

# Knollcrest Lodge Continuous Quality Improvement (CQI) Annual Report 2024-2025

## Embracing a Culture of 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 2024-2025. 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 2024/2025

#### a. Priority Areas Identified:

- **Enhancement of Meal Services:** Focus on enhancing the dining experience by improving the home-like aesthetic, providing modernized and adaptable dining room furniture, and providing a diverse menu cycle with resident input.
- **Improved Resident and Family Communication:** Increase staff awareness of requirements of disclosing information to residents and families and appropriate timeframes to do so.
- **Cleanliness and Home-Like Environment:** continual updates to modernize the home's aesthetics, and maintaining high quality cleaning standards.
- **Climate Control:** Ensure consistent and effective management of air conditioning (AC) and heat-related protocols, enhanced contingency planning in the event of a loss of AC systems.
- **Maintaining ED Visits:** 2024/2025 QIP quality dimension identified, ensure only necessary ED visits occur.

- **EID-AR Promotion and Education** – 2024/2025 QIP quality dimension identified, ensure 100% of staff receive relevant equity, diversity, inclusion and anti-racism education.
- **Reducing Resident Falls** – 2024/2025 QIP quality dimension identified, ensure a safe and secure environment is provided to residents, early implementation and evaluation of falls prevention interventions.

#### b. Objectives:

- **Enhancement of Meal Services:** To achieve an overall 31% increase in resident satisfaction regarding enjoyment of meal services by the next satisfaction survey (improved positive response to 75%).
- **Improved Resident and Family Communication:** To ensure all residents and families receive timely reports and disclosure of adverse events. Improved positive response to 90% by the next satisfaction survey.
- **Cleanliness and Home-Like Environment:** To maintain current positive response to “the home is clean and smells are reduced” through continual cleaning protocols, ongoing improvements to the home’s aesthetics, and appropriate controls are in place to reduce smells throughout the home.
- **Climate Control:** To enhance current policies and contingency planning that addresses temperature management and resident preference and safety during extreme weather conditions, such as Code Grey – Loss of Air Conditioning.
- **Maintaining ED Visits:** 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, including open discussions surrounding residents’ goals of care (end of life wishes, palliative care preferences).
- **EID-AR Promotion and Education:** To ensure consistent and relevant EID-AR education is provided to all staff through ongoing education and surveys across all departments.
- **Reducing Resident Falls:** To reduce the percentage of residents falling to below 14% through consistent evaluation of residents on 3+ CNS medications and utilizing enhanced rehabilitation exercise equipment.

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

- **Meal Service Improvements:** Continue with monthly audits (including pleasurable dining, meal service audits, etc.), enhanced communication between residents and food services (attending Food Committee meetings monthly at Residents’ Council).
- **Improved Resident and Family Communication:** ongoing training for staff on communication protocols on disclosure of adverse events.
- **Cleanliness and Home-Like Environment:** set a cleaning audit schedule to identify gaps and improvement areas to enhance the home’s overall cleanliness, ongoing physical improvements to modernize the home, ensure appropriate training and reminders to staff surrounding proper disposal of resident hygiene products to reduce smells in hallways.
- **Climate Control:** Updated heat-related policies and procedures, including Code Grey – Loss of Air Conditioning, enhanced contingency planning, continue with regular resident

room and common area temperature checks as outlined in the corresponding schedule, and ensure timely updates and review of 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 regarding ED transfers and improving clarity of documentation of these goals.
- **EID-AR Promotion and Education:** assigned education to staff as part of the home's annual mandatory education program, utilize departmental or general meetings to review key concepts, distribute and evaluate inclusivity/bias specific surveys to staff.
- **Reducing Resident Falls:** pharmacy to flag at quarterly medication management reviews residents on 3 or more CNS medications which may contribute to mental clouding or falls risk, purchasing and implementing more effective rehabilitation equipment for resident physiotherapy, restorative and gym programs.

### 3. Process for Identifying Priority Areas for 2025

#### a. Identification Process:

- **Resident and Family Satisfaction Survey:** The 2024 surveys highlighted areas needing improvement, such as meal services, climate control, cleanliness and smells reduction, and communication with residents and families.
- **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 will be reviewed quarterly by the CQI committee. Required program committees meet on a monthly or 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 departmental meetings, required program 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.
  - **2024/2025 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. 2024 Resident and Family Satisfaction Survey:**

- **Date:** Surveys were distributed from October 7<sup>th</sup> to December 15<sup>th</sup> 2024.
- **Resident Satisfaction Survey Results:**
  - Overall, positive responses to majority of questions. Proposal to adjust survey by leadership team to receive more specific, conclusive results.
  - 44% positive response to meal time enjoyment.
  - 65% positive response to the home is kept at a comfortable temperature.
- **Family Satisfaction Survey Results:**
  - Overall, positive responses to all questions (at least 80% positive response rate).
  - 83% positive response to the home is kept clean and smells are reduced.
  - Some comments surrounding need for improved timely communication from staff to family members would be beneficial.
- **Action:** Results were analyzed, and specific areas for improvement were identified and addressed through CQI initiatives. See completed action plan for details.

**b. Communication of Results:**

- **Residents and Families:** Satisfaction survey results and action plans were shared with residents at the May 2025 Residents' Council Meeting. Survey results and action plans were communicated via email and reviewed at the May 2025 Family Council meeting.
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**6. Actions Taken Based on Resident and Family Satisfaction Survey Results**

**a. Improvements Based on Survey:**

- **Meal Service Enhancements:**
  - **Actions:** Explored and purchased modernized and functional dining room furniture, including both standard and bariatric chairs, tables, and adaptive butterfly tables. Food Service Manager to continue to attend all Residents' Council meetings to discuss meal options, resident's meal choice, etc. More specific survey questions to be developed to better distinguish key components of meal service enjoyment (including atmosphere, timely meal service, meal selection).
  - **Date Implemented:** Dining Room furniture to be delivered mid June 2025 and put in place effective immediately. Ongoing attendance of Food Service Manager to Residents' Council meetings. Survey questions to be developed and presented to both Residents' and Family Council by September 2025 for feedback.
  - **Outcomes:** Improved positive response on the next satisfaction survey. Enhanced home-like aesthetic to the dining rooms, improved meal time independence for residents through appropriate and adaptive dining room furniture. Resident voices to be felt heard surrounding meal choices and enjoyment of meal services. Improved survey questions to help better determine areas of meal service enjoyment needing improvement for future survey cycles.
- **Climate Control Enhancements:**
  - **Actions:** Timely updating of resident care plans to include those who prefer temperatures outside of the approved MLTC regulations, including enhanced logos on resident room AC units to improve staff awareness of preference. Purchase of enhanced cooling mechanisms including portable AC units as contingency plan should any issues arise with the home's HVAC systems. Offering and evaluation of residents on the home's internal transfer list, to utilizing appropriate room types with standalone AC units to meet resident preferences as able.
  - **Date Implemented:** Care plans and logos will be updated on an ongoing basis as resident preferences are identified. Two large portable AC units were purchased in the Fall of 2024. Continue to evaluate the home's internal transfer list as needed and deemed appropriate.
  - **Outcomes:** Improved positive response on the next satisfaction survey. Continued in range temperature checks on daily room temperature audits and immediate notification to Supervisors if any discrepancies are noted. Reduced complaints/concerns/comments received surrounding temperature regulation of the home.
- **Home-Like Environment and Cleanliness Recognition:**
  - **Action:** Ongoing efforts to modernize the home through painting projects and flooring replacements, purchasing modernized and functional lounge and dining room furniture. Continue with scheduled cleaning of all common areas and resident rooms according to schedule. Ensure consistent standards upheld by direct care staff surrounding transport and disposal of hygiene products to eliminate smells in hallways.
  - **Date Implemented:** Ongoing efforts to modernize the home's aesthetics as able. Continue with scheduled cleaning practices. Ongoing communication with existing and new staff on care standards.

- **Outcomes:** Maintained positive response on the next satisfaction survey. Reduced negative concerns/comments received by family members surrounding the home's aesthetics, cleanliness, or smells.
- **Communication Enhancements:**
  - **Actions:** Review of the organizations Disclosure of Adverse Events policy and communication to management, supervisor and other applicable staff on the home's procedure and expectations.
  - **Date Implemented:** Reviewed in May 2025 by the Leadership Team. Communication sent to applicable staff in June 2025.
  - **Outcomes:** Increased staff awareness of the importance of disclosure of adverse events and timely communication to residents and families. Receive no negative comments/concerns surrounding communication on the next satisfaction survey.

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

- **Residents' Council:** Provided feedback on survey results.
- **Family Council:** Reviewed survey outcomes and supported the quality initiatives proposed.
- **CQI Committee:** Monitored the implementation of all improvements and provided guidance on measuring success.

**d. Communication of Actions:**

- **Residents and Families:** Actions communicated at the May 2025 Residents' Council meeting. Family Council survey action plans communicated at the May 2025 Family Council meeting.

**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

**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 (at the June 2025 Residents' Council meeting), Family Council (in June 2025 via email), and will be published on the Knollcrest Lodge website in accordance with the regulations.

**Darlene Raycraft**  
*Acting Administrator*  
*Knollcrest Lodge*