manor to include small group programs, special events and outings
3. Utilizing skill-based volunteers to introduce new programs.

Results: The total number of volunteers exceeded 30





Quality Improvement Activities for 2023/2024 _____

C. Quality Improvement Activities for 2023/2024

#	Area of Focus	Change Idea	Target
1	Quality and Innovation	<ul style="list-style-type: none"> To complete a full emergency evacuation drill on all units of the home including establishing a triage area and using specialized evacuation equipment 	<ul style="list-style-type: none"> To evacuate a total of 62 residents in a disaster simulation
2	Quality and innovation	<ul style="list-style-type: none"> To improve skin and wound care program through better processes, education and technology 	<ul style="list-style-type: none"> Education to PSW staff on completing head to toe assessments and recognizing changes in skin condition Trend and analyze all wounds including cause, onset and required treatment Review and redevelop referral process to wound care nurse Education to registered staff to ensure that staff are following skin and wound care protocols Explore PCC wound care program
3	Person Centred Care	<ul style="list-style-type: none"> Meeting the age-related needs of our residents, specifically the younger population that we have seen being admitted much more frequently over the past few years. 	<ul style="list-style-type: none"> To group younger residents in the same community in the home To provide staff training on the specific needs of younger residents Plan and implement programs geared to the stated interests of the younger residents.
4	Power of our People	<ul style="list-style-type: none"> Improve feedback and recognition for all employees 	<ul style="list-style-type: none"> Ensure all employees receive a performance evaluation Re-implement staff recognition activities that were in place prior to the pandemic



Provincial QIP Initiatives

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	14.86	14.00	maintain below provincial average	

Change Ideas

Change Idea #1 Reduce all preventable ER transfers

Methods	Process measures	Target for process measure	Comments
utilize PreviewED program	with PreviewED the psw will document daily on all residents through POC. this documentation will provide an alert to the registered staff, that the residents baseline has changed. the nurse will then complete an assessment and refer to MD or NP in order to prevent an ER transfer	decrease in ER transfers related to PreviewED program which include: UTI's, Pneumonia and CHF	

Change Idea #2 Nurse practitioner early intervention

Methods	Process measures	Target for process measure	Comments
collaborate with NP to address health concerns/ change in status in facility, early intervention	the registered staff will refer residents that require further assessment and or interventions to in house NP in order to be address and prevent further decline and ER transfer. the NP will also complete staff education.	decrease number of preventable ER transfers	

Change Idea #3 Long-Term Care Diagnostic Imaging Project

Methods	Process measures	Target for process measure	Comments
work with OH team and local hospital on project to allow residents to receive x-ray services in hospital and bypassing ER department, the resident will have access to faster and earlier x-ray services and not require ER transfer.	number of residents utilizing Diagnostic Imaging project and thus not requiring an ER transfer.	100% of residents will utilize Diagnostic Imaging through project	

Change Idea #4 Reduce all preventable ER transfers

Methods	Process measures	Target for process measure	Comments
all hospital transfers will be reviewed monthly by the quality improvement committee meeting, where education and or interventions will be developed to address all preventable ER transfers. NP will provide staff with education.	number of preventable ER transfers reviewed each month by the quality improvement committee	decrease number of preventable ER transfers.	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	88.61	95.00	to improve residents rate with changes to satisfaction survey	

Change Ideas

Change Idea #1 continue to ensure that residents are well informed and made aware of way to offer feedback

Methods	Process measures	Target for process measure	Comments
give the residents the opportunity to voice concerns at the Resident Counsel meetings held on a bi-monthly basis	number of residents participating in resident counsel	95% of residents will respond positively to this question	Total Surveys Initiated: 128 Total LTCH Beds: 128

Change Idea #2 continue to ensure that residents are well informed and made aware of way to offer feedback

Methods	Process measures	Target for process measure	Comments
give residents and family members the opportunity to voice concerns through the yearly resident satisfaction survey and admission process survey	number of completed resident and admission satisfaction surveys	number of positive responses to question in annual resident satisfaction survey	

Change Idea #3 six weeks and yearly care conferences and as needed when resident or families bring forward concerns

Methods	Process measures	Target for process measure	Comments
complete six weeks and annual care conferences, where an avenue is provided to residents and families to express concerns, aspects of resident care is reviewed at care conferences such as bath or shower schedule, incontinence product, food and fluid, etc.	number of residents that received a six week and annual care conference	100% of residents will have an annual and six week care conference	

Change Idea #4 involvement of in house social worker

Methods	Process measures	Target for process measure	Comments
the social worker will meet with all new admissions and assessment completed, assistance with transition and placement in LTC home. social worker participates in multidisciplinary committee meetings as well as six week and annual care conferences. wellness support groups on each unit and one on one individualized sessions with residents, families.	number of residents participating in one on one or group programs with social worker	100% of new admissions and referrals will meet with social worker,	

Change Idea #5 complaint process

Methods	Process measures	Target for process measure	Comments
all complaints received are individually assessed and interventions are developed to address concerns. all complaints are reviewed by the management team, and trended and analyzed quarterly and yearly	all complaints will be address and resolved within 10 days	all complaints will be address and resolved within 10 days	

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	CB	95.00	to improve residents rate with changes to resident satisfaction survey	

Change Ideas

Change Idea #1 staff education completed on revised complaint process

Methods	Process measures	Target for process measure	Comments
staff provided with education on complaint process, what is a complaint vs a concern, confidentiality etc.. all complaints received are individually assessed and interventions are developed to address concerns. all complaints are reviewed by the management team, and trended and analyzed quarterly and yearly. staff education on respecting residents rights.	staff will report all verbal and written complaints utilizing VVM procedure	all resident complaints will be reported by staff	

Change Idea #2 resident education

Methods	Process measures	Target for process measure	Comments
education provided to residents and reference material developed and posted on all units on process, whistle blowing and their right to express opinions and bring forward complaints without the fear of consequences	number of residents complaints received, and resident response rates in the resident satisfaction survey	increase in resident satisfaction survey	

Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	7.34	7.00	continue to maintain below HQO benchmark	

Change Ideas

Change Idea #1 monthly multidisciplinary meetings where all resident receiving antipsychotics are reviewed

Methods	Process measures	Target for process measure	Comments
multidisciplinary team will meet monthly and review all residents receiving an antipsychotic and review need for antipsychotic and mds documentation accuracy	number of residents triggering QI	0% of residents will be receiving an antipsychotic without the meeting the CIHI criteria	

Change Idea #2 utilize in house NP

Methods	Process measures	Target for process measure	Comments
NP, behaviour nurse and pharmacist will review all residents receiving antipsychotics and review which resident are candidates for de-prescribing. NP will manage chronic or acute mental illness, including treatment of physical health issues, pain, acute illness or infection, and bowel and bladder concerns. NP will review all residents receiving antipsychotics for treatment of anxiety.	number of residents triggering CIHI QI	0% of residents will be receiving an antipsychotic without the meeting the CIHI criteria.	

Change Idea #3 provide opportunity for feedback and input

Methods	Process measures	Target for process measure	Comments
give residents and families the opportunity to voice concerns at the resident and family counsel meetings held and the resident satisfaction survey completed yearly. all resident rights are reviewed at the residents counsel meeting	number of resident satisfaction survey completed and resident and family counsel meetings held	improve responses in resident satisfaction survey	

Change Idea #4 social worker to provide residents with an avenue to express concerns

Methods	Process measures	Target for process measure	Comments
the social worker will meet with all new admissions and assessment completed, assistance with transition and placement in LTC home. social worker participates in multidisciplinary committee meetings as well as six week and annual care conferences. wellness support groups on each unit and one on one individualized sessions with residents, families.	number of residents participating in one on one or group programs with social worker	100% of new admissions and referrals will meet with social worker,	

Change Idea #3 non - pharmacological management strategies

Methods	Process measures	Target for process measure	Comments
utilize behaviour nurse to develop and implement interventions to address behaviours including DOS documentation, collaboration with community partners such as BSS, and inhouse resources such as social worker, spiritual care coordinator etc. develop individualized care plans with interventions to address responsive behaviours.	number of residents triggering CIHI QI	0% of residents will be receiving an antipsychotic without the meeting the CIHI criteria.	

Change Idea #4 utilize recreation department

Methods	Process measures	Target for process measure	Comments
implement programs/activities to address social isolation or insufficient physical or social activity. utilize redirection and purposeful engagement. revamping of Montessori activities located on each unit with instructions for each individual resident with activities that are stimulating to them, to be utilized by all front line staff.	number of residents triggering CIHI QI	0% of residents will be receiving an antipsychotic without the meeting the CIHI criteria.	

Measure **Dimension:** Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Falls	C	% / LTC home residents	CIHI portal / 2023	15.50	15.00	maintain CIHI indicator below provincial average	

Change Ideas

Change Idea #1 develop and implement individualized care plans

Methods	Process measures	Target for process measure	Comments
individualized care plans will be developed and implemented by reviewing cause, time and location and implementing toileting plans, quick reference tip sheets, and falling leaf programs, which will be communicated to staff in with logo placed by the resident name and on equipment.	number of residents reviewed during monthly meetings and individualized care plan developed and implemented	to decrease number of residents having a fall to meet target of 15% of residents having a fall for CIHI QI.	

Change Idea #2 continued implementation of equipment to prevent falls and minimize injuries

Methods	Process measures	Target for process measure	Comments
during monthly falls rounds and committee meetings each fall and resident will be assessed and equipment interventions will be implemented such as hip protectors, high low beds, side rails, floor mats, falling leaf logos, alarms bed and chair, etc.	number of residents having a fall monthly	to decrease number of residents having a fall to meet target of 15% of residents having a fall for CIHI QI.	

Change Idea #3 monthly multidisciplinary committee meetings

Methods	Process measures	Target for process measure	Comments
monthly meetings where each fall and resident will be reviewed. trending tracking and analyzing will be reviewed, quality improvement plan will be reviewed, falling leaf program will be reviewed, and interventions developed assessed and implemented	number of residents having a fall monthly	to decrease number of residents having a fall to meet target of 15% of residents having a fall for CIHI QI.	



Quality Improvement Process _____

D. Quality Improvement Process

Victoria Village has a very robust quality improvement process based on an integrated approach throughout the organization. The Quality Improvement process is managed by three main committees within Victoria Village including:

- a. Quality Improvement Committee of the Board of Directors
- b. Continuous Quality Improvement Committee
- c. Victoria Village Leadership Committee
- d. Professional Advisory Committee

The Quality Improvement Committee of the Board of Directors is as part of the organization's governance framework and in keeping with the requirements for healthcare providers outlined in the Excellent Care For All Act (ECFAA – Bill 46) 2010. The role of this committee includes monitoring key performance indicators, reviewing quality improvement plans, reviewing complaints and critical incidents analysis and monitoring feedback from stakeholders including residents and staff.

Victoria Village has established the Continuous Quality Improvement Committee as part of the organization's quality framework and in keeping with the requirements for healthcare and community service providers outlined in the in the *Fixing Long-Term Care Act, 2021 (Ontario Regulation 246/22)*. The role of this committee is to examine quality initiatives specifically related to person-centred care within the home.

The Victoria Village Leadership Team is responsible for developing and reviewing quality improvement plans for Victoria Village based on on-going reports, key improvement indicators and feedback from stakeholders.

The Professional Advisory Committee reviews quality improvement plans and key improvement indicators and provides feedback on quality improvement results.

Victoria Village is committed to accreditation through the Council on Accreditation of Rehabilitation Facilities (CARF) and is accredited by CARF every three years. In 2021, Victoria Village received a three-year accreditation award.