

Overview

Valleyview Residence embraces the importance of ensuring a commitment to continuous quality improvement. In 2022, the Home reviewed and enhanced a standardized quality program built on a collaborative framework to allow resident care, services, and operations be monitored, analyzed and evaluated and in line with enhancing resident care experience, strengthening of health and safety and improving of outcomes through evidence based best practices. Year 2022 has provided a roadmap and direction in streamlining priorities for 2023-2024.

Our goals in 2023-2024 are based on aligning of the Fixing Long Term Care Act, 2021 (FLTCA), Ontario Regulation 246/22 and set out targets of CIHI quality indicators to achieve results to:

- Integrate quality improvement, risk management, utilization review and residents' needs and expectations.
- Ensure the delivery of resident care at the best achievable level of quality in a safe manner.
- Contribute to the improvement of the overall delivery of the health system by engaging in quality improvement opportunities, and by having key staff engage and participate in various external forums, and committees.
- Ensure the Home provides high quality and integrated care to residents.

Establishment of the Continuous Quality Improvement (CQI)

Committee

In 2022, the framework of a continuous quality improvement (CQI) program included the development of a CQI Committee. In preparation for this committee, we required a system performance approach with improvement aims of operational priorities, publicly reported indicators and compliance activities of key initiatives. A quarterly quality report was developed for all Program leads to conduct, which includes quality improvement measurements of key performance indicators, audits overview and update of program goals developed for each annual program evaluation.

In October 2022, the Home implemented a new Continuous Quality Improvement (CQI) Committee and aligned with the expectations of the Fixing Long Term Care Act, 2021 (FLTCA), Ontario Regulation 246/22. The Committee members includes but not limited to the Medical Director, Pharmacist, staff member, RN/RPN, and member of Residents' Council and Program leads.

Objectives of the Continuous Quality Improvement (CQI) Committee:

- Provides means for continuous quality improvement to rectify identified areas of deficiency in the deliverance of care.
- Assists in assessing the environment for risks, safety factors.

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- Strategizes on priority areas and indicators in the Home and development of action plans through collaboration of teams, residents and other stakeholders.
- Provides educational opportunities for all staff to become knowledgeable and able to participate in processes that will meet and exceed client satisfaction.
- Identifies and make recommendations on policies and procedures which may require development revision, or reinforcement. As part of this process the objective is to ensure that policies and procedures are based on most current evidence or prevailing practices.

2022 Quality Indicator Targets and Achieved

Quality Indicator	2022 Target (Provincial Average)	2022 Valleyview Achieved	Change from 2021
Falls- Number of residents who have fallen	16.6%	21.3%	Reduced by 6.8% (was 28.1%)
Antipsychotic Reduction- Number of residents prescribed antipsychotics without a diagnosis of psychosis	20.9%	27.3%	Reduced by 0.7% (was 28%)
Worsened Pressure Ulcers	2.4%	3.0%	3.1%

*Targets revised to indicated provincial average.

Discussion on Continuous Quality Improvement Results for 2022 / 2023

FALLS REDUCTION

Number of residents who have fallen

In 2022 did not meet target of less that 16%. CIHI (Canadian Institute for Health Information) data in Q3 (October-December 2022) was 21.3%

The Home in 2022 made strides in improvement measures as there was a decrease from Q3 (October-December 2021) which was 28.10%

In 2022, a focus on corrective actions to decrease the number of falls and mitigate prevalence of injury and fractures was developed which included a Falls Prevention and Awareness initiative and focussed on the following:

1. Policy Update/Education
2. Assessment/Identification
3. Root Cause Analysis/ Interventions through Huddles

USE OF ANTIPSYCHOTICS REDUCTION

Number of residents prescribed antipsychotics without a diagnosis of psychosis

In 2022 did not meet target of less than 21%. CIHI (Canadian Institute for Health Information) data in Q3 (October-December 2022) was 27%

In Mid-2022, there was a collaboration between the Responsive Behavioural Lead and care team to ensure care and supportive treatment addressing behaviours as the first line of action before considering pharmaceutical options. Also Pharmacist collaboration to identify and regularly assess and reassess antipsychotic prescribing and evaluate alternatives to help provide remedy to the resident.

WORSENERED PRESSURE ULCERS

(Worsened Stage 2 to 4 pressure ulcers)

In 2022, the Home achieved below the target with a result of Q3 (October- December 2022) of 3.0%

The Home in 2022 identified a need to standardized wound care products in promotion of quality skin health. All PSWs and registered staff participated in training of effective treatment of skin products and wound care.

Resident Experience Survey

In late 2022, we conducted a resident experience survey. In total, we received 44 resident responses.

84% Resident Respondents noted that **Home overall is Excellent**

89% Resident Respondents indicated that **would positively recommend Valleyview Residence to a Family Member/Friend**

Early 2023, a forum was held with residents to review the experience survey and to engage them in an opportunity to share and provide feedback to improve areas in care and services.

Feedback provided by residents will be shared with the CQI committee, families and team members.

Resident Improvement Initiatives in 2023 to include:

- Establishing of Resident Ambassadors – a voice representing all residents of the Home. Role will include welcoming of new residents/families, involved in best practice and quality meetings, become the face of the Home through use of tours, website, newsletters, involved in staff appreciation and special events.
- Special Events per month: A themed special event involving residents in the planning

- Involve resident in collaboration of development of new recreational programs
- Residents involvement in a pleasurable dining initiative
- Continuous education on quality care programs during Residents Council to enhance awareness
- Involve families in initiatives: recreational program facilitators, fundraising and special event planning

April 2023 – March 2024 -- Looking Ahead: Targets and Priorities

2023 Quality Indicator Targets

Quality Indicator	2023 Target
Falls- Number of residents who have fallen	17%
Antipsychotic Reduction- Number of residents prescribed antipsychotics without a diagnosis of psychosis	23%
Worsened Pressure Ulcers – Worsened Stage 2 to 4 pressure ulcers)	2.5%
Resident Experience – How would they rate the Home overall.	89%
Number of End of Life care is managed in the Home	90%

FALLS REDUCTION

Number of residents who have fallen

In 2023/24, the Home has set a target of 17% - which will be a reduction from 21.3% achieved in 2022/23 will be emphasizing on risk management through assessment, documentation and root cause analysis through a collaborative team approach. Through this approach the goal is to identify risk mitigation strategies and implement to resident plan of care.

USE OF ANTIPSYCHOTICS REDUCTION

Number of residents prescribed antipsychotics without a diagnosis of psychosis

The 2023/24 target is set at 23%, which will be a reduction of from 28% achieved in 2022/23 Some of the 23/24 goals will include:

- On Admission, residents on antipsychotic medication will be reviewed to ensure there is a proper psychiatric diagnosis or indications. An indication form of prescribed antipsychotics will be provided to Attending Physician to complete on admission and quarterly.

- On Admission, each resident presenting with pre-existing psychotic medication orders will have immediate assessment of responsive behaviours and whether the needs for antipsychotics identified.
- Antipsychotic identification during quarterly MDS reviews, quarterly medication reviews and monthly audit reports from Point Click Care. A focus on this area during Best practice committee meetings for collaborative discussion on appropriate prescribing and reduction through non-pharmacological methods.

WORSENERED PRESSURE ULCERS

(Worsened Stage 2 to 4 pressure ulcers)

In 2023, registered staff will have sessions on staging and assessment of wounds.

Improved orientation of new PSWs and registered staff was developed to ensure continuity and consistency on early identification of skin breakdown for wound care and effective treatments to align with best practice guidelines.

In 2022, Home introduced the Wound application through Point Click Care, which allows for better accuracy of wound assessment and monitoring.

Goals in 2023 includes risk management auditing to ensure unexplained wounds are investigated appropriately, ongoing education for PSWs on application of topical treatments and weekly assessment reviews ensuring compliance and wounds are resolved timely.

PALLIATIVE CARE PROGRAM

- The Goal for 2023 is for 90% of residents deemed end of life remains in the Home to receive care and support. This is a new quality improvement measure to coincide with the palliative framework to achieve a more holistic, proactive, timely and continuous care and support required to live life as residents choose and optimize their quality of life, comfort, dignity and security.
- Review of available palliative care options such as quality of life improvement, symptom management, psychosocial support and end of life care and ensure that appropriate information is provided to each resident and SDM upon admission/readmission, ad hoc, annually.
- Greater Chaplaincy involvement including a focus on practice of their religious and spiritual beliefs (Chaplain conducts new resident interview within two weeks of admission)
- Development of palliative rounds to be conducted at least weekly by Palliative Program Lead and daily by nurse in charge.
- Advance Care Planning information booklet to be added in the Valleyview's application for placement package by June 2023.

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- Multidisciplinary care conferences are provided when resident's PPS (Palliative Performance Scale) indicated a residents' prognosis and for family members in making end of life decisions.
In 2023 will continue in providing Personal Support Workers LEAP (Learning Essential Approaches to Palliative Care) training to enhance competencies of the palliative care approach. Goal in 2023 to have 20 more team members complete the training. In 2022, 21 PSWs successfully completed.

INFECTION PREVENTION AND CONTROL (IPAC) STANDARDS REVIEW

As we continue to focus on Infection Prevention and Control during the pandemic, the Home has invested in having external supports of IPAC Consulting to conduct a needs assessment of the Home's practices of IPAC and from results will provide the following services to address the identified gaps related to PPE, donning and doffing, and hand hygiene.

Consultancy services that will be provided include:

- Initial needs assessment of observation (2 days)
- Education and Training for IPAC champions (2 sessions for 16 champions)
- Provide feedback and tools of identified gaps
- Dedicated IPAC Training for Environmental & Dietary Services
- Development of a customized app for ongoing audits

RECRUITMENT AND RETENTION OF TEAM MEMBERS

We are dedicated in supporting team members to promote the organization's mission, quality of care and safety goals. This priority area is a challenge within the long-term care sector, but having a focus on key areas for success is essential, especially, to achieve the objective of four hours of directly care per resident by 2024.

Key areas will include:

- Provision of education to all staff to enhance knowledge and build capacity in areas of responsibilities within their roles in the Home.
- Enhanced communication and involvement in Committees – team meetings to discuss operations and allow employees to provide feedback in areas for improvement. Staff engagement in quality initiatives and have a voice in improving areas in care and service.
- Developing care champions for care programs
- Initiate Employee Appreciation Program to recognize achievements in the workplace
- Revamping of the general orientation program for new hires and agency staff by June 2023.
- Increase of student placements and hiring when graduated from programs. (10 students by end of year)

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- Continual use of support programs to enhance staffing capacity from Government such as the Preceptor Resource and Education Program in Long-Term Care (PREP LTC), Long-Term Care Supervised Practice Experience Partnership (SPEP)
- Efficiently maximizing of RN, RPN and PSW Staffing Supplement and Allied Health Professional Staffing Supplement to enable the hiring of more staff to increase direct care time provided to residents by RNs, RPNs, PSWs and allied health professionals to meet the system level direct hours of care targets.

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Date: March 26, 2023