

Overview

Crescent Park Lodge is a long term care home located in Fort Erie. We are comprised of 52 beds for long stay admission and 2 beds for short stay admissions. We have a well rounded interdisciplinary team that is able to meet the every day needs of our residents, including dietician and social service worker. We have access to external community partners/ resources that can be consulted on an as needed basis including Behavioural Supports Ontario, Seniors Mental Health Outreach and Psychogeriatric Resource Consultant. We pride ourselves on providing person centered care and uphold honesty, integrity, confidentiality, ethics and workplace safety. Our main focus is to provide a homelike environment for our residents and their families and provide a harmonious workplace for our staff. Our greatest achievement over the past year was the amount of time and dedication that we put into our accreditation preparation which resulted in being accredited with exemplary standing. Historically, we have been able to develop and maintain a community-minded framework within our Long Term Care home for all aspects of our activities and interactions. We have accomplished this by using our multi-disciplinary approach to care and through educating residents/family members and staff from the point of admission or hiring about the importance of expressing their opinion and that all have a valued role in contributing to personalized care, as we are all members of the same team; "a community". Our interactions (staff, resident and family members) and shared experiences has only served to strengthen this bond.

Mission, Vision and Values for Resident Focused Care

Mission Statement:

At Crescent Park Lodge our mission statement is to maintain physical, social, cognitive, spiritual, and emotional well-being of all of our residents through an interdisciplinary team approach by residents, families and staff.

Vision:

To provide quality care for our residents in a home-like friendly atmosphere.



We are the "Home with the Heart".



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Core Values: "RIGHT WAY"

We believe that people are our greatest asset – residents, families and staff so we follow the RIGHT WAY: This is the RIGHT WAY

R = resident centered care

I = integrity **G** – growth

H = honour **T** – teamwork

W=workplace health and safety

A = always confidential

Y =you matter

Priority Areas for Quality Improvement

In April of 2022, the Ministry of Health and Long Term Care along with the Ontario Government implemented the new Fixing Long Term Care Act. With the new legislation put into place the focus is on improving resident care through the resident centred approach. New legislation that was implemented places attention on the involvement of both resident and family members in the care being provided in our home. Through the implementation of this legislation we are now enabled to better identify areas in need of improvement within our home. Regular updates on the progress of these initiatives are shared with our residents, family members, staff, community partners and stakeholders.

At Crescent Park Lodge our quality priorities are driven by several factors which include:

- Fixing Long Term Care Act
- RNAO Best Practice guideline
- Key Performance Indicators (CIHI, Point Click Care)
- Program Evaluations
- Health Quality Ontario Priority Indicators
- Internal Audits
- Residents and Family Satisfaction Surveys
- Feedback from Stakeholders including Residents Council and Family Forums and external stakeholders including Resident Council and Family Interest Group as well as external stakeholders including MLTC.

Annually Crescent Park Lodge develops and implements a Quality Improvement Plan (QIP) that includes key areas of improvement aligned with Health Quality Ontario focuses.



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The five core focuses are:

1. Access and flow
2. Equity and Indigenous Health
3. Resident experience
4. Provider experience
5. Safety

Our quality improvement plan for the year 2024-2025 has identified the following priorities for improvement:

EFFICIENT Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.

EQUITABLE Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education.

PATIENT-CENTRED Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"

PATIENT-CENTRED Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

SAFE Percentage of LTC home residents who fell in the 30 days leading up to their assessment

SAFE Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.

Performance Monitoring and Measurement

Crescent Park Lodge's quality initiatives are also derived from data generated from our measurement and accountability systems. Front line staff, our care team leaders and managers rely on access to real time data. This data is integrated into our quality and risk management review process.

These review processes include:

- Performance indicators tracked at the home and programs level
- Priority indicators outlined in the Annual Quality Improvement Plan
- National and provincial benchmark indicator scores
- Quarterly Continuous Quality Improvement Meetings
- Resident Council and Family Interest Group
- Resident and Family Satisfaction survey



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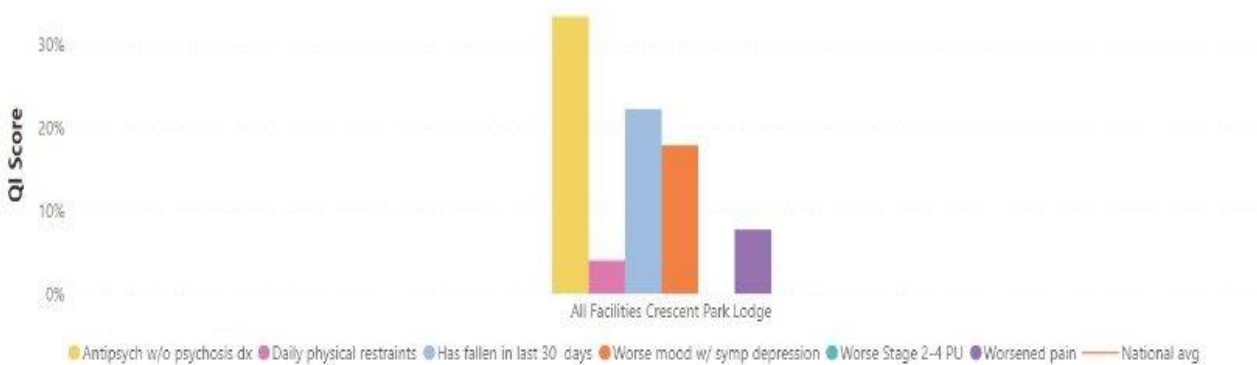
The performance indicators derived from CIHI data are tracked within our home are presented and discussed at our quarterly Continuous Quality Improvement Meetings.

Crescent Park Lodge CIHI Performance Indicators for 2023-2024

Please see below:

QI Score Comparison

Right click to drill down or drill up.



Selected QIs

QI Domain	QI Code	QI	QI Score	Population	Trend Since Last Quarter	4 Qtr Avg	Provincial Avg	National Avg
Falls	FAL02	Has fallen in last 30 days	22.22%	(6/27)	12.22% ↑	9.09%	15.32%	16.89%
Medications	DRG01	Antipsych w/o psychosis dx	33.33%	(8/24)	10.26% ↑	25.35%	21.14%	21.26%
Mood	MOD...	Worse mood w/ symp depression	17.86%	(5/28)	-17.63% ↓	37.68%	20.83%	20.98%
Pain	PAN01	Worsened pain	7.69%	(2/26)	-8.97% ↓	12.67%	9.12%	9.87%
Pressure Ulcers	PRU06	Worse Stage 2-4 PU	0.00%	(0/27)	-10.00% ↓	5.88%	3.46%	2.68%
Restraints	RES01	Daily physical restraints	4.00%	(1/25)	0.67% ↑	3.29%	2.59%	4.20%

Data source: continuing care reporting system provided by CIHI.

Communication Strategy

We actively seek resident and family input in all aspects of resident life at Crescent Park Lodge from day of admission and moving forward. We provide residents and family with the opportunity to provide input/feedback via our interdisciplinary care conferences which are held six weeks post admission and annually as well as through our satisfaction surveys which are always available to access. These are reinforced with residents and family at our care conferences and throughout the year. We currently have an active family council which meets quarterly. We involve residents and

family in our quarterly CQI meetings to review statistics and seek input/feedback into life at CPL. We hold monthly resident council and food meetings which encourages residents to provide input more often which produces active change to accommodate their needs and requests. We are pleased to share that resident and family feedback regarding care and accommodations has been highly positive. At care conferences, residents and family members are given the opportunity to share what they are most satisfied with about their care as well as what they are least satisfied with. The majority of our responses have been highly complimentary about our caregivers and the care provided and accommodations in general. Additionally, we value our communication processes with our stakeholders and community partners who in addition to our residents and family members are viewed as an integral part of our quality improvement processes.

Quality Improvement Initiative 2023-2024

Our valued Quality Improvement Program has assisted our leaders, staff, residents and family members in identifying areas for improvement and leading to the following actions during 2023-2024:

- Storage bags for footrests applied to each resident's wheelchair for easy storage and access for staff when needing to put into place for safe portering.
- New equipment falls prevention equipment has been purchased
- Falls alarm boxes have been installed on the walls at residents' bedside with the goal of preventing trip hazards and having this equipment readily seen when entering rooms for better management
- Bed controls for electronic beds have been installed on footboards of beds out of the reach of residents unable to safely use bed controls
- Recertification of resident safe handling team leads to ensure access to trainers on shift for all direct care staff.
- The sit to stand lift has been reintroduced for use with refresher training for users.
- The role of dedicated skin/wound nurse/ champion to assist/educate and support nursing staff has been added to the care team.
- We have adopted the new RNAO clinical pathways admission assessment to ensure family involvement from admission onward including a focus on resident safety.
- We are now incorporating the RNAO delirium clinical pathway on admission to ensure registered staff are able to better identify and differentiate between delirium symptoms and responsive behaviours so the appropriate interventions are implemented resulting in more timely and effective outcomes.
- Increased education for staff regarding managing mental health behaviours. Monthly meetings lead by Psychogeriatric Resource Specialists designed to discuss and address and support staff in the management of responsive behaviours due dementia and /or mental health present at that time.
- GPA training was provided for all care team members.
- New IPADs were purchased for documentation purposes.



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- Our Palliative Care room was nicely decorated with a snack/activity cart now placed in the room.
- “CareNotes” has been initiated on admission where residents and families are asked to provide five key things that make them happy or comfortable that they would like care team members to know about them. This information is then posted and shared with the care team.
- Controlled drugs were allocated to our NEXSYS unit for improved medication safety.

Looking Ahead: Priorities for 2024-2025

- Implement increase in staffing.
- Implement the falling leaf program for falls prevention
- Further implementation of the RAO Clinical Pathways Model to enable improvement in falls prevention and pain management.
- Focused education to be provided for all staff for better understanding around the experience of pain and for better and more effective pain management.
- For any family members who do not attend care conferences, we will send out a paper copy of the survey with pre-paid return envelope. Paper copies to be provided to those who do not have cell phone or computer access.

Resident Satisfaction Surveys

Our Resident Satisfaction Surveys are conducted throughout the year. We are pleased to share that resident and family feedback regarding care and accommodations over 2023 has been highly positive. In addition to our surveys, at care conferences, residents and family members are given the opportunity to share what they are most satisfied with about their care as well as what they are least satisfied with. The majority of our responses have been highly complimentary about our caregivers and the care provided and accommodations in general. Any responses indicating improvement may be needed are acted upon immediately with documented and timely follow up with those individuals. Our positive feedback from residents and family members is also evident in our satisfaction survey results where 96.3% of our residents have indicated that they feel they are listened to while 98.15% feel they can express themselves without fear of consequences.

The detailed results of our Resident Satisfaction Surveys for 2023 are scheduled to be shared with resident and family members at our Continuous Quality Improvement Meeting on July 24th, with residents at Resident’s Council on July 18th and at our Family Council Meeting scheduled for July 25th.

Results are also scheduled to be shared with staff members at upcoming staff meetings during the week of July 15th.



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These results are posted in our front lobby and on the information board in our recreation department and at the nurse's station for staff to review.

Our Resident Satisfaction Survey results for 2022 were shared at our Resident Council Meeting on August 16th 2023.

The areas for improvement that have been identified will be discussed at these meetings with the goal of receiving input from members of each group that will help develop an action plan.

Once developed and implemented, our actions will be recorded and shared with members of all meeting groups so that all have the opportunity to participate in the evaluation process.

We look forward to the upcoming year where through the "Resident First" focus provided by our recently adopted RNAO Clinical Pathway initiative, we will successfully achieve our goal of 100% favorable responses from our residents and family members.

Home Quality Lead Contact Information

Ray Johnson – Administrator 905-871-8330 #2 rjohnson@conmedhealth.com

Lisa Huffman – Director of Care 905-871-8330 #3 lhuffman@conmedhealth.com