



# CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

Creek Way Village Long-Term Care Home  
2023-2024

## Overview

Creek Way Village is a 144 bed Long-term care home located in the Burlington community. It is managed by Halton Region. Creek Way Village 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 Creek Way, 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 Creek Way Village 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 the 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)

Annually, Creek Way Village 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 Creek Way Village 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

Creek Way Village 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.

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

**Figure 2: Creek Way CIHI Performance Indicators 2023-2024**

Quality Indicators	Ontario	Creek Way Village
<b>Falls in the Last 30 Days</b>	16.5%	<b>13.2%</b>
<b>Worsened Pressure Ulcer</b>	2.4%	<b>0.3%</b>
<b>Potentially Inappropriate Use of Antipsychotics</b>	21.2%	<b>11.6%</b>
<b>Restraint Use</b>	2.1%	<b>1.0%</b>
<b>Worsened Depressive Mood</b>	20.8%	<b>5.3%</b>
<b>Experiencing Pain</b>	0.6%	<b>4.4%</b>
<b>Experiencing Worsened Pain</b>	8.6%	<b>3.8%</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, colours, 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 Creek Way Village, 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 Creek Way Village, 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.

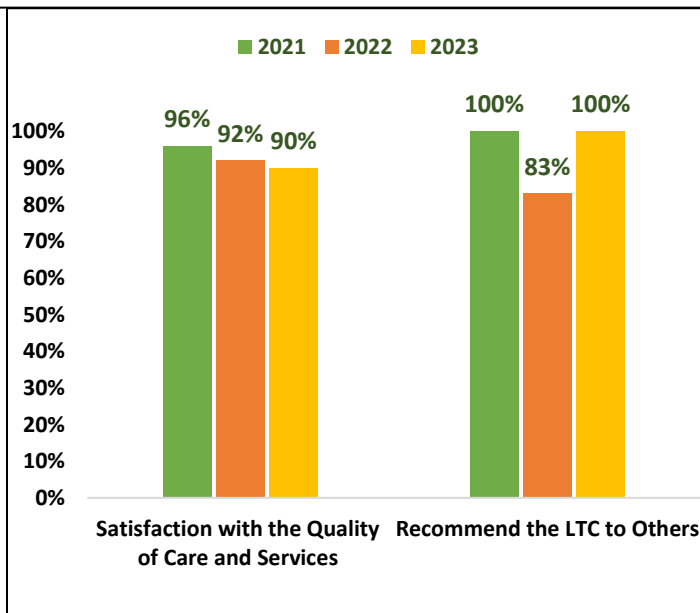
### 2023 Survey Overview

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.

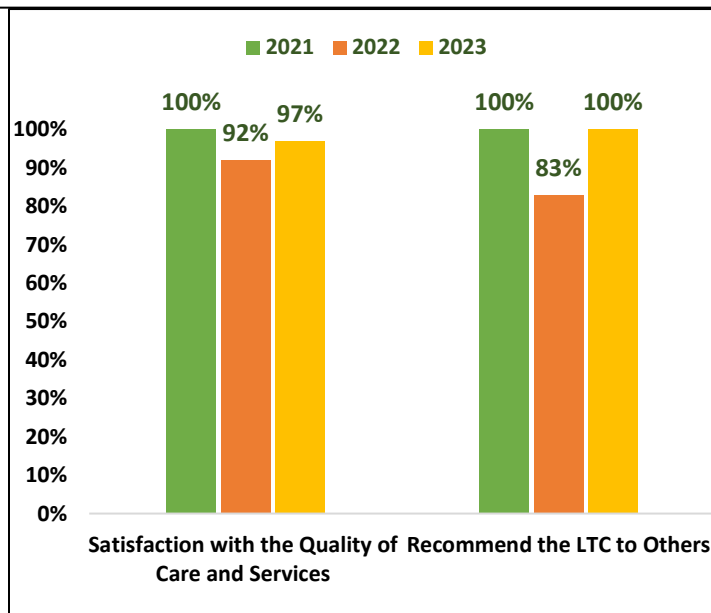
### Results Dissemination and Discussion

We believe in transparency and open communication. To that end, the results from the survey were presented to **our Resident Council on January 5, 2024, and** shared with **families on February 29, 2024**. In addition, signage displaying an overview of results, was displayed, and distributed via email to staff, residents, and families. A meeting was also convened with staff to conduct a comprehensive review and solicit feedback alongside the Director. 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 approach of providing exemplary care and support.

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



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



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

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

AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
<b>Enhance communication and awareness of special events and programs for residents.</b>	<ul style="list-style-type: none"> <li>• Install and maintain signage in elevators and new hanging holders in resident home areas.</li> <li>• Ensure the timely distribution of monthly program calendars and newsletters.</li> <li>• Re-educate all staff to remind and encourage residents to participate in daily programs during morning care routines.</li> </ul>	<b>Q3 2024</b>
<b>Improve resident satisfaction regarding staff listening to them and addressing concerns without fear of consequences.</b>	<ul style="list-style-type: none"> <li>• Provide comprehensive education on effective communication and customer service for the entire home.</li> <li>• Conduct a focused audit to understand the residents' perspectives on these topics and further develop the plan based on their feedback.</li> <li>• Increase the listening satisfaction score from 85% to a minimum of 87%.</li> <li>• Increase the "no fear" satisfaction score from 93% to a minimum of 95%.</li> </ul>	<b>Q2 2024 – Q4 2024</b>
<b>Improve the quality and variety of food and overall dining experience</b>	<ul style="list-style-type: none"> <li>• Maintain the provision of monthly special menu items.</li> <li>• Expand dinner club programs and opportunities.</li> <li>• Incorporate feedback from the food committee into new menu selections.</li> <li>• Retrain cooks on food presentation techniques.</li> <li>• Re-educate staff on the importance of not mixing pureed foods.</li> <li>• Enhance the dining experience through staff re-education.</li> </ul>	<b>Q1 2024 – Q4 2024</b>
<b>Increase the number of special events, social programs, and opportunities.</b>	<ul style="list-style-type: none"> <li>• Conduct a focused audit with student support to identify gaps in meeting resident needs and implement a plan to address these gaps.</li> </ul>	<b>Q2 2024</b>
<b>Increase family engagement in the 2024 survey.</b>	<ul style="list-style-type: none"> <li>• Increase survey responses from 32 to a minimum of 40 by utilizing multiple methods: mailing hard copies, providing paper copies, sharing QR codes and email links, offering in-person encouragement and reminders, and sending email communications.</li> </ul>	<b>Q3 2024</b>
<b>Enhance quality of Resident care</b>	<ul style="list-style-type: none"> <li>• Provide all nursing staff with a "Back to Basics" review on fundamental resident care.</li> </ul>	<b>Q3 2024</b>



## Quality Improvement Initiatives 2023-2024

In 2023-2024 Creek Way Village achieved success in the following areas:

### **Resident Satisfaction Improvement:**

- Achieved a 27% increase in positive responses on the Resident Satisfaction Survey regarding team members' listening skills, which was tied to specific actions outlined in their Quality Improvement Plan (QIP).

### **Dementia Care Strategy:**

- Expanded team member education on the Gentle Persuasive Approach and Living the Dementia Journey, achieving 99% total staff attendance in the Living the Dementia Journey education by the end of 2023.
- Recruited a Dementia Care Lead to provide coaching and mentoring to team members and families.

### **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.

### **Nurse Practitioner Support:**

- Maintained the Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) service, which included a new process for IV infusion therapy providing IV antibiotics in long-term care when appropriate.
- Implemented an "Enteral Feeding Tube - Stat Intervention Kit" to enhance care and avoid unnecessary emergency department transfers.

### **Equity and Indigenous Health:**

- Conducted a comprehensive review of the cultural competency plan to further strategic initiatives related to equity, diversity, and inclusion.
- Developed and continued the Indigenous cultural competency training program, aiming to release the second module in 2024.
- Collaborated with Halton Multicultural Council to host two multicultural fairs.

### **Client/Resident Experience:**

- Used feedback from various sources, including resident and family council meetings, resident and family experience surveys, and program-specific surveys to guide the creation of action plans aimed at enhancing care and services.
- Created an additional 17 secure beds on Oak Home area by integrating Oak North and Oak South home areas, ensuring appropriate consultation, collaboration, and communication with all pertinent stakeholders.

- Continuing partnership with continence product suppliers and created a continence care process map for all care team members to enhance continence care and services of residents.

**Provider Experience:**

- Implemented practical training in Quality Improvement methodology to build capacity among long-term care team members, enhancing their ability to test change ideas in response to feedback from residents and family care partners.
- Partnership with centres for learning, research, and innovation (CLRI) to implement PREP LTC Program- this program provides training to care team members to be successful in the role of student preceptorship.
- Enhanced team member understanding of the admission process by facilitating education for all care team members on their role in supporting a new residents transition to the home.
- Implemented Passion with Purpose training for all care team members to build capacity and remind care team members of the difference made in the lives of others.

**Looking Ahead: Priorities for 2024-2025**

In 2024-2025 Creek Way Village is aiming to implement the following initiatives:

- Focused efforts on enhancing the support provided by recruiting nurse practitioners to integrate illness and injury prevention, health promotion, rehabilitation, and restorative care more effectively.
- Strengthening partnerships with various care providers such as OT/PT, Life Labs, STL x-ray technicians, Dental and Denturist services, and Optometry to facilitate timely assessments and contribute to overall wellness.

**Equity and Indigenous Health:**

- Continuing efforts to deepen team members' understanding of equity, diversity, and inclusion through tailored resources and equity, diversity, and inclusion (EDI) boards showcasing initiatives.
- Development and launch of a second module in a five-part training program focusing on the condensed history of Indigenous Peoples in Canada, set for release in 2024.
- Implementation of Mandatory equity training for all senior leadership and staff, to further support the home's commitment to an equity-informed, and inclusive workplace culture.

**Client/Resident Experience:**

- Utilizing resident and family council meetings, surveys, and other feedback mechanisms to identify and prioritize areas for improvement. Special emphasis on enhancing Life Enrichment programming and meal/menu planning based on direct resident feedback.

**Workforce Support and Development:**

- Implementation of various mental health and wellness programs, such as the “Not Myself Today” app, available on Halton Central for all staff, and sessions provided for all team members through the centres for addiction and mental health (CAMH) and Ministry of Long-Term Care home entitled, “Your Health Space”, supporting staff in prevention of stress, workplace burnout, and being well. Monthly wellness rounds continue to be facilitated providing regular “check ins” with staff and fun information to support team wellness.
- Annual staffing plan reviews, monthly meetings with scheduling teams, and ongoing collaboration with educational institutions to support home in recruitment, retention, and ability to address labor market shortages across the industry, and support team member support and development.

**Safety:**

- Ongoing training and regular interdisciplinary meetings to address risks and implement preventive strategies.
- Enhancement of security measures like controlled access and training on critical safety topics such as fall prevention and infection control.
- Monthly review of quality indicators, quality improvement plans and CQI audits, to ensure safety and comfort of residents, identify gaps and work to address these.
- Annual fire drill and evacuation training and practice with support of Burlington fire department, and quarterly training of all registered staff on emergency response.

**Clinical**

- Prioritize on reducing Avoidable emergency department transfers by integrating education for residents and families about the levels of care available to them at the home and increasing nursing capacity by incorporating a nurse practitioner to support physicians.
- 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.
- Focus on implementing interventions recommended in post fall huddles in the home.
- 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.

**Community Engagement and Support:**

- Continued collaboration with local community service providers and Ontario Health Teams to align care with community needs and improve overall health outcomes.
- Continued involvement with RNAO best practice relating to palliative care.

## Home Quality Lead Contact Information

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