



## LONG-TERM CARE DIVISION

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### **PRIORITY SETTING PROCESS**

Lambton Meadowview Villa (the Villa) has an Internal Quality Team which is comprised of members of the leadership team as well as the leads from a variety of programs (i.e., Falls Prevention and Management, Skin and Wound Care, Continence Care, Pain Management etc.) The team meets quarterly to discuss goal for programs, Quality Indicators, and offer suggestions for improvement based on the data presented. The working committee will provide suggested priorities based on:

- analysis of performance data available from the Canadian Institute for Health Information (CIHI); with negatively performing areas and/or where benchmarking against the provincial average suggests improvement is required
- Elder, family and staff experience survey results
- mandated provincial improvement priorities (e.g. HQO)
- opportunities for participation in projects through organizations (e.g. Ontario Centre for Learning, Research and Innovation in Long-Term Care {CLRI})
- emergent issues identified internally (trends in critical incidents) and/or externally
- input from Elders, families, staff, leaders and external partners, including the MOLTC

The Internal Quality Team’s suggested priorities will be subsequently presented and discussed with the broader Quality Improvement Committee. This Committee has representatives from Residents’ Council, Family Council, the home’s leadership team and mandatory programs, physiotherapy, pharmacy as well as the medical director. The committee will determine which indicators are most important for the Home and suggestions for appropriate actions are discussed.

The Villa will align the Quality Improvement Plan (QIP) that will be submitted to Health Quality Ontario (HQO) with the Quality Initiative indicators chosen through this process.

## **2024/25 PRIORITY AREAS**

The Villa's Quality Improvement Plan (QIP) focuses on high level priorities for the Home. The Home's Internal Quality Team met to review a variety of indicators including the previous year's Elder Feedback Survey, nursing indicators and internal data. Areas of opportunity were identified and presented to the Home's Quality Improvement Council. In review of the data and planned action items, the Quality Improvement Council chose to highlight the following three indicators prioritized for 2024:

- 1) Reduce the potentially inappropriate antipsychotic medication use in long-term care to the provincial average of 21.1%.
- 2) Reduce the total number of falls that occur in the home by 10%.
- 3) Improve positive response for Elders participating in decisions about their lives to 75%.

All the priority indicators will be reviewed throughout the year at the home's monthly leadership meetings, quarterly Internal Quality Team Meetings and mid-year Quality Improvement Council meeting.

### **INITIATIVE #1: Reduction in Potentially Inappropriate Antipsychotic Medication**

In the 2023/24 fiscal year, the provincial average for antipsychotic medication usage without the diagnosis of psychosis was 21.1%. The Villa's rate was 31.72%. The goal is to reach the provincial average of 21.1% by the fiscal year end.

For this initiative, the Villa will be working in collaboration with a representative from the pharmacy provider, CareRx. Elder's medication reviews will highlight opportunities for reduction. Additionally, all new Elder's who move into the Villa will have their medications reviewed and indications for usage identified.

This initiative will be supported by the Villa's internal Behaviour Supports Ontario (BSO) team. The team works to ensure that Elders who are reducing their antipsychotic medications are receiving support through alternative interventions.

Antipsychotic medications without indication for usage are routinely monitored by the BSO lead in collaboration with the Villa's Quality Improvement Coordinator. The rates will be discussed at the quarterly Internal Quality Team meetings. The action plan for reducing this indicator will also be discussed at the meetings.

### **INITIATIVE #2: Reduction in Total Number of Falls**

In 2023, the total number of falls at the Villa was 544. This year's goal is a 10% reduction from that number. All falls are documented in PointClickCare (PCC) and the Quality Improvement Coordinator at the Villa tracks all falls for analysis.

The Villa will be focused on their restorative/rehabilitation program in 2024. Collaboration between the internal program lead and the contract physiotherapist has already begun. A walking program will be investigated in 2024 as well as other restorative programs that could increase the Elder's strength and prevent a future fall.

A review of the process for post fall huddles will occur to ensure that all departments are involved in the information gathering meeting. A comprehensive post fall huddle will assist in preventing future falls.

There will also be a refresh to the Villa's Purposeful Rounds Program. This program seeks to meet the Elders needs by having predictable check ins which have been shown to prevent falls. Training will be tracked through our Learning Management System (Surge Learning).

Falls are monitored routinely by the Fall Management Program lead in collaboration with the Villa's Quality Improvement Coordinator. The rates will be discussed at the quarterly Internal Quality Team meetings. The action plan for reducing this indicator will also be discussed at the meetings.

### **INITIATIVE #3: Improvement in positive response "I participate in decisions about my life."**

On the 2023 resident Annual Feedback survey, the positive response rate was 58%. The goal will be to increase this by 20%.

In 2024, the Villa will be requesting input from Residents' Council on how to improve the response rate for this indicator. Training has already begun for Personal Support Workers (PSW) regarding bathing and will be measured by the percentage of PSWs who complete the course. The Villa will review the tool associated with the training to see if it would be beneficial for better capturing Elder's bathing preferences.

Additionally, the Villa is implementing the RAO Clinical Pathways. This two-year project will align with best practices and provide an opportunity to review assessment and plans of care with a person-directed lens. As of January 31<sup>st</sup>, 2024, the Person and Family Centered Care Assessment is completed for anyone who moves into the Home.

### **FEEDBACK SURVEY**

The 2022 feedback survey results were presented to the Residents' and Family Councils in May 2023 along with the proposed action plan based on the results. A follow up meeting was had for the Family Council at their request in June 2023. Both Councils were encouraged to provide any suggested actions or additions that the Villa should be working on in response to the survey results.

Various items were worked on throughout the year including an increase to Social Work hours, transition to 12-hour shifts, increased training on meaningful engagement and activities and training on purposeful rounds.

The 2023 feedback survey was completed between May and August 2023. A draft copy of the survey was shared with the Residents' and Family Councils during the May 2023 meetings. The results of that survey and the proposed action plan was presented in April 2024 to both Councils.

Additionally at the April 2024 meeting, the proposed 2024 feedback surveys as well as how they will be conducted was presented to Residents' and Family Councils for any input or feedback. The planned survey period will be between June and September 2024.

## **CONCLUSION**

A formalized Quality Improvement Plan (QIP) has been submitted to HQO to outline the various change ideas The Villa will undertake throughout 2024 to improve upon the results presented in this report. These ideas have been discussed and determined by the Villa's Internal Quality Team as well as their Quality Improvement Council.

The Quality Improvement Council members have all reviewed the above report and have provided input to assist with its creation.

The Villa will continue to look for opportunities to improve while providing the best possible care to the people living in the Homes.

For further information related to Quality Initiatives, please see the Quality Improvement Board or the Home's Administrator.