



CONTINUOUS QUALITY IMPROVEMENT REPORT

**Apr. 1, 2024 to
Mar. 31, 2025**

April 16, 2024

1. Designated Lead for Quality Improvement at Strathmere Lodge

The Lead for Quality Improvement (QI) at Strathmere Lodge is Brent Kerwin, Administrator. Contact information:

- a) Phone: (519) 245-2520, ext. 6222; and
- b) Email: bkerwin@middlesex.ca

2. Priority Areas for Quality Improvement

As determined by The Lodge's QI Committee, The Lodge's two (2) Priority Areas for Quality Improvement for 2024/25 (i.e., Apr. 1, 2024 to Mar. 31, 2025) are:

- a) Minimizing the need to transfer residents to the hospital emergency department; and
- b) Minimizing resident falls.

See Appendix 1 for The Lodge's Annual (2024-25) Quality Improvement Plan, which was approved by The Lodge's QI Committee and Middlesex County Council (Lodge owner/operator), before submission to Health Quality Ontario (HQO) on March 27, 2024, as required by the province.

3. Process to Identify Priority Areas for Quality Improvement

The Lodge's Quality Improvement Committee decides on annual Priority Areas for Quality Improvement by considering a variety of metrics/data/information, both anecdotal and empirical. Such includes:

- a) Comparative provincial long term care home metrics from the Canadian Institute for Health Information (CIHI);
- b) Annual resident/family satisfaction survey results;
- c) Audits;

- d) Residents' Council and Family Council feedback;
- e) Provincial government funding announcements;
- f) Asset Inventory Review;
- g) Feedback from Admission Care Conferences and Annual Care Conferences held with residents/family members;
- h) Brainstorming by Quality Improvement Committee members;
- i) Incident Reports (both resident and employee);
- j) Post-discharge questionnaires;
- k) Staff Exit questionnaires;
- l) Informal feedback from residents, family members and staff members;
- m) Concerns/complaints from residents/families;
- n) Results of Ministry of Long Term Care inspection reports; and
- o) Staff Suggestion Box submissions.

4. Measuring/Monitoring Quality Improvement Plans/Initiatives

Quality Improvement Plans developed by The Lodge's Quality Improvement Committee are reviewed/revisited at quarterly QI Committee meetings. Progress made on implementing our Annual Quality Improvement Plan is a standing agenda item at meetings.

Progress reports are made to residents, families and staff via Residents' Council meetings, Family Council meetings and newsletters (both staff newsletter and resident/family newsletter).

5. Annual Resident/Family Satisfaction Survey

The Lodge's Annual Resident/Family Satisfaction Survey was last administered in late 2023/early 2024, after first taking the survey tool to The Lodge's Residents' Council for feedback.

Results of the survey are attached (Appendix 2). Results were reviewed with the Residents' Council on April 11, 2024.

Summary results of the survey were communicated to families via Resident/Family newsletter (March 2024 edition), and at the Family Council meeting on March 7, 2024.

A summary of the results of the Annual Resident/Family Satisfaction Survey was communicated to Lodge staff via staff newsletter on March 8, 2024.

Year after year, The Lodge enjoys high levels of satisfaction among residents and families as to the care, services, programs, products and accommodations it provides.

6. Improvements to Resident Care, Accommodations, Services, Programs and Goods

Improvements to resident care, accommodations, services, programs and goods are made throughout the year, and decided upon after considering a variety of information/feedback, as outlined in #3 above.

Communication on improvements is done throughout the year through vehicles such as Residents' Council meetings, and via regular newsletters (both resident/family newsletter and staff newsletter).

A summary of improvements for 2023/24 (i.e., Apr. 1, 2023 to Mar. 31, 2024) is as follows:

- a) Replacement of our three (3) washers and 3 dryers used to launder resident clothing and linens (via provincial government grant);
- b) New resident patio furniture (main floor garden area);

- c) Additional night shift staffing (via provincial government funding increase);
- d) New building water softener system (incl. servicing resident bathing facilities);
- e) Replacement of ceiling lifts, weigh scales and lift bars for each resident tub room (to safely transfer residents in/out of the bath tub);
- f) New patio furniture for Parkview Place/Arbour Glen resident/family balcony (second floor);
- g) New fridge for Hickory Woods dining room serverly;
- h) New “digital pens” for safe, efficient electronic submission of resident medication prescriptions to our pharmacy provider;
- i) Additional staffing hours (from increased provincial funding) in order to enhance our “Behavioural Supports Ontario (BSO)” staffing resources aimed at supporting residents (and their families) with the expressive behaviours associated with dementia and other cognitive disorders;
- j) The Lodge’s “IPAC (Infection Prevention and Control) Lead” successfully completed her Infection Control Certification Exam;
- k) The Lodge’s Medical Director successfully completed the Ontario Long Term Care Clinicians’ Medical Director course;
- l) New electronic health record software (“Point-Click-Care”), which includes modules to enhance medication administration safety;
- m) Purchase of new wireless resident safety system for falls prevention (bed alarms, chair alarms, motion sensors);
- n) New lift slings for lift equipment, including introduction of “comfort” slings;
- o) New lift equipment (X7);
- p) New wheelchair weigh scales (X5) - to take provincially required monthly resident weights;
- q) New Doppler Vascular Devices (X5) – for vein visualization associated with Intravenous (IV) Therapy; and

r) New Vitals Machines (X5) with wifi capability (vitals readings, including blood pressure and heart rate, will transmit directly into new electronic health record).

APPENDIX 1

2024/25 Quality Improvement Plan



Strathmere Lodge | Long Term Care

2024/25 Annual Quality Improvement Plan

March 28, 2024

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Strathmere Lodge | Long Term Care

1. Minimizing the Need for Emergency Department Visits

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	14.93	9.00	Our current performance is better than the provincial average. Nevertheless, our target is set to improve upon our current performance.	

Change Ideas

Change Idea #1 Hire a full-time Nurse Practitioner (NP) via provincial funding through the "Hiring More Nurse Practitioners for Long-Term Care Initiative". The NP will work with attending physicians and nursing staff to minimize the need for hospital transfers (for such conditions as: fall injuries that may require sutures; pneumonia; and congestive heart failure).

Methods	Process measures	Target for process measure	Comments
Implement a recruitment process to hire a NP in conjunction with Middlesex County's Human Resources Department.	Number of Emergency Department transfers reviewed by Quality Improvement Committee quarterly.	50% of residents will be seen by the NP before being transferred to hospital.	n/a

Change Idea #2 Through available provincial funding, explore feasibility of purchasing specialized equipment (e.g., point-of-care testing) and additional staff training to provide more specialized in-house care and avoid unnecessary trips to the hospital. Also, explore feasibility of more timely access to mobile diagnostic testing (x-ray, ultrasound, electrocardiogram) done by external health care providers (to avoid hospital transfer for such).

Methods	Process measures	Target for process measure	Comments
Collaborate with mobile service provider in order to establish optimal communication regarding service requests made by The Home, and to establish optimal service provider response time targets.	Number of mobile procedures reviewed by the Quality Improvement Committee every quarter.	Increase use of mobile x-ray and ultrasound services by 5% in 2024/25 versus 2023/24.	n/a

Change Idea #3 Reduce the risk of fracture injury leading to the need for hospital transfer by ensuring applicable residents are receiving Antiresorptive Therapy (Vitamin D, Calcium) for bone strength.

Methods	Process measures	Target for process measure	Comments
Residents with a Fracture Risk Score (from each resident's quarterly health assessment) of 4+ will be referred by the RAI Coordinator to the attending physician for Antiresorptive Therapy consideration.	Number of monthly referrals made by the RAI Coordinator to the attending physician for Antiresorptive Therapy.	100% of residents with a Fracture Risk Score of 4+ will be considered for Antiresorptive Therapy.	n/a



Strathmere Lodge | Long Term Care

2. Minimizing Resident Falls

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	20.87	15.00	Our risk-adjusted fall rate betters the provincial average. But, we anticipate that our Change Ideas will bring about an even better (lower) fall rate versus the provincial average.	

Change Ideas

Change Idea #1 Implement new Cordless Falls Prevention Monitoring System (bed pad alarms, (wheel)chair pad alarms, floor mat alarms and motion sensor alarms), in order to alert staff of residents who may be ambulating/self-transferring, but at risk of falling without staff assistance. A cordless system will eliminate cord damage (associated with conventional corded systems) - the primary cause of false and failed alarms.

Methods	Process measures	Target for process measure	Comments
Our provincial Nursing funding enables the purchase of the cordless technology. Our Maintenance staff will install the necessary monitors by early 2024/25.	Number of residents with cordless falls prevention technology in place per month.	All applicable residents will have this cordless falls prevention technology implemented in 2024/25.	n/a

Change Idea #2 Residents who have multiple falls in a month will be referred to the pharmacist for a medication review, should such residents be on medication(s) known to have side effects that may increase the risk for falls.

Methods	Process measures	Target for process measure	Comments
The Clinical Support Nurse (and Chair of the home's Falls Prevention Committee) will review falls monthly, and initiate a medication review by the pharmacist where applicable residents are receiving medication that may contribute to falls (consideration will be given to amending dose strength and/or alternate medication, through and with the attending physician and interdisciplinary care team).	Number of medication reviews conducted by pharmacist, further to falls referral.	100% of residents referred for a medication review due to falls will have review completed.	n/a

Change Idea #3 Residents who have multiple falls in a month will be reviewed to determine their candidacy to participate in the Home's Restorative Nursing Program (e.g., for strength and balance training regarding walking or self-transferring – interventions that may lead to falls prevention).

Methods	Process measures	Target for process measure	Comments
The Clinical Support Nurse (and Chair of the home's Falls Prevention Committee) will review falls monthly, and initiate a referral to the RAI Coordinator for Nursing Restorative Program consideration (where Restorative Nursing intervention may assist in falls prevention).	Number of referrals made for Restorative Nursing Program consideration, further to referral to the RAI Coordinator.	100% of residents referred for Restorative Nursing Program will be reviewed/considered for the program.	n/a

APPENDIX 2

Resident/Family Satisfaction Survey Summary Results

STRATHMERE LODGE 2023 RESIDENT AND FAMILY SATISFACTION SURVEY SUMMARY

Response Rate: 66 out of 159 (42%)

A - Choices	Strongly Agree or Agree	Disagree or Strongly Disagree
1. The Home accommodates my preferences and previous life routines, such as when to get up and go to sleep or when to take a bath	95%	5%
2. The Home accommodates my preferences on what I eat and drink	98%	2%
3. The Home accommodates my preferences on how I am dressed and groomed [e.g. choice of outfit, dress vs. slacks, moustache, hairstyle etc.]	100%	0%

B - Dignity and Privacy	Strongly Agree or Agree	Disagree or Strongly Disagree
1. Staff treat me with respect and dignity [e.g. staff take the time to listen to me and help when I request assistance]	100%	0%
2. Staff members provide me with privacy when they work with me, change my clothes and provide treatment	100%	0%
3. I have privacy if and when I am on the telephone	100%	0%
4. If I have a visitor I have a private place to meet	100%	0%
5. If staff speak about my health status, medical condition, or behaviors they do so privately [without being overheard]	100%	0%

C - Recreation and Social Activities	Strongly Agree or Agree	Disagree or Strongly Disagree
1. Staff encourage me to attend activities and provide me with assistance to attend them	100%	0%
2. The Home's activities meet my interests	95%	5%
3. I receive assistance for the things I like to do [e.g. supplies, books]	94%	6%
4. Activities are offered in the evenings and on weekends and include religious events	100%	0%

D - Building and Environment	Strongly Agree or Agree	Disagree or Strongly Disagree
1.This is a comfortable building in which to live [including temperature and lighting]	97%	3%
2.This building is clean and well maintained	100%	0%

E - Participation in Care Decisions	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I am involved in decisions about the care I receive, such as accepting or refusing treatment as appropriate	100%	0%
2.My family/responsible party is invited to participate in my admission and annual care planning conference	100%	0%

F – Abuse	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I have never been treated roughly by staff	100%	0%
2.Staff have never yelled at or been rude to me	97%	3%
3. I have never felt afraid because of the way I or some other resident has been treated	97%	3%
4. My family has never noticed any staff member being rough with, talking in a demeaning way or yelling at me or any other resident	100%	0%
5. If I or my family was aware of any incident as noted above we know how to report our concern	98%	2%
6. If I or my family reported any incident as noted above, the home staff acted promptly to investigate and correct the situation	97%	3%

G – Interaction With Others	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I have not had any concerns or problems with my roommate or any other resident	87%	13%
2.If I had any concerns as above and reported them to staff they addressed the concerns to my satisfaction	97%	3%

H - Personal Property	Strongly Agree or Agree	Disagree or Strongly Disagree
1. My clothing or laundry has never gone missing.	80%	20%
2. If my clothing or laundry had gone missing, and I reported it, I got the items back quickly	85%	15%
3. My personal property [jewelry, radio, money etc.] has never gone missing	90%	10%
4. If my personal property had gone missing, and I reported it, I got the items back quickly	84%	16%
5. I am able to have my personal belongings and/or furniture in my room if I wish	100%	0%
6. My belongings have never been damaged or taken away	92%	8%
7. If I reported my belongings damaged or missing, staff responded in a satisfactory manner	100%	0%

I - Pain	Strongly Agree or Agree	Disagree or Strongly Disagree
1. I never have discomfort [e.g. pain, heaviness, burning, or hurting] without relief	97%	3%

J - Food Quality, Hydration and Snacks	Strongly Agree or Agree	Disagree or Strongly Disagree
1. The food looks appetizing and tastes good	94%	6%
2. The food is served at the proper temperature	97%	3%
3. I receive fluids, such as water, when I want them	100%	0%
4. I am offered a between-meal <u>beverage</u> in the morning, the afternoon, and in the evening after dinner	100%	0%
5. I am offered a between-meal <u>snack</u> in the afternoon and evening	98%	2%

K - Oral Care/Hygiene	Strongly Agree or Agree	Disagree or Strongly Disagree
1. I never have mouth/ facial pain without relief	100%	0%
2. I have no chewing or eating problems	90%	10%
3. I have no tooth problems, gum problems, mouth sores, or denture problems	92%	8%
4. Staff regularly and frequently clean my teeth/dentures/ mouth or provide me with assistance if I need it	94%	6%

L - Incontinence Products (e.g. briefs, pads)	Strongly Agree or Agree	Disagree or Strongly Disagree
1. The incontinence product(s) provided is/are satisfactory	95%	5%

M - Exercise of Rights	Strongly Agree or Agree	Disagree or Strongly Disagree
1.If I was moved to another room in the past several months I received notice of explanation before the move	92%	8%
2.If I had a roommate change in the last few months I was given notice before change in the roommate	100%	0%
3. If I was discharged to the hospital within the past few months, my family was notified about the return policy	96%	4%

N - Personal Trust Accounts	Strongly Agree or Agree	Disagree or Strongly Disagree
1. If the Home manages my personal funds the Home provides me or my family with a statement of how much money is in my account	100%	0%
2. I or my responsible party can have access to this money when it is needed	98%	2%

O - Activities of Daily Living Assistance	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I receive assistance with meals if I need it	98%	2%
2.I receive assistance with dressing and grooming if needed	100%	0%
3. I receive assistance with toileting if I need it	100%	0%

P - Notification of Change	Strongly Agree or Agree	Disagree or Strongly Disagree
1. Staff notify my family promptly if there is a change in my condition	100%	0%
2. Staff notify my family when my treatment is changed	100%	0%

Q - Sufficient Staff	Strongly Agree or Agree	Disagree or Strongly Disagree
1. There is enough staff available to make sure I get the care and assistance I need without having to wait a long time	86%	14%

R - Overall Satisfaction	Strongly Agree or Agree	Disagree or Strongly Disagree
1. I am satisfied with the quality of care and service provided to me.	100%	0%
	Strongly Agree or Agree	Disagree or Strongly Disagree
2. I can express my opinion without fear of consequences.	98%	2%
3. What number would you use to rate how well the staff listen to you?		
0 = worst possible rating; 10 = best possible rating		
Circle one number only: 0 1 2 3 4 5 6 7 8 9 10		
Overall Satisfaction re: Listening: 9.2 out of 10		
	Probably No or Definitely No	Definitely Yes or Probably Yes
4. I would recommend this Home to others	3%	97%

Survey Responses by Resident Home Area:		
Sydenham Meadows: 18	Hickory Woods: 16	Bear Creek: 12
Arbour Glen: 11	Parkview Place: 9	Not Marked: 0