



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

Creek Way Village Long-Term Care Home
2022-2023

Continuous Quality Improvement Initiative Report 2022-2023

Overview

Creek Way Village Long-Term Care (LTC) Residence opened its' doors in September of 2005. It is located in the city of Burlington, It is home to 144 resident and consists of 3 floors, and 5 resident home areas (RHA's). The LTC home is owned and operated by the Regional Municipality of Halton, and has a demonstrated history of continuous quality improvement. Creek Way Village is recognized as Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®) through the Registered Nurses Association Ontario (RNAO). Our home is fully accredited by Commission on Accreditation of Rehabilitation Facilities (CARF) International.

Our philosophy of care focuses on person-centered care, making meaningful connections and prioritizing the unique needs, values, and preferences of our residents. At Creek Way, we remain committed to fostering dignity, respect, and an exceptional quality of life for the residents under our care and continuously engage in quality improvement initiatives to ensure continued organizational success.

Services for Seniors Mission, Vision and Values

In 2022, Halton Service for Seniors division introduced new Mission, vision and core values. Our Mission, Vision and core values were updated based on feedback from Residents, clients, families/caregivers and team members.

Mission

To provide person-centered care that promotes dignity, respect, and quality of life.

Vision

To achieve excellence in the provision of person-centered care and service that ensures the safety, comfort, dignity, and well-being of each person served.

Core Values

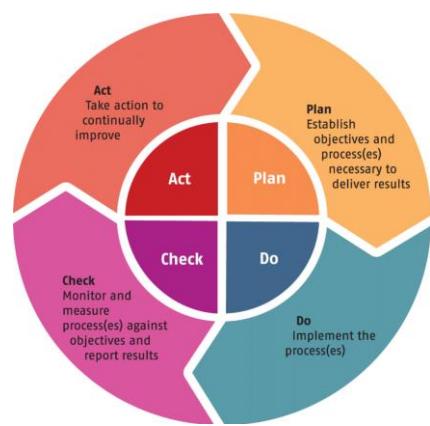
Services for Seniors' core values are:

- Quality Care
- Dignity & Respect
- Equity & Inclusion
- Privacy

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is a systematic and ongoing process that involves identifying areas for improvement, developing strategies to address these areas, implementing changes, and measuring the impact of those changes. CQI is an essential component of ensuring high-quality care and service delivery to residents.

Halton Region's Long-Term Care homes are committed to using evidence-based resources to support and sustain best practices that ensure the best possible resident care. Halton Region's Long-Term Care homes use a variety of methodologies to support their quality improvement efforts. These methodologies include Plan-Do-Study-Act (PDSA), Lean, and Kaizen.



Plan Do Study Act (PDSA) Cycle

Identifying Areas of Priority

The Long-Term Care homes operated by the Region are committed to aligning their improvement efforts and initiatives with organizational priorities and the Division's strategic and operational plans to ensure standardization and reduce variability. In April 2022, the Ministry of Long-Term Care introduced the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22, which aimed to transform the organization and delivery of care in Long-Term Care homes across Ontario. These legislative and regulatory changes have had significant operational impacts on the service delivery, policies, and procedures of Long-Term Care homes. In collaboration with the Division's Continuous Quality Improvement (CQI) team, Creek Way Village has implemented and executed these changes in its homes. The implementation of these legislative requirements has enabled the identification of areas for improvement at both the home and Divisional levels. Regular updates on the progress of these efforts will be shared with stakeholders.

At the home level, our quality priorities are driven by several factors including:

- Fixing Long-Term Care Act (FLTCA) and Ontario Regulation 246/22
- CARF standards
- RNAO best practice guidelines
- Key Performance Indicators (CIHI, Point Click Care)
- Program evaluations
- Health Quality Ontario (HQA) priority indicators
- Internal audits
- Resident and family satisfaction & experience surveys
- Feedback from stakeholders including Residents' Council, Family Council, and external stakeholders including MLTC

Annually Creek Way Village develops Quality Improvement Plans (QIP's) that include key areas of focus aligned to Provincial system priorities to focus on three core themes; timely and efficient care, Patient/Client/Resident/Provider experience, and safe and effective care. The Quality Improvement Plan (QIP) for the 2023/2024 year has identified the following priority areas for improvement work:

1. Reduce the number of potentially avoidable visits to the Emergency Department
2. Improve rating on how well staff listen to residents
3. Improve rating on "I can express my opinion without fear of consequences"
4. Reduce the percentage of residents on antipsychotic medication without a diagnosis of psychosis

The home's Quality Improvement Plan (QIP) goals are integrated into the home's operational and strategic planning process. These priorities align with the organizations goal to improve care and deliver service excellence. The goals and change ideas from this plan continue as multi-year initiatives as the home works to sustain improvements in effective care and service excellence and resident experience.

Performance Monitoring & Measurement

Creek Way prioritizes quality initiatives by leveraging its measurement and accountability systems. Our routine quality and risk management review processes includes monitoring and evaluating:

- Performance indicators tracked at the home and program level
- Priority indicators outlined in the Annual Quality Improvement Plans
- Professional Advisory Clinical Indicator Reporting
- Quality and Safety Advisory Incident Reporting
- Municipal Benchmarking Indicators
- Satisfaction & Experience Survey & Other Survey Results

Creek Way Village publicly reports its clinical outcomes, which serve as a valuable resource to support quality improvement across the industry. During the 2021/2022 reporting period, Creek Way's clinical outcomes were favorable compared to provincial averages. These results showcase the quality of care provided at Creek Way and highlight the continuous improvements in practice, policy, and education that our home has implemented.

Figure 2: Creek Way CIHI Performance Indicators 2021-2022

Quality Indicators	Ontario	Creek Way
Falls in the Last 30 Days	16.2	10.8
Worsened Pressure Ulcer	2.4	0.4
Potentially Inappropriate Use of Antipsychotics	21.1	11
Restraint Use	2.5	1.5
Worsened Depressive Mood	21.3	15.4
Experiencing Pain	4.7	1.7
Experiencing Worsened Pain	8.9	6.0

Data Source: CIHI Public Reporting Site, Your Health System

Halton Regions Dementia Strategy Framework

Halton Region's Dementia Care Strategic Framework was designed using leading best practices and learnings from a variety of dementia care best practices and aims to enhance how we provide dementia care to the people living with dementia in our Long-Term Care homes, assisted living programs, and adult day programs. The framework is built on four strategic focus areas, which include supporting individual needs, developing our workforce, increasing collaboration, and enhancing the built environment.



The overarching goals of the framework are to:

- Improve dementia care, lived experiences and outcomes by establishing relationships and providing care focused on the unique needs of individuals and the development of meaningful relationships and emotional well-being;
- Have inspired, engaged and well-trained team members that deliver the highest quality of relationship-based dementia care, feel valued for their efforts and have opportunities to make a difference;
- Accelerate dementia care improvements by fostering greater collaboration and innovation to support improved health outcomes for older adults with dementia; and
- Enhance social and living spaces to reflect a home-like environment, support cognitive health and foster meaningful engagement.

The framework was designed to build on best practices while remaining flexible in responding to the unique needs of persons living with dementia. An implementation plan for the framework has been developed which outlines key actions and deliverables to take place over the next three years to improve the experience of persons living with dementia that receive our care and support.

In 2023, Services for Seniors will be exploring key performance indicators and reportable health metrics than can be monitored to evaluate the impact of the Dementia Care Strategic Framework and included in future CQI reports. Specific focus will be put on the focus area of developing our workforce in 2023, as we strive to have 100 per cent of our Services for Seniors team members trained in the Gentle Persuasive Approaches (GPA) program and the Living the Dementia Journey (LDJ) program.

Resident Family/Caregivers Experience Survey

At Creek Way, we conduct annual resident and family satisfaction surveys as part of our commitment to providing high-quality care. We value the feedback of our residents, clients, and family caregivers, and use this information to identify areas for improvement at the home. We strive to achieve high response rates by promoting completion of these surveys. Residents and family caregivers have the option to complete the survey electronically or by using a paper-based version.

In November 2022, the Annual Resident and Family Satisfaction survey was conducted. Creek Way uses both formal and informal channels such as newsletters, town halls, resident/family council meetings, etc., to review and discuss survey results with team members, residents, families, and caregivers. The survey results guide the identification of the home's priority areas for quality improvement. We are committed to acting on survey results to improve how we deliver programs and services to our residents and their families.

Figure 3: Three Year Comparison of Creek Way Resident Satisfaction Survey Results to Key Questions



Figure 4: Three Year Comparison of Creek Way Resident Satisfaction Survey Results to Key Questions



Data Source: Services for Seniors 2020, 2021, 2022 LTC Resident and Family Satisfaction Surveys

Continuous Quality Improvement Initiative Report 2022-2023

The following table showcases key outcomes from the satisfaction surveys and their associated action items aimed at achieving the set objectives

Figure 5: Creek Way Resident and Family Satisfaction Survey Action Plan 2022-2023

AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
Recommend Home to Others	<ul style="list-style-type: none"> Improved communication channels by implementing a monthly Resident Newsletter, maintaining regular weekly updates via Family email distribution, and installing additional sign holders in resident home areas, among other initiatives. Enhanced the environment and quality of care by renovating the 2nd floor, acquiring new furniture, introducing new wall art, and implementing other measures. Strengthened engagement and fostered relationships by actively participating in Post Admission Care Conferences through the involvement of Administrators and Senior Nurse Managers, while ensuring ongoing communication between MORCs, managers, families, and residents. Conducted focused audits in collaboration with Resident/Family councils, engaging in discussions to gain insight into the factors influencing the observed outcomes. Implemented measures to increase staffing levels and optimize resource allocation for improved resident care. 	Q2 2023
Level of Resident Engagement	<ul style="list-style-type: none"> Establish a dedicated working group for conducting surveys for various in-home services. Utilize CPS scores to identify eligible residents capable of participating in the survey. Compile a comprehensive list of residents to ensure all individuals have the opportunity to complete the survey. Efficiently coordinate volunteers to provide support on designated dates and times. Maintain an updated list to ensure all residents are identified and reached until the survey process is completed. 	Q2 2023

Figure 5: Creek Way Resident and Family Satisfaction Survey Action Plan 2022-2023		
AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
Respectful and Dignified Treatment by Staff	<ul style="list-style-type: none"> Deliver comprehensive customer service education to all staff members to enhance and facilitate more positive outcomes. Improve staffing levels by achieving full staff capacity and establishing an additional casual staffing pool to provide enhanced support. Develop and implement a robust recruitment and retention plan, including the formation of a Recruitment working group and the organization of a Career Fair, among other initiatives. 	Q3 2023
Variety of Organized Activities and programs	<ul style="list-style-type: none"> Enhance the quality of life for residents through an increased offering of group social programs and opportunities. 	Q2 2023
Diversity of Menu Items	<ul style="list-style-type: none"> Incorporate feedback from the Resident Food Council to enhance the spring/summer menu for 2023 by increasing the variety of menu items. Introduce a new monthly diner's club program, enabling residents to actively participate in menu selection, thereby personalizing their dining experience. 	Q2 2023

Communication Strategy

Services for Seniors' stakeholder communications are guided by an overarching communications plan which is reviewed annually. The communications plan outlines the strategies used to distribute communications to various stakeholders, including residents, family care partners, and team members. Services for Seniors utilizes both paper and electronic communication mechanisms, where possible, in order to maximize accessibility by stakeholders.

Services for Seniors utilizes a multi-faceted approach to communication with all stakeholders. Monthly newsletters, memos and posters are used to communicate with residents and family care partners. Emails and the iceAlert automated messaging system are also used to communicate with family care partners. We also connect directly with Residents' and Family Councils to provide updates on operations, priority projects, and consultations, as needed.

We communicate with team members using a variety of mechanisms which include: monthly home-specific newsletters, memos, posters, emails, and iceAlert automated messages. Urgent/time-sensitive communications are also posted on the landing page of the Workforce Management app, which team members use to view their work schedule.

Quality Improvement Initiatives 2022-2023

Based feedback, assessment and identification of areas for continuous quality improvement, Creek Way Village implemented the following quality improvement initiatives in 2022:

- Successfully executed multiple Dementia Strategies by facilitating various building and environmental enhancements. This included overseeing the renovation of Millcroft Kitchen, procurement of new vibrant wall art, acquisition of carpet murals for the Millcroft Home Area, installation of new wayfinding signage, repainting of resident hallways and common areas in the Millcroft Home Area, and furnishing of resident lounges with new furniture. Additionally, led the front lobby and reception renovation project, as well as the reconfiguration of space to accommodate additional offices.
- In alignment with our Dementia Strategy, comprehensive educational initiatives were implemented to enhance staff expertise in dementia care. Throughout 2022, Living the Dementia Journey Education and Gentle Persuasive Approach to Care (GPA) training programs were successfully conducted for our dedicated staff. To support these training efforts, an additional trainer was recruited, ensuring optimal facilitation and knowledge transfer.
- As part of our comprehensive risk management efforts, several key initiatives were undertaken to enhance safety and infection control protocols. Noteworthy accomplishments include the replacement of three aging hooyer lifts through Handi-Care, the addition of 20 fixed ceiling lifts, and the replacement of five aging bath chairs. Furthermore, we successfully procured and installed new equipment, including a Burodge Oven, two steam tables, and an ice machine, ensuring efficient and reliable food service operations.
- In line with our commitment to infection prevention and control, we welcomed a new IPAC lead and achieved a successful rollout of a new IPAC program. This program has been instrumental in promoting best practices and optimizing infection control processes throughout our facility.
- Through the diligent efforts of our dedicated team, we have successfully launched the CQI Program, allowing us to identify areas for enhancement, implement evidence-based practices, and track measurable outcomes. This strategic approach to quality management reinforces our dedication to providing exceptional care and services to our residents, while fostering a culture of excellence throughout our organization.

Continuous Quality Improvement Initiative Report 2022-2023

- We have implemented an increase in staffing hours for our Life Enrichment (LE) and Nursing Personal Care (NPC) frontline teams. This proactive measure aims to provide enhanced support and attention to our residents, ensuring their individual needs are met with the highest level of care and compassion.
- Purchase and implementation of new Virtual Goggles – supporting engagement in travel, excursion, reminiscing, etc.
- We have achieved successful implementation of the IN2L (It's Never Too Late) program, a transformative initiative aimed at enhancing the engagement and well-being of our residents by providing cognitive and sensory stimulation. As part of this program, we have installed and set up five state-of-the-art, 70-inch Smart TVs. These new additions not only elevate the quality of life for our residents but also cater to the specific needs of those with visual impairments and other sensory challenges.
- Participated in a Wifi pilot project to increase consistency, and provide expanded and more consistent Wifi service to our residents, families, staff and home.
- In alignment with our commitment to wellness, diversity, and inclusion, we have established a dedicated Wellness and Diversity Committee at Creek Way Village LTC. This committee collaborates closely with Halton Psychogeriatric, Halton's Services for Seniors EDI committee, and other esteemed community partners to deliver comprehensive education, resources, and tools to our residents, families, and teams. As part of our efforts, we have implemented the Not Myself Today Resource, a valuable program designed to raise mental health awareness and foster a supportive environment. Additionally, we will continue offering a series of educational sessions focused on mental health, in partnership with Halton Psychogeriatric.
- To enhance accessibility and minimize the risk of infection transmission, we have implemented state-of-the-art no-touch and swipe card entry systems across our facility. This significant upgrade enables seamless access for residents, staff, and authorized individuals while promoting a safe and secure environment.
- Participation in a Medication Management Quality Improvement Project, in collaboration with the Institute of Safe Medication Practice (ISMP). To increase resident and family involvement in their care by ensuring awareness of medication changes, reason for changes and documentation to support changes. Started November 2022 and will continue through to anticipate end date of April 2024.
- To complete focused audit to assist in identifying changes required to increase resident satisfaction relating to dining experience and quality of food. Saw an increase from 2022 to 2023 of 10% in resident satisfaction with the dining experience, going from 83% of residents being satisfied with the dining experience in 2021, to 93% being satisfied with the dining experience in 2022.
- Full replacement of all resident curtains to improve ability to safely clean and increase Infection Control best practices. Steamer also purchases to support in this.

Looking Ahead: Priorities for 2023-2024

- To increase hours/support relating to Spiritual Care for residents by end of Quarter 4 2023.
- To promote wellness, diversity and mental health of our staff through various educational opportunities/programs, (i.e. My Health Space Program) and creation of a Staff Wellness Room by end of Quarter 3 2023.
- To increase best practice in Infection Control, safety and efficiency for staff and residents through increase in number of “fixed” resident lifts by end of Quarter 4, 2023.
- To complete painting of Headon and Orchard (2nd Floor) resident home areas (common areas, resident hallways)
- As part of our ongoing Dementia Strategy, we are committed to enhancing our residents' environment and care. This includes purchasing additional wall art and resident furniture to create a more inviting atmosphere at the end of hallways. Furthermore, we will provide comprehensive training for existing staff on Living the Dementia Journey and Gentle Persuasive Approach (GPA), ensuring they have the necessary skills to deliver exceptional care. To strengthen our program, we will secure a dedicated Dementia Care Lead and certify them, along with a minimum of three Positive Approach to Care (GPA) Trainers. These efforts reflect our dedication to advancing dementia care and improving the well-being of our residents.
- To replace aging Palliative Care Carts, to implement Palliative Stickers to resident binders for quick identification of residents and families requiring additional support. To update resources/supports available to families on Palliative Care Carts and to ensure list that is audited on monthly basis to sustain carts.
- To create and implement new Palliative Support Resource Bags for families of residents who are end of life.
- Implementation of new dining programs, cooking clubs to increase resident satisfaction relating to dining experience and quality/variety of food.
- To implement new monthly Resident Newsletter to increase communication
- To install new sign holders on wall as exiting resident home areas to increase communication with residents/families
- In our continuous efforts to enhance the living environment for our residents, we are dedicated to completing a comprehensive resident lighting retrofit that aligns with the ministry's luxe requirements. This retrofit will not only improve safety but also enhance the overall ambiance for residents. Upgraded lighting fixtures will be installed in resident corridors, tubs, showers, and utility rooms, while dimmer switches will be implemented for above-bed lights in resident rooms. This initiative aims to create a comforting and visually appealing atmosphere that promotes resident well-being. Additionally, we have planned to replace the aging outdoor furniture on our premises. By investing in new furniture, we aim to provide our residents with comfortable and well-maintained seating areas in our outdoor spaces.
- To increase accessibility for residents and increased Best Practice in IPAC through addition of touchless entry points, and removal of key pads throughout home.
- To decrease falls with injury by 50% through weekly team meetings, and case review of resident specific interventions required to support this.

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