

# Continuous Quality Improvement Initiative Report Year 2025



**VALLEY PARK LODGE**  
A DIVISION OF CONMED HEALTH CARE GROUP



**Date: June 28, 2025**

## Introduction

Valley Park Lodge (VPL) is part of the Conmed Health Care Group in Niagara Falls. Valley Park Lodge is a 65-bed licensed long-term care facility, but due to ward beds we currently house 47 residents. We are excited and looking forward in anticipation as we will be moving into a new building and amalgamating with another Conmed LTC home. Quality improvement has been at the forefront of our organization and we align our plans with the corporate organizational Strategic Plan, Accreditation Canada, and the homes Quality Improvement Plan. We foster a collaborative, family-oriented environment, ensuring our residents receive the highest quality of care, respect, and dignity.

At VPL, our Continuous Quality Improvement Program is built on evidence-based best practices. We follow a standardized quality program allowing for the sharing of learnings across our network of homes and provider-led quality teams, so that all homes can regularly benefit from collective expertise. We work with hospitals and other health system partners to provide access to a full suite of timely, medical, psychosocial, and recreational services, so that our residents are supported with comprehensive clinical care and services promoting well-being.

VPL is a mission driven organization, we strive to cultivate a “circle of caring”, optimizing life with excellent care, compassion and comforts of home. Our mission is grounded in a commitment to continuously improving care, safety and quality of life in partnership with residents, their families and our community.

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

R - Resident centered care, Respect

I – Integrity, Innovative

G - Growth

H – Honour

T – Teamwork, Synergy-Team

W- Workplace Health and Safety

A – Always confidential

Y – You matter

Our quality program at VPL encompasses all that we do to meet our mission of quality of care and resident safety goals. From ongoing quality assurance activities and audits including adherence to Accreditation Canada’s standards and participation in their regular surveys, to the proactive analysis of safety trends and quality improvement opportunities on **weekly Quality and Safety Round**, quality and resident experience are the primary focus of our teams.

### Priority Areas for Continuous Quality Improvement

In April 2022, the Ministry of Health and Long-Term Care, along with the Ontario Government, implemented the new Fixing Long-Term Care Act. This legislation focuses on improving resident care through a resident-centered approach, emphasizing the involvement of both residents and family members in the care provided at our home.

This new legislative framework enables us to better identify and address areas in need of improvement within our facility. We are committed to regularly updating our residents, family members, staff, community partners, and stakeholders on the progress of these initiatives.

At VPL, our quality priorities are driven by several key factors as follows:

- Fixing Long-Term Care Act: Compliance with and implementation of the standards set by the new legislation.
- RNAO Best Practice Guidelines: Adherence to evidence-based practices as recommended by the Registered Nurses' Association of Ontario.
- Key Performance Indicators: Continuous monitoring and improvement based on indicators from Canadian Institute for Health Information (CIHI) and Point Click Care (PCC).
- Program Evaluations: Regular assessments of existing programs to ensure they meet the evolving needs of our residents.
- Health Quality Ontario Priority Indicators: Alignment with the provincial priorities for quality improvement in healthcare.
- Internal Audits: Conducting comprehensive internal reviews to maintain high standards of care and service delivery.
- Resident and Family Satisfaction Surveys: Gathering and analyzing feedback to improve our services and address concerns.
- Stakeholder Feedback: Engaging with Residents Council, Family Forums, and other external stakeholders to gather insights and drive improvements.

Annually, VPL develops and implements a Quality Improvement Plan (QIP) that focuses on key areas of improvement aligned with Health Quality Ontario's priorities.

#### Five Core Focuses of Our Quality Improvement Plan

1. Access and Flow
2. Equity and Indigenous Health
3. Safety
4. Palliative Care
5. Population Health Management

Our QIP is collaboratively developed with input from residents, families, and staff. It is reviewed at the Resident Council to ensure alignment with the Home's overarching goals to improve the quality of care and deliver service excellence. The QIP reflects our commitment to continuous improvement and responsiveness to the needs of our community. As we progress, the goals and planned improvement initiatives outlined in this plan will continue to evolve, adapting to new insights, feedback, and best practices to enhance the resident and family experience in our Long-Term Care home.

#### Our Quality Improvement Priorities for 2025-2026

1. Efficient
  - Metric: Rate of Emergency Department (ED) visits for a modified list of ambulatory care-sensitive conditions per 100 long-term care residents.
  - Goal: Reduce unnecessary ED visits by improving onsite care and monitoring.
2. Equitable
  - Metric: Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.
  - Goal: Ensure all staff members are trained in equity and inclusion to foster a supportive and inclusive environment.
3. Resident-Centered
  - Metric 1: Percentage of residents responding positively to the question, "What number would you use to rate how well the staff listen to you?"
  - Metric 2: Percentage of residents who responded positively to the statement, "I can express my opinion without fear of consequences."
  - Goal: Enhance communication and empowerment of residents, ensuring their voices are heard and respected.
4. Safe

- Metric 1: Percentage of long-term care home residents who fell in the 30 days leading up to their assessment.
- Metric 2: Percentage of long-term care residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.
- Goal: Reduce falls and unnecessary medication use to ensure the safety and well-being of all residents.

## Our Initiatives

Requirement Under O. Reg 246/22	Home Summary Report
<b>Continuous quality improvement initiative report</b> <b>168.</b> (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.	Fiscal year ends: March 31, 2025  Report due: June 30, 2025
(2) The report required under subsection (1) must contain the following information: 1. The name and position of the designated lead for the continuous quality improvement initiative	Home Designated Quality Lead: Grace Zhang, Conmed Corporate Quality Lead
2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures, and protocols for the continuous quality improvement initiative for the next fiscal year.	For the coming fiscal year 2025-2026, our priority areas for quality improvement as outlined in the annual Quality Improvement Plan (QIP) addressed the following:
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.	I. When developing home annual Quality Improvement Plan (QIP), the steps below are used to ensure a sustainable plan is in place that includes SMARTE goals that are Specific, Measurable, Achievable, Relevant, Time-based, and Effective.
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the	II. A number of reliable data sources are reviewed by several teams and committees as following:  -Continuous Quality Improvement (CQI) Committee -Resident's Council -Family Council ( not currently active)

home's continuous quality improvement committee.	-Professional Advisory Committee (PAC) -Clinical Leadership Team
4. A written description of a process to monitor and measure progress, identify, and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.	The process to monitor and measure successes and challenges, identify, and implement adjustments, and communicate outcomes is reflected in each home's annual Quality Improvement Committee Schedule/Workplan.
5. A written record of, i. the date the survey required under section 43 of the Act was taken during the fiscal year,	Our Surveys for the year January -December of 2024 was done by using survey monkey. The results can be monitored throughout the year to see how many results have been handed in. Nursing encourages families and staff to complete the surveys. The results are then taken and shared with the resident council, family meetings, and other committees.
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and	The results are taken and were shared on April 25th of 2025 at our QIP committee. The surveys are handed and supplied to each resident/family at each annual care conference for their input. The families have not had any concerns and are satisfied with the direction the home is taking with its quality endeavours.
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.	On July 19 <sup>th</sup> 2024 at the QIP meeting the results for the first 6 months had been calculated so we could determine if we were on track or what actions we needed to revise. We did this again October 11th 2024. The final results for the resident/family survey was calculated and on April 25 <sup>th</sup> 2025 shared in the 1 <sup>st</sup> quarter PAC committee meeting and at the 1 <sup>st</sup> quarter QIP meeting. Our QIP Committee is comprised of Family members, residents, staff, managers. This is where we are able to discuss and receive feedback from those in attendance for improvements.
6. A written record of, i. the actions taken to improve the long-term care home, and the care, services, programs, and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,	April 25, 2025 our team reviewed our QIP indicators which we are focusing on this year as laid out in our annual Ontario Quality Plan. We use 2 methods to determine the areas for improvement: 1) We use the provincial average as our benchmark to determine what we are currently doing well and where we need improvements; 2) we use the resident/family surveys to help us identify areas for improvement

	<p>Our nursing team have been learning and implemented the RNAO best practice assessments in 2025 for admissions, pain, opioid use, delirium, falls risk, and post fall assessment.</p> <p>We have seen a decrease in the falls, and managing pain has been more effective. Our data captured has identified improvements in the above areas.</p>
<p>ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,</p>	<p>The resident council with the recreation/program department do an audit regarding the programs and have now put this on their agenda each month. Through this they identified and made changes to some of their programs such as removing 1 religious service and replaced it with a different service. Also, bingo was increased as more residents wanted play more often.</p>
<p>iii. the <b>role of the Residents' Council and Family Council, if any, in actions taken</b> under subparagraphs i and ii,</p>	<p>The Resident Council meet monthly and are very active in the home. The QIP and survey results are provided and discussed with the residents for their input. The food committee meet the same day and bring forward their thoughts and often choose the menu for special occasions. These meetings have minutes.</p>
<p>iv. the <b>role of the continuous quality improvement committee in actions taken</b> under subparagraphs i and ii, and</p>	<p>The QIP committee meets quarterly to review the progress and receive input to continue making ongoing improvements for a more Centered Resident Care environment.</p>
<p>v. <b>how, and the dates when, the actions taken under subparagraphs i and ii were communicated</b> to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.</p>	<p><b>April 1<sup>st</sup>, 2025</b>, the Resident Council met and the survey results were discussed along with the QIP program initiatives for this year. The quarterly results of the QIP are provided to the Resident Council quarterly.</p> <p><b>April 25<sup>th</sup>, 2025</b>, we had a QIP meeting with the resident council president in attendance.</p> <p>A Family meeting is scheduled for July 18<sup>th</sup>, 2025 for us to share our QIP plan and updates with them.</p>
<p><b>Requirement Under O. Reg 246/22</b></p>	<p><b>Home Summary Report</b></p>
<p><b>Records of improvements</b>  <b>169.</b> Every licensee of a long-term care home shall ensure that the continuous quality improvement initiative required under section 42 of the Act includes a record maintained by the licensee setting out the names of the persons who</p>	<p>Valley Park Lodge has several committees and as a small home it is easy to identify areas for improvement. Our open door policy allows families to come and visit us regularly which facilitates feedback to areas that are of concern, or areas needing change, and also areas which are working well.</p>



participated in evaluations of improvements in the report required under section 168 of this Regulation.

QIP is important and we have minutes to meetings and encourage involvement from families, residents, staff and others. We value their input to make our home a Resident Centered Care home.

## Summary

Valley Park Lodge continued to participate in the new RNAO and Ministry collaboration to standardize assessments in the LTC which align with the new Fixing Long Term Care Act and Regulations 2022. We continue to meet the standards set out in the LTC Service Accountability Agreement for 2025-2026. We continue our collaboration with community partners to create more efficiencies and timely supports for our residents. Valley Park Lodge is continuing to work towards improving the QIP's mentioned in the workplan. They all remain current even with the improvements, there is still room for improvement.