



Continuous Quality Improvement Initiative Report 2024-2025

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 everyday 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 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".



Continuous Quality Improvement Initiative Report 2024-2025

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.



Continuous Quality Improvement Initiative Report 2024-2025

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

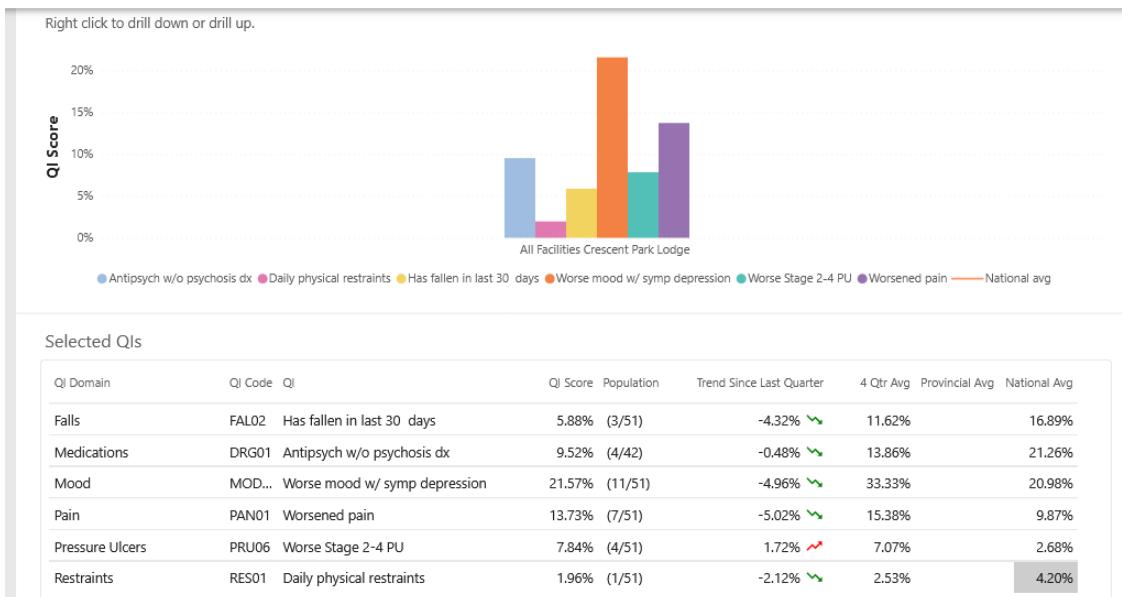


Continuous Quality Improvement Initiative Report 2024-2025

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

Crescent Park Lodge CIHI Performance Indicators for 2024

Please see below:



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 a resident moves in and forward. We provide residents and family with the opportunity to provide input/feedback via our interdisciplinary care conferences which are held six weeks post move in day 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 now have an active family council which will meet quarterly. We involve residents and family members in our quarterly CQI meetings where we review the progress of our programs and seek input/feedback into life at CPL. We hold monthly resident council and food meetings which encourages residents to provide input allowing for active change that accommodates 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



Continuous Quality Improvement Initiative Report 2024-2025

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 responses have been highly complimentary about our caregivers, 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 2024 -2025

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 2024-2025:

- We have successfully implemented a new staffing plan in light of additional hours being allotted for the care of individual residents. With input from all parties, our existing staffing plan was carefully analyzed, and then care routines and duties were realigned and reassigned resulting in a more efficient workforce.
- In order to optimize communication about those residents who are at high risk for falls, the “falling Leaf Program” was implemented. In this case a leaf symbol is placed outside of the room and above the bed of any resident who has been deemed at high risk for falls.
- In 2023 we began the process of adopting the “Resident First” based RNAO Clinical Pathways Model for our approach to nursing care. This fresh approach includes more comprehensive and individualized nursing assessments from the day each resident moves into our home. In 2024 we successfully incorporated new assessments for admission, delirium screening, falls risk identification and pain management.
- For our medication management program, a new medication reconciliation process for residents newly moving into our home was implemented. This system known as the “BOOMR” program is a pharmacist lead and allows for a more streamlined and safer process for obtaining medication histories and then transitioning each resident’s medication plan safely into their plan of care at our home.
- In 2024 Crescent Park Lodge began a collaboration with The Academy of Learning Career College in Fort Erie. PSW students from this academy are now being mentored successfully by members of our PSW team.
- Ongoing education continued for all members of our team including continued reinforcement and continuous updating around required infection control and prevention practices, skin health and wound care management, medication safety processes. For Responsive behaviour management, PIECES training, an assessment method designed to assist in the development of effective responsive behaviour management strategies was attended by nursing managers and staff also attended the “Teepa Snow” educational conference. Additionally, training was provided for dementia care related documentation by the members of the Behavioural Supports Ontario Team.
- We continued with mandatory annual online learning for all of our team members which is updated annually.
- We successfully implemented a new line of skin care products for prevention and treatment using a standardized directive for nursing application.



Continuous Quality Improvement Initiative Report 2024-2025

- In 2024 our team was successful in fully implementing our continuous quality care teams program. Teams were formed for each quality care program. Each team includes members from all disciplines. Monthly meetings are held where quality indicators are reviewed as a measure of identifying any areas that require improvement for the specific team program. These programs include the following focuses: infection prevention and control (IPAC), skin and wound health and care, continence and bowel management, pain management, palliative/end of life care, medication safety, responsive behaviour management, prevention of abuse, and falls prevention. These team programs serve as a valuable forum that allows for input, feedback and educational opportunities for those involved. Individual programs are reviewed at quarterly continuous quality improvement (CQI) meetings and are evaluated annually at our professional advisory (PAC) committee meetings.

Looking Ahead: Priorities for 2024-2025

- We look forward to recognizing our team members with fun and supportive activities arranged by our newly established Health and Wellness Committee.
- Transfer coach training will be provided that will add new members to our Safe Lift and transfer team.
- Education sessions are being offered for all staff for the many different aspects of palliative/end of life care.
- Focused education to be provided for all staff for better understanding around the experience of pain and for better and more effective individualized pain management. This education will include both non-pharmacological and pharmacological approaches.
- We look forward to enhanced engagement among all members of the community within our home. We will continue to encourage and support resident and family involvement in monitoring our progress and planning for the future in all that we do for the care of our residents.

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 2024 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 a need for improvement are acted upon immediately with documented and timely follow up with those individuals.

The detailed results of our Resident Satisfaction Surveys for 2024 are scheduled to be shared at Resident's Council on July 10th, Family Council on July 18th and with staff members at upcoming meetings during the month of July.



Continuous Quality Improvement Initiative Report 2024-2025

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.

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 members have an opportunity to participate in the evaluation process.

We look forward to the upcoming year where as we continue to incorporate the "Resident First" focus provided by our RNAO Clinical Pathways lead initiative, we will successfully achieve our goal of 100% favorable responses from our residents and family members.

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