

Quality Improvement Interim Report 2023-24

Overview

For over twenty years, we have taken pride in offering residents a long-term care (LTC) home where they feel comfortable, and where they are part of a vibrant and inclusive community. Regular assessments and planning activities are vital to ensuring that we continuously provide the best quality healthcare and social services, which meet the diverse needs and expectations of our residents and their families.

Our Quality Improvement Plan (QIP) is one of the tools we use to track our performance related to achieving our quality improvement goals. This plan represents our ongoing commitment to achieving system-wide quality of care, quality of life, and safety best practices, which all work together to ensure we provide the best possible resident experiences and outcomes.

Each year, as part of our responsibilities under the "Fixing Long Term Care Act, 2021," we publicly post our Quality Improvement Plan and submit it to the provincial government, so they can track performance across Ontario's healthcare system. We believe it is important for the community we serve to see how our excellent care and services are meeting their needs.

Designated Quality Lead

[Darla Matheson](#), Director of Quality and Risk

Quality Improvement Selection and Prioritization Process

Each year, we set out several key operational priorities that form the basis of our Quality Improvement Plan. The QIP incorporates the required elements from Ontario Health's current list of priorities for long-term care homes, as well as other areas we are prioritizing at Kensington.

Based on an assessment of current performance data, information from stakeholder feedback (resident, family, volunteer, and staff), and other factors related to internal and external challenges and opportunities, the home's Continuous Quality Improvement Committee develops the annual Quality Improvement Plan. This plan will be presented to the Resident and Family Councils for consultation, then reviewed by our Senior Leadership Team, and finally presented to our Board of Directors for final approval.

Priority Areas for 2023-24

This year's quality improvement goals will focus on the following areas:

1. To improve resident experience.
2. To ensure appropriate prescribing and utilization of antipsychotic medication.
3. To enhance knowledge capacity of care team staff.

Each initiative within our 2023-24 QIP identifies a specific target that the improvement team plans to achieve. Targets are chosen based on many factors, including best available evidence, our past performance, and how we compare to our LTC peer group. We strive to identify targets that will motivate our teams and drive improvement, while keeping in mind the existing challenges to making change in a long-term care home setting.

As a component of each quality improvement initiative, teams must outline how they will engage with residents and caregivers in their work. This will include consultation with both the Resident and Family Councils, as part of the development of the Quality Improvement Plan, and regular updates throughout the year. Residents and caregivers will also be invited to participate in quality improvement planning, including through direct feedback via surveys.

Policies, Procedures, and Protocols that Guide Continuous Improvement

Continuous Quality Improvement Policy

Our quality improvement policy outlines our commitment to continuous improvement in the provision of care and services in the long-term care home, through the implementation of an integrated and coordinated quality improvement program focused on the achievement of positive resident outcomes.

Quality Improvement Planning, Monitoring, and Reporting

Quality improvement teams will implement and test potential improvements through the Plan-Do-Study-Act (PDSA) methodology. Process measures are monitored throughout project cycles to track what is working well and areas that need refinement. Staff, residents, caregivers, and volunteers are provided with education, orientation, and training resources (as appropriate) throughout the implementation of each quality improvement initiative. Quality improvement reports are prepared and reviewed quarterly by program staff and the quality committee to evaluate current performance, compare results to established benchmarks or defined targets, and identify further priorities.

Continuous Quality Improvement Committee Structure

Structures and accountabilities are in place to support an integrated quality improvement framework in the home, which are overseen by a dedicated Quality Lead. The Quality Lead facilitates the coordination and management of activities related to strategic direction, quality improvement, risk management, safety culture, resident and caregiver experience, resource allocation, just culture, and ethical culture. The terms of reference for the long-term care home's quality committee reflects legislative requirements of membership and accountability.

Accountability

The Vice President, Resident and Community Care, the home's Quality Lead, and senior leadership all co-ordinate and support the ongoing development of the integrated quality improvement framework. Program leads and quality committee members are responsible for supporting the home's achievement of positive outcomes through quality improvement work, operational reviews, inspection protocols, audits, program evaluations, action plan development, risk management, innovation, education, and implementation of policies and procedures that reflect current best practices.

Inspection and Accreditation

Our long-term care home is supported by government inspections and compliance protocols for long-term care homes, professional practice, and labour, public health, finance, and other legislative and regulatory standards, as applicable. The home maintains accreditation by CARF (Commission on Accreditation of Rehabilitation Facilities), which involves a rigorous self-assessment process, stakeholder engagement, and site visits by peer external surveyors using an international set of standards. These processes support our home's commitment to excellence by highlighting strengths and areas to improve, providing continuous learning opportunities, and directing on-going organizational development.

Communication of Quality Improvement Work

The implementation of several communication strategies supports the quality improvement initiatives in the long-term care home. This includes broad communication of the annual Quality Improvement Plan to all stakeholders, and sharing results of the plan with senior management, residents, caregivers, staff, and volunteers. Quality improvement teams encourage and facilitate opportunities for input from the Resident and Family Councils and use this feedback to improve the quality improvement process and communication methods.

Current communication strategies include:

- Posting on the long-term care home's quality improvement display board, located in a high traffic area within the home.
- Sharing information in regular staff huddles and team meetings
- Quarterly reports on progress of quality improvement work
- Sharing quality improvement highlights in staff emails from both the Vice President, Resident and Community Care, and the Kensington Health President and CEO

- Sharing quality improvement highlights with stakeholders through bulletins, newsletters, the annual report, and via our website.
- Projects are presented externally to member associations and shared more widely with other healthcare organizations through conferences and publications.

Table 1 below presents a description of the 2023-24 Quality Improvement Plan's goals, change ideas, and target measures.

Table 1. Quality Improvement Plan 2023-24

Quality Domain	Goals	Change Ideas	Indicator	Current Performance	Targets for 2023-24	Target Justification
Person-centred	To improve resident experience.	To improve the quality of food and dining experience during resident mealtimes.	% of residents state the overall quality of food and drinks are good	51%	85%	The organization is always striving to ensure that residents feel comfortable, safe, and part of a vibrant and inclusive community; where all residents have a "voice" that is heard and rights that are respected.
		To increase meaningful engagement in resident activities.	% of residents state they like the activities provided in the home	58%		
			% of residents state there are opportunities for them to participate in activities	62%		
		To improve the temperature in resident rooms.	% of residents state the temperature in the home is comfortable	62%		
		To continue to build professional and caring relationships between residents and care team staff.	% of residents feel they can express their opinion without fear of consequences	80%	90%	
			% of residents feel they are listened to by staff	78%		

Quality Domain	Goals	Change Ideas	Indicator	Current Performance	Targets for 2023-24	Target Justification
Safety	To ensure appropriate prescribing and utilization of antipsychotic medication.	To implement a structured medication tracking and review process for residents taking antipsychotic medication without a diagnosis of psychosis.	% of residents not living with psychosis who were given antipsychotic medication	23%	19%	This target is conservative as this work will require collaboration with interdisciplinary staff and measurement is complex.
Efficient	To enhance knowledge capacity of care team staff.	To implement best practice clinical support resources to achieve full scope of practice.	# of potentially avoidable ED visits per 100 residents	28/100 residents	25 per 100 residents	Prevention of ED visits involve many coordinated interventions by the entire interdisciplinary team. This target is reasonable given current staffing challenges and increasing resident complexity.