



2023-24 Continuous Quality Initiative Report

Date: March 13, 2024

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<p>Priority Areas for Quality Improvement</p>	<p>There is a strong commitment and culture of quality improvement at the two long-term care homes owned and operated by the City of Hamilton: Wentworth Lodge and Macassa Lodge. The goal of the program is to continually improve the quality of life of our residents by providing the most optimal care and services that they deserve.</p> <p>For fiscal year 2023-24, the following four areas have been identified as a priority to help drive Macassa Lodge towards care and service delivery excellence.</p> <ol style="list-style-type: none"> 1) Reduce Avoidable Emergency Department Transfers 2) Improve Resident and Family Experience 3) Reduce Worsened Pain, and 4) Reduce Antipsychotic Medication for Residents without a Diagnosis of Psychosis
<p>Process to Identify Priority Areas</p>	<p>Macassa Lodge uses a number of methods and data sources to evaluate and identify priority areas to focus on each year. These include but are not limited to:</p> <ul style="list-style-type: none"> • Annual program evaluations • Annual Resident/Family satisfaction surveys • CARF Accreditation survey • Trends identified by Critical Incidents and Complaints • Medication Incidents • Annual recommendations per Ontario Health • CIHI Performance Indicators • Avoidable Emergency Department Transfer rates • Focused audits • RAI-MDS <p>Data tracked in areas noted above is monitored, reviewed, and discussed monthly by Macassa Lodge’s Regular Quality Improvement Committee, Extended Quality Improvement Committee, Residents Council, and Family Council. In addition, input is sought from the Professional Health Advisory Committee as necessary. Macassa Lodge uses a Pick Chart and Project Prioritizer Tool which uses a formula to identify which areas are of highest</p>

	<p>priority, based on resident and family satisfaction outcomes. This helps to allocate resources in sequence of highest to lowest priority, where necessary. Input and advice is sought from Resident and Family Councils regarding annual quality improvement plan priorities, as well as the annual resident and family satisfaction tool and process for application. Priority areas are also embedded into our annual operational/strategic plan, quality improvement plan, and into each required program/committee.</p>
<p>Process for Measuring and Monitoring Quality Improvement Initiatives</p>	<p>Macassa Lodge monitors all priority areas and quality improvement initiatives through monthly Regular Quality Improvement Committee meetings, and Extended Quality Improvement Committee meetings. Improvement initiatives and targets are set using SMART goals as a reference guide to ensure goals are specific, measurable, achievable, relevant, and time-based. Adjustments are made to improvement ideas as necessary. Our Quality Improvement Plan progress is posted internally on our Quality Improvement Communication board, is discussed at Resident Council, Family Council, and at department meetings.</p>
<p>Survey Written Record</p>	<p>Cognitive Performance Scale (CPS) score data is used to determine eligibility of residents to complete the annual Resident Satisfaction survey; however, any resident can complete the survey if requested and is assisted by a member of the Recreation Therapy staff or a family member if necessary.</p> <p>One copy of the Family Satisfaction survey per resident was mailed to the Substitute Decision Maker. A self-addressed stamped envelope was provided to support timely completion and return of paper-based surveys to Macassa Lodge. Extra copies of the resident and family surveys were available at the main reception desk if needed.</p> <p>The most recent resident and family satisfaction surveys were completed in October and November 2023.</p> <p>Results from the survey were shared with the Resident and Family Councils in February 2024, and with the Quality Improvement Committee in January 2024.</p> <p>The Quality Lead for Macassa Lodge maintains a written record of those included in evaluation of improvements related to the annual resident and family satisfaction survey, as well as actions, dates of implementation, and outcomes as necessary.</p>
<p>Survey Actions – Written Record</p>	<p>Two Indicators/ Areas of Focus were placed on the annual 2023-24 Quality Improvement Plan in response to the annual Resident Satisfaction survey and as recommended by Ontario Health as it relates to improving Resident/Family Experience. They are as follows:</p> <ol style="list-style-type: none"> 1) Increase positive response rate from 91% to 92% for question #3: “I am able to communicate openly and freely in order to ensure care and services are met, without fear of consequences.”

- 2) Increase positive response rate from 92% to 93% for question #6:
“The staff in each department take time to listen to my concerns.”

Improvement initiatives to improve response rates for each Indicator/Area of Focus are as follows:

- Engage Residents Council, Family Council and Quality Councils about rationale for changes to wording for Q#3 on the annual satisfaction survey
- Modify RSS/FSS survey question to reflect indicator question
- Ask satisfaction survey (QIP indicator) questions at Resident's and Family Council meetings to monitor negative responses throughout the year

Monthly progress reports about the annual 2023-24 Quality Improvement Plan is provided at Monthly Resident/Family Council meetings and posted publicly on the Quality Improvement Communication board for all residents, family members, visitors, and staff to read. It is also discussed each month at the Regular Quality Improvement Committee meetings, Extended Quality Improvement Committee meetings, and within each respective department/program/committee, as appropriate.

Per Ontario Regulation 246/22 (3) (1-3), every continuous quality improvement committee has the following responsibilities:

- 1) To monitor and report to the long-term care home licensee on quality issues, residents’ quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
- 2) To consider, identify and make recommendations to the long-term care home regarding priority areas for quality improvement in the home.
- 3) To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.