

# Knollcrest Lodge Continuous Quality Improvement (CQI) Annual Report 2023-2024

Embracing A Centre of Excellence in Person-Centered Care Delivery & Communication

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## Introduction

Knollcrest Lodge is proud to present the Continuous Quality Improvement (CQI) Annual Report for the fiscal year 2023-2024. This report is prepared in compliance with Section 168 of the Ontario Long-Term Care Home Act and is published to ensure transparency and accountability in our ongoing commitment to enhancing the quality of care provided to our residents.

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## 1. Designated Lead for the CQI Initiative

**Name:** Denise Bedard

**Position:** Chief Executive Officer (CEO) and Continuous Quality Improvement Lead

As the designated lead, Denise Bedard is responsible for overseeing the development, implementation, and monitoring of the CQI initiatives at Knollcrest Lodge.

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## 2. Priority Areas for Quality Improvement for 2023/2024

### a. Priority Areas Identified:

- **Enhancement of Meal Services:** Focus on improving the dining experience by addressing noise concerns and expanding meal options.
- **Resident and Family Communication:** Increase awareness and accessibility of reporting procedures for concerns or complaints.
- **Infection Prevention and Control (IPAC):** Strengthen IPAC practices and adherence to policies.
- **Climate Control:** Ensure consistent and effective management of air conditioning and heat-related protocols.
- **Maintaining ED Visits:** 2023/2024 QIP quality dimension identified, ensure only necessary ED visits occur
- **Maintaining Residents Voices Being Heard:** 2023/2024 QIP quality dimension identified, ensuring residents feel staff listen to them

- **Improving Resident Expression of Opinion:** 2023/2024 QIP quality dimension identified, ensure residents feel they can express their opinion without fear of consequence
- **Reducing Antipsychotic Medication Usage:** 2023/2024 QIP quality dimension, reducing antipsychotic medication usage for residents without a psychosis diagnosis

#### b. Objectives:

- To achieve a 15% increase in resident satisfaction regarding meal services by the end of 2024.
- To ensure that 90% of residents and families feel confident in the process for reporting concerns by the next survey.
- To maintain 100% compliance with IPAC audits and improve staff education on infection control.
- To implement comprehensive policies that address temperature management and resident safety during extreme weather conditions.
- To maintain appropriate number of ED visits and improving education with residents and family members on the benefits and approaches to preventing avoidable ED visits.
- To maintain 90% positive response from residents that they feel staff listen to them and provide open forum Residents' Council meetings where residents feel they can openly bring forward their concerns.
- To improve positive responses to 90% that residents feel they can express their opinion without fear of consequences and review upon orientation and annually appropriate policies relating to this matter.
- To maintain a low number of residents using antipsychotic medications who do not have a clinical psychosis diagnosis.

#### c. Policies, Procedures, and Protocols:

- **Meal Service Improvements:** Monthly audits, enhanced communication between residents and food services, and implementation of quieter dishwashing practices.
- **Resident Communication:** Regular reviews of the Resident Handbook, increased presence of leadership at Residents' Council meetings, and ongoing training for staff on communication protocols.
- **IPAC Compliance:** Weekly IPAC audits, enhanced on-the-spot training for staff, and continuous monitoring of IPAC practices.
- **Climate Control:** Updated heat-related illness protocols, regular temperature checks, and resident-specific care plans during heat events.
- **Avoidable ED Visits:** continue with goals of care discussion with residents upon admission and at annual care conference
- **Antipsychotic Medications and Behavioural Supports:** collaboration of MD/NP and BSO team to implement interventions other than antipsychotic medications for residents experiencing low risk behaviours without a clinical diagnosis of psychosis
- **Resident Perceptions and Rights:** upon orientation and annual review for all staff policies and procedures pertaining to Residents' Bill of Rights, Zero Tolerance for Abuse and Neglect, and Mandatory Reporting Requirements.

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### 3. Process for Identifying Priority Areas for 2024

#### a. Identification Process:

- **Resident and Family Satisfaction Survey:** The 2023 surveys highlighted areas needing improvement, such as meal services and communication.
- **CQI Committee Recommendations:** The CQI committee, which includes senior management, department heads, and front-line staff, reviewed survey results and MLTC inspection reports to prioritize areas.
- **Regulatory Compliance:** Areas requiring attention were also identified through inspections conducted by the Ministry of Long-Term Care (MLTC).

#### b. CQI Committee's Role:

- The CQI committee meets quarterly to discuss survey results, inspection findings, and resident feedback. Priority areas were selected based on the potential impact on resident satisfaction, safety, and compliance with provincial regulations.

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### 4. Process to Monitor, Measure, and Communicate Progress

#### a. Monitoring and Measurement:

- **Quarterly Reviews:** Progress on each priority area is reviewed quarterly by the CQI committee. Required program committees meet on a quarterly basis.
- **Key Performance Indicators (KPIs):** Specific KPIs, such as resident satisfaction scores, compliance rates with audits, and temperature monitoring data, are tracked and analyzed.
- **Adjustments:** If progress is not on track, the CQI lead will work with department heads to adjust strategies and reallocate resources as needed.
- Life Enrichment Manager to track concerns brought forward at Residents' Council meetings. Concerns to be documented and follow-up action plan forms to be submitted to the appropriate department heads for response.

#### b. Communication of Outcomes:

- **Internal Communication:** Results and updates are communicated to staff through town hall meetings, departmental meetings, and internal communications.
- **External Communication:** Residents, families, and the wider community are informed of progress through Residents' Council meetings, Family Council meetings, email communications and the Knollcrest Lodge website.
- **2023/2024 QIP:** review of the QIP occurs annually to obtain feedback and approval from the leadership team, Board of Directors, Residents' Council, Family Council, and the CQI committee.

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## 5. Resident and Family Satisfaction Survey Results and Communication

### a. 2023 Resident and Family Satisfaction Survey:

- **Date:** Surveys were distributed from November 15<sup>th</sup> to December 15<sup>th</sup> 2023.
- **Resident Satisfaction Survey Results:**
  - Overall, positive responses to majority of questions. Some lower responses and skewed data regarding resident programs in relation to resident's selecting N/A as they choose not to participate in the programs.
  - 58% positive response to meal enjoyment.
  - 61% awareness of complaint reporting procedures.
- **Family Satisfaction Survey Results:**
  - Overall, positive responses to majority of questions. Again, there were some lower responses and skewed data and POAs/family members responded N/A to resident program questions as they did not feel their loved ones had the ability to participate in these programs or choose not to.
  - 53% positive response to my loved one enjoys mealtimes.
  - 92% positive response to the home is kept at a comfortable temperature.
- **Action:** Results were analyzed, and specific areas for improvement were identified and addressed through CQI initiatives.

### b. Communication of Results:

- **Residents and Families:** Survey results were shared with residents in January 2024 through a Residents' Council meeting and the March 2024 email communication with Family Council.

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## 6. Actions Taken Based on Resident and Family Satisfaction Survey Results

### a. Improvements Based on Survey:

- **Meal Service Adjustments:**
  - Food Service staff job routines changed and implemented in January, to dishes being collected and washed in the home area serveries.
  - **Date Implemented:** January 2024
  - **Outcomes:** Noise levels reduced due to removal of need of full dirty dish carts being pushed down resident areas; positive feedback on new meal options.
- **Communication Enhancements:**
  - Review of how to report/concerns with residents at Residents' Council meetings as a standing agenda item, review and communication of Resident Handbook with appropriate information.
  - **Date Implemented:** Reviewed at May 2024 Residents' Council Meeting

- **Outcomes:** Increased resident understanding of complaint procedures; positive feedback in follow-up meetings.

#### **b. Other Quality Improvements:**

- **IPAC Training:**
  - New IPAC Lead hired in spring 2024. Both IPAC Lead and current DRC completing the IPAC certification set out in the FLTCA regulations.
  - **Date Implemented:** March 2024
  - **Outcomes:** 100% compliance in subsequent audits (hand hygiene, PPE).
- **Heat Management Protocols:**
  - **Date Implemented:** February 2024 leadership team reviewed the FLTCA regulations for resident room temperature control and need to include resident requests that differ directly in the individual's care plan
  - **Date Implemented:** Annually May 15<sup>th</sup> to September 15<sup>th</sup>, as per the FLTCA monitoring and recording resident room and areas in the summer months
  - **Outcomes:** Spring/summer 2024 review and update of heat-related illness policies, improved staff readiness, and resident safety.

#### **c. Role of Councils and Committees:**

- **Residents' Council:** Provided feedback on survey results and was instrumental in suggesting improvements for meal services.
- **Family Council:** Reviewed survey outcomes and supported the implementation of communication enhancements.
- **CQI Committee:** Monitored the implementation of all improvements and provided guidance on measuring success.

#### **d. Communication of Actions:**

- **Residents and Families:** Actions communicated in April 2024 through Residents' Council meeting. Family Council survey action plans communicated via email in March and documented as approved in the May Family Council meeting minutes.

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## **7. Records of Improvement Evaluations**

### **Participants:**

- Denise Bedard (CEO)
- Department Heads (Food Services, Life Enrichment, Nursing, Maintenance)
- CQI Committee Members
- Residents' Council Representatives

- Family Council Representatives
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## **Conclusion**

Knollcrest Lodge is committed to continuous improvement in all aspects of care and services. This CQI Annual Report reflects our dedication to maintaining high standards, addressing areas of improvement, and ensuring transparency with our residents, families, and staff.

The report has been provided to the Residents' Council, Family Council, and will be published on the Knollcrest Lodge website in accordance with the regulations.

### **Denise Bedard**

*Chief Executive Officer and CQI Lead  
Knollcrest Lodge*