



# CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

Allendale Long-Term Care Home  
2023-2024

## Overview

Allendale is a 200 bed long-term care home located in the Milton community. It is managed by Halton Region. Allendale is recognized as a Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®) through the Registered Nurses Association Ontario (RNAO). Our home is fully accredited by the 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 Allendale, we are 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's Services for Seniors division introduced new Mission, Vision and Core Values. These 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

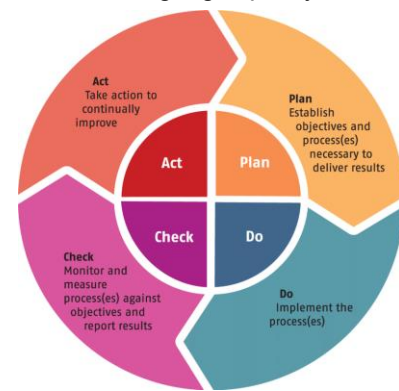
Services for Seniors' core values are:

- 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. The 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

Halton Region’s Long-term care homes are dedicated to continuously improving the quality of care provided to our residents. This commitment is aligned with our organizational priorities, as well as the strategic and operational plans of the division, ensuring consistency and excellence across all aspects of our services.

In April 2022, the Ministry of Long-Term Care enacted the *Fixing Long-Term Care Act, 2021*, and Ontario Regulation 246/22. These significant legislative and regulatory advancements are designed to fundamentally transform how long-term care homes across Ontario organize and deliver care. Responding to these changes, our Continuous Quality Improvement (CQI) team at Allendale has been pivotal in integrating the new requirements, which have influenced everything from daily operations to broader policy frameworks. The implementation of these legislative requirements has enabled the identification of areas for improvement at both home and within the Services for Seniors division. Regular updates on the progress of these efforts are shared with stakeholders.

At the home level, to effectively identify and prioritize areas for improvement, we use a comprehensive approach that includes:

- **Legislative and regulatory frameworks:** We closely follow guidelines and requirements set out by the *Fixing Long-Term Care Act* and Ontario Regulation 246/22, ensuring our compliance and alignment with the latest standards.
- **Accreditation and best practices:** Our operations adhere to CARF standards and the RNAO best practice guidelines, which help guide our clinical and operational procedures.
- **Data-driven insights:** We leverage data from various sources, including Key Performance Indicators (KPIs) from the Canadian Institute for Health Information (CIHI) and Point Click Care, program evaluations, and Health Quality Ontario priority indicators, to make informed decisions about where to focus our improvement efforts.
- **Internal assessments:** Regular internal audits and quality assessments allow us to maintain high standards and identify areas needing attention.
- **Stakeholder feedback:** We value the input of our Residents’ Council, Family Council, and other internal and external stakeholders, including the Ministry of Long-Term Care. Their feedback is crucial in shaping our quality improvement strategies and ensuring that our services meet the needs and expectations of all parties involved.

### Quality Improvement Plans (QIP’s)

Annually, Allendale develops Quality Improvement Plans that are aligned with provincial system priorities. The 2024-2025 plan supports Health Quality Ontario’s shift in priorities to focus on four priority issues: Access and Flow, Equity, Safety and Experience. These priorities align with the organization’s goal to improve care and deliver excellent service. The goals and change ideas from this plan continue as multi-year initiatives while Allendale works to sustain improvements in effective care, service excellence and resident experience.

**Figure 1: 2023/2024 QIPs Critical Areas for Improvement**

Priority Area	Priority Indicator(s)
Access and Flow	<ul style="list-style-type: none"> <li>• Reduce the number of potentially avoidable visits to the Emergency Department.</li> </ul>

<b>Equity</b>	<ul style="list-style-type: none"> <li>Improve on percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.</li> </ul>
<b>Safety</b>	<ul style="list-style-type: none"> <li>Reduce the percentage of residents on antipsychotic medication without a diagnosis of psychosis.</li> <li>Reduce the percentage of LTC home residents who fell in the 30 days leading up to their assessment.</li> </ul>
<b>Experience</b>	<ul style="list-style-type: none"> <li>Improve rating on how well staff listen to residents.</li> <li>Improve rating on “I can express my opinion without fear of consequences.”</li> </ul>

## Performance Monitoring & Measurement

Allendale prioritizes quality initiatives by leveraging our 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; and
- satisfaction & experience survey & other survey results.

Allendale publicly reports its clinical outcomes, which serve as a valuable resource to support quality improvement across the industry. During the 2023/2024 reporting period, Allendale’s clinical outcomes were favorable compared to provincial averages. These results showcase the quality of care provided at Allendale and highlight the continuous improvements in practice, policy, and education that our home has implemented.

Quality Indicators	Ontario	Allendale
<b>Falls in the Last 30 Days</b>	16.5%	<b>11.5%</b>
<b>Worsened Pressure Ulcer</b>	2.4%	<b>0.7%</b>
<b>Potentially Inappropriate Use of Antipsychotics</b>	21.2%	<b>14.2%</b>
<b>Restraint Use</b>	2.1%	<b>0.9%</b>
<b>Worsened Depressive Mood</b>	20.8%	<b>9.2%</b>
<b>Experiencing Pain</b>	4.4%	<b>1.8%</b>
<b>Experiencing Worsened Pain</b>	8.6%	<b>6.7%</b>

*Data Source: CIHI Public Reporting Site, Your Health System*



## Halton Regions Dementia Care Strategy Framework

Halton Region's Dementia Care Strategy Framework was designed using learnings from a variety of dementia care best practices and aims to enhance how we provide dementia care 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 for residents;
- develop inspired, engaged, and well-trained team members;
- collaborate and innovate with community partners to enhance quality of life for older adults with dementia; and
- enhance social and living spaces to reflect a home-like environment, support cognitive health and foster meaningful engagement.



In 2023, we focused on:

- **Enhancing the built environment:** Developing guidance documents based on research evidence and best practice guidelines that provide specific recommendations for the built environment in our long-term care homes (e.g., lighting, colour, imagery, spacing, equipment, meaningful engagement, sensory activities) to best support residents living with dementia.
- **Developing a unified approach to engage family care partners and meet their dementia related learning needs:** We created the Dementia Dialogues, a 4-part learning series aimed at unlocking knowledge about dementia and equipping family care partners with strategies to best support and engage residents living with dementia.
- **Developing our teams:** In 2023, we continued to train our staff in the Gentle Persuasive Approaches and Living the Dementia Journey programs. In parallel, we also participated in training programs to enhance the robust dementia care training we already provide to our teams.

### **Looking ahead to 2024-2025:**

With a foundation established over the past year, Halton Region's Dementia Care Strategy Framework is looking to continue driving positive change for residents living with dementia across our long-term care homes, assisted living programs, and adult day programs. We will continue to:

- develop and deliver Dementia Dialogues sessions for family care partners;
- produce additional guidance documents for building revitalization opportunities; and
- engage our community partners to develop and offer dementia training opportunities for our teams.

In doing so, we seek to understand and support the different needs of our teams, residents, and family care partners in Halton's long-term care, day program, and assisted living programs.

We are dedicated to fostering innovation and collaboration to deliver the highest quality dementia care. This ongoing commitment ensures that the Region remains at the forefront of dementia care, providing our residents with the best possible support and enhancing their quality of life.

### **Communication Strategy**

Services for Seniors' stakeholder communications are guided by an overarching communication 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 print and digital communications to maximize accessibility for stakeholders.

Services for Seniors communicates with all stakeholders in many ways. Monthly newsletters, town hall meetings, 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 resident and family councils to provide updates on operations, priority projects, and consultations.

We communicate with team members using a variety of methods, including monthly newsletters, departmental and unit team meetings, huddles, monthly town halls, memos, posters, emails, CCTV 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/manage their work schedule.

### **Resident and Family Engagement**

At Allendale, we ensure the active involvement of resident and family council members in our home's quality committee. We regularly invite resident and family council members to participate in the quality committee. Their participation is crucial, allowing us to genuinely listen to the needs and concerns of residents and their families. This engagement provides a vital platform for raising issues and collaborating on the improvement of services within the home.

### Resident Family/Caregivers Experience Survey

At Allendale, we conduct annual resident and family satisfaction surveys as part of our commitment to providing high-quality care. These surveys are a cornerstone of our engagement with the residents, their families, and the caregivers we serve. The feedback we gather is invaluable as it helps us identify what we do well and potential areas for improvement and reinforces our commitment to enhancing the quality of life within our home.

#### Survey Administration and Participation

To accommodate all participants, we offer the survey in both digital and print formats. We encourage a high participation rate by actively promoting the survey through various channels such as our monthly newsletters, town hall meetings, and resident and family council meetings.

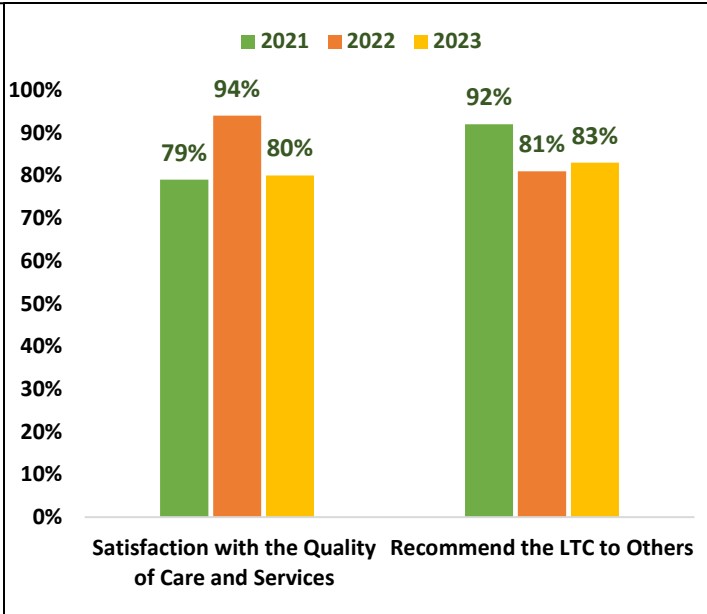
#### 2023 Survey Overview

The 2023 annual resident and family satisfaction survey was conducted from **August 28 to September 22, 2023**. The results of this survey are integral to our ongoing quality improvement processes.

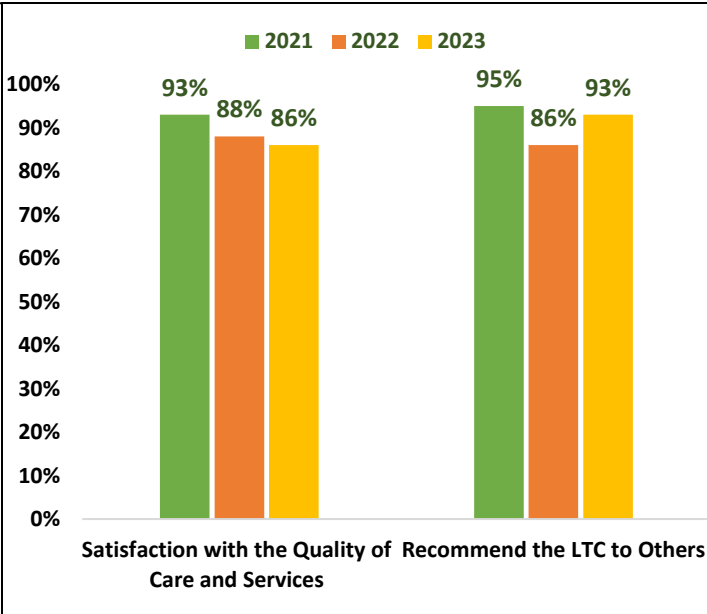
#### Results Dissemination and Discussion

We believe in transparency and open communication. To that end, the results from the survey were presented to our family council on **March 21, 2024**, and resident council on **April 30, 2024**. These discussions help ensure that everyone involved has a clear understanding of where we excel and where we can improve. We are proactive in implementing changes that reflect the needs and preferences of our residents and their caregivers. This responsive approach is fundamental to our ethos of providing exemplary care and support.

**Figure 3: Three Year Comparison of Allendale Resident Satisfaction Survey Results to Key Questions**



**Figure 4: Three Year Comparison of Allendale Family Satisfaction Survey Results to Key Questions**



Data Source: Services for Seniors 2021, 2022, 2023 LTC Resident and Family Satisfaction Surveys

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

<b>Figure 5: Allendale Resident and Family Satisfaction Survey Action Plan 2023-2024</b>			
<b>AREA OF FOCUS</b>	<b>KEY ACTIONS</b>	<b>PERFORMANCE MEASURES</b>	<b>COMPLETION TIMELINE</b>
<p><b>Resident and Family Satisfaction</b></p> <ul style="list-style-type: none"> <li>• awareness of resident preferences</li> <li>• opportunities for residents and families to participate in care</li> <li>• communication to residents and families</li> </ul>	<p>a) complete care conference process improvement.                      b) improve communication around care conferences to ensure team more aware of schedule to increase participation from interdisciplinary team.                      c) improve overall care conference participation by resident.</p>	<p>a) implement all recommendations identified in CQI exercise and test implementation success through plan do study act (PDSA) cycle.                      b) complete audit of attendance from past 3 months to determine if increased communication ultimately increased participation.                      c) complete audit of care conference assessments to review information shared and review to see if resident input used to inform care plan updates.</p>	<p>a) Q2 2024                      b) Q3 2024                      c) Q3 2024</p>
<p><b>Long-term care environment</b></p> <ul style="list-style-type: none"> <li>• building a homelike atmosphere</li> <li>• facility maintenance</li> </ul>	<p>a) all projects in home areas with aim of improving resident space receive feedback from residents.                      b) monthly walkthrough with administrator &amp; building operations continues as scheduled.</p>	<p>a) audit of projects shows resident input collected.                      b) audit of monthly walkthroughs identifies no months were missed.</p>	<p>a) Q4 2024                      b) Q3 2024</p>
<p><b>Food Services</b></p> <ul style="list-style-type: none"> <li>• quality of food</li> <li>• meal variety</li> </ul>	<p>a) observed meals meet service standards and any identified issues are rectified in the moment if possible. If not possible, then further action required by nutrition leadership.                      b) surveys provide more timely feedback from residents about mealtime experience.</p>	<p>a) reduction in issues identified and timely responses have taken place.                      b) audit of surveys to identify experience improvements through process.</p>	<p>a) Q3 2024                      b) Q3 2024</p>



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<b>AREA OF FOCUS</b>	<b>KEY ACTIONS</b>	<b>PERFORMANCE MEASURES</b>	<b>COMPLETION TIMELINE</b>
<p><b>Programs, activities, and life enrichment</b></p> <ul style="list-style-type: none"> <li>• quantity and variety of programs offered to the residents.</li> <li>• satisfaction with life enrichment services</li> </ul>	<p>a) increase in activities offered that match schedule of staff.</p> <p>b) program calendars increase focus on domains of wellness in planning process to increase opportunities for residents to participate in activities that are meaningful to them.</p>	<p>a) increased resident participation in programs and activities.</p> <p>b) calendars have increased balance in domains offered to match resident requests and population.</p>	<p>a) Q3 2024</p> <p>b) Q3 2024</p>

## Quality Improvement Initiatives 2023-2024

In 2023-2024 Allendale achieved success in the following areas:

### Enhanced Communication and Engagement:

- Resident Satisfaction Survey Improvement: Achieved a 54% increase in positive responses from residents about team members listening, emphasizing awareness and performance improvement through active listening and respectful engagement.

### Dementia Care Strategy:

- Expanded team member education on the Gentle Persuasive Approach and Living the Dementia Journey.
- A Dementia Care Lead was recruited to provide coaching and mentoring to team members and families, enhancing the dementia care provided.

### Accreditation:

- Successfully completed the Accreditation Process with the Commission on Accreditation of Rehabilitation Facilities (CARF), earning a three-year accreditation award by demonstrating adherence to CARF standards.

### Equity and Indigenous Health:

- Conducted a comprehensive review of cultural competency plan to support strategic initiatives related to equity, diversity, and inclusion.
- Strengthened connections with local First Nations, Métis, Inuit, and Urban Indigenous communities, including formalizing a relationship agreement with the Mississaugas of the Credit First Nation.

### Educational and Awareness Programs:

- Initiated a five-part training program to build Indigenous cultural competency with the first module released in 2022 and further knowledge mobilization sessions covering topics like unconscious bias, disability awareness, LGBTQ2S inclusion, and neurodiversity.
- Engaged in a roadshow organized by the corporate equity, diversity, and inclusion (EDI) team to conduct small group sessions on Equity, Diversity, and Inclusion, providing opportunities for team members to gain insights and pose questions.

## Looking Ahead: Priorities for 2024-2025

In 2024-2025 Allendale is aiming to implement the following initiatives:

- Enhance support in long-term care homes through the recruitment of Nurse Practitioners (NPs) to optimize integration of illness and injury prevention, health promotion, rehabilitation, and restorative care.
- Collaborate with the Nurse Practitioners Supporting Teams Averting Transfers (NP-STAT) program to provide additional support for episodic cases to minimize preventable hospital transfers and unnecessary hospitalizations.

### Equity and Indigenous Health:

- Continue the implementation of initiatives under the cultural competency plan that are aimed at deepening understanding of equity, diversity, and inclusion.

- For Indigenous cultural competency training program, the second module will be released in 2024 focusing on the condensed history of Indigenous Peoples in Canada.
- Implement mandatory anti-racism/anti-oppression training for all senior leadership employees to reinforce a commitment to an equity-informed and inclusive workplace culture.

**Client/Resident Experience:**

- Continue to involve the resident's council in refreshing resident areas, promoting newer technology use, and participation in the EDI committee.
- As part of our dementia strategy, our dementia leads will be conducting an extensive scan to improve meeting the learning needs and support abilities of family care partners of residents diagnosed with dementia.

**Workforce management and support:**

- Implement actions based on an annual staffing plan to address labor market shortages and enhance team member engagement and well-being.
- Continue offering wellness programs, health and safety initiatives, and training to promote a positive work environment.

**Safety:**

- Provide regular training and audits on fall prevention, infection control, resident safety, and emergency response.
- Annual fire and evacuation exercises to prepare team members for emergencies, in collaboration with the community fire department.

**Population Health Approach:**

- Engage with Ontario Health Teams to ensure care alignment with community needs, including participation in steering committees and action groups.

**Clinical**

- Prioritize on reducing avoidable emergency department transfers by conducting an analysis of each transfer using a standardized template designed for pre and post transfer evaluations. The data from this analysis to be used to identify potential areas of risk and targeted interventions to be developed to address these deficiencies.
- Looking for ways to improve and increase collaboration with a variety of internal and external stakeholders to ensure residents have access to appropriate and specialized care within their homes.
- Adopt and implement RNAO best practice guidelines in various clinical programs like skin and wound, pain and palliative care, continence, responsive behaviors and falls to optimize resident care.
- Conduct a comprehensive review of the orientation process for new team members that is consistent with the standards set and aligned with regional policies and best practice guidelines ultimately enabling new team members to transition effectively to their new role.
- Initiate an evaluation of admission and care conference procedure to identify areas which require improvement through analysis of feedback from residents and families as a starting point to improving the admission and care conference process.

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