

Valleyview Residence Continuous Quality Report

2023-2024



Overview

Valleyview Residence's Quality Improvement Plan reflects the organization's values of providing resident-centered care, using a collaborative approach and focusing on continuous improvements in the areas of quality, safety and resident experience.

In 2023-2024, the Home reviewed current quality frameworks as the goal in 2024-2025 is an enhanced 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. To start on this framework, the Home in the end of Year 2023 commenced in the implementation of RNAO Clinical Pathways with focus on admission assessment, delirium and person and family-centered care.

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.

2023/2024 Quality Indicator Targets

Quality Indicator	2023/2024 Target (Provincial Average)	2022 Valleyview Achieved	2023 Valleyview Achieved	Change from 2022-2023
Falls- Number of residents who have fallen	16.6%	21.3%	19.1%	Reduced by 2.2%
Antipsychotic Reduction- Number of residents prescribed antipsychotics without a diagnosis of psychosis	20.7%	27.3%	22.7%	Reduced by 4.6%
Worsened Pressure Ulcers	2.4%	3.0%	3.2%	Increased 0.2%

Priority Quality Measures and Strategies

Falls Management

- Implementation of collaborative falls huddles – greater awareness of residents’ high risk of falls, and formulating of early identifying of interventions to prevent and mitigate injury.
- Audit development for monitoring of risk management in relation to falls. This is ongoing to ensure accuracy and re-evaluation of falls measures when resident has change to health and/or other factors causing higher risk of falls.
- In 2023, cases in which falls injuries are due to non-compliance in following of care plan in relation to two person transferring of resident. Continual focussed discussion with teams during nursing/PSW practice meeting, town halls regarding care plan compliance. Audits developed for lift transfers. All staff retrained in proper lift transfer techniques.
- Standard set in the Home, teams aware when lifts protocols are observed not be adhered and when resident is injured due to non-compliance, it leads to no less than a suspended discipline.
- Purchased new lifts both fixed and portable.

Antipsychotic Reduction

- Monthly Behavioural Rounds, which includes Pharmacist, Attending Physician, External Behavioural Support, Registered Staff and will include scheduled and PRN Antipsychotic medication reviews with goal of weaning off medication and /or discontinuing unused PRN Antipsychotic medication.
- Care plan development during weaning of antipsychotics with focus on Gentle Persuasion Approach and non-pharmacological techniques (one on one activity and person-centered care).
- Gaps identified that 18% of residents were no antipsychotic medications without indication (diagnosis of psychosis). An antipsychotic prescribing by indication form was formulated and is completed by Physician and Nurse Practitioner. In the beginning of 2023, there were 20% of resident on antipsychotics with no indication and now is 13%.

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- Pre-Admission Review of Antipsychotics: This proactive approach aims to assess the appropriateness of current medication regimens and explore alternative interventions during the preliminary weeks of a newly admitted resident.

Worsened Pressure Ulcers

- Maintaining of risk management auditing to ensure unexplained wounds are investigated appropriately.
- Increase of new admission with Stage 2 to 4 wounds, initial assessment and treatment measures are immediately developed. RN in charge involved in providing as it takes in some cases 30mins -1 hour in care. Strategy for 2024, developing of a specialized Wound Care Nurse role.
- Education provided to PSWs and Registered Staff.
- New wound care products introduced to support in improvements in treatment

RESIDENT & FAMILY EXPERIENCE

We use ongoing opportunities to engage residents and their families to support improvements that reflect the collective voice and experiences of those living in the home.

Advent Valleyview Residence priority is purposeful collaborative care and engagement with residents and families.

In late 2023, we conducted a Resident and Family Experience Survey. In total, 48 eligible residents responded to the survey for an eighty-five percent (85%) response rate compared to fifty-five percent (55%) in 2022. Response rates increased significantly from 2022. For the Family experience survey, (126) surveys were completed for an eighty-three percent (83%) response rate compared to twenty-eight percent (28%) in 2022.

Overall Satisfaction:

Overall Satisfaction is determined in two key questions in the survey

1)“How would you rate our home overall?”

2)“Would you recommend Valleyview Residence to a family member or friend needing long term care?”.

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Resident:

- (76%) of resident respondents rated the home overall in the excellent/very good/good categories compared to eighty-four percent (84%) in 2022.
- (75%) of resident respondents indicated they would positively (definitely/probably yes) recommend Valleyview Residence to a family member or friend needing long-term care compared to eighty-nine percent (89%) in 2022.

Family:

(100%) of families responding to the survey rated the home overall in the excellent/very good/good categories compared to ninety-eight percent (98% in 2022).

(99%) of families responded they would positively

(definitely/probably yes) would recommend Valleyview Residence to a family member or friend needing long-term care compared to ninety-eight percent (98%) in 2022.

The goal for 2024/2025 is more collaborative efforts in involving residents and families in providing feedback and in making changes to improve care and services. The Home is promoting families to have a forum, as there is no Family Council in place. Efforts to establish an official Family Council, fostering structured communication channels and engagement opportunities for families will be promoted in 2024.

In Spring of 2024, Home to implement a Resident Quality Advisory Group who will be involved in development of action plans in area of programs and services in conjunction with the resident experience survey. In addition, the goal for this group is to embrace the voice of resident within their Home and enhance in the Home's goal in 2024/2025 of a resident and family centered culture. The group will meet quarterly and goals and focusses of the advisory group are shared with leadership, quality committees for their teams to develop action plans for achieved outcomes.

➤ Resident Improvement Initiatives

The Home will be promoting and implementing resident improvement initiatives in 2024/2025, which will include:

Implementation of RNAO (Registered Nurses Association of Ontario) Clinical Pathways: Admission assessment, Delirium screening, assessment, and management.
Resident and Family centered care

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Obie Technology to Enhance Resident Social Interactions: Home explored using technology to enhance the resident experience and the Obie active gaming system was chosen to serve as an important therapeutic tool to support social interactions. Evaluations from other jurisdictions have shown that the Obie gaming system has had positive effects on communication, social skills, and the overall mental health of seniors. This is an example of working together with residents and families to identify solutions that address important areas shared through the experience surveys.

Theme based events with focus on diversity.

Implementation of a structured spiritual care program and social services support within the Home for both resident and families. Goal to enhance resident health and well-being through specialized programs from admission of new resident until end of life. To support families from admission and adapting to their loved one living in long term care and acceptance of resident's change in health and palliation. In addition, to allow families and residents have a social connection and spiritual care.

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.

PRACTICE CHANGES/ACTION ITEMS TO SUPPORT QUALITY INITIATIVES

➤ **DATA INTEGRATION**

Project Amplify – To improve the continuity of care for residents by streamlining transitions between care institutions, leading to safer care for patients, and more efficient workflows for providers.

➤ **STAFF EDUCATION**

Creation of new position Staff Educator to oversee staff education that aligns with quality improvement areas and aligns with best practice guidelines.

Collaboration with Nurses Led Outreach Team (NLOT): Building capacity among front line staff to detect and manage acute changes of residents' conditions through education of assessments and documentation standards. I.e. IV-Maintenance, SBAR (Situation, Background, Assessment, Recommendation) and body system assessment.

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Improve Onboarding experience. Focus on best practice and improved competency to promote the Home's commitment to safe and high quality care practices.

➤ RISK MANAGEMENT

Improved scheduled compliance audit program and evaluation of identified gaps and effectiveness of action plans.

Development of a staff education plan through analysis of identified gaps through non-compliance results of inspections, complaints, programs evaluations, quality indicator benchmarks and audits.

Improved supervision and performance management – development of nursing positions focusing of care areas: Behavioural management, Wound Care, palliation etc.

Improved communication plans – best practice huddles, shift reporting, plan of care development, risk rounding.

Ongoing revisions and updates to all policies and procedures to align with Best Practice Guidelines.

IPAC standards review: Emphasis on early intervention and enhancement of routine practice. A central focus will be staff education, reinforcing the delivery of exceptional care for the residents through improving of infection prevention practices.

Revision and updating of Emergency Incident Management protocols for all staff including education and practice

➤ RESIDENT SATISFACTION

Feedback from Resident Council

Resident involvement- Implementation of a Resident quality advisory group for Outcomes of concerns voiced and experience survey results.

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