

Valleyview – Continuous Quality Improvement Report – 2023/ 24

Designated Lead

Jennifer M. Schneider

Continuous Quality Improvement Coordinator



Quality Priorities for 2023/24

Valleyview invites you to learn more about our 2023/24 Quality Improvement Plan (QIP). Valleyview is a 136 bed Long-Term Care home, owned and operated by the City of St. Thomas. We have been providing exemplary care and services to the residents in our community for over 50 years. Valleyview provides care and services to individuals who can no longer support their care needs in the community. Our care team and community partners work collaboratively with our residents and their families to enhance their physical, emotional, social, spiritual and mental well-being in a home like atmosphere. We encourage our residents to be active participants in their individualized plan of care.

Valleyview Home has chosen to integrate their requirements of the FLTCA, 2021 regrading continuous quality improvement with the requirements of Ontario Health reporting of our annual Quality Improvement Plan (QIP) submission to streamline reporting requirements. Our goal is to develop quality improvement initiatives that will meet the diverse needs of our residents, their families and caregivers and our staff. The expanded membership of the Professional Advisory Quality Committee and the development of the Continuous Quality Improvement Sub Committee and utilizing Town Hall meetings has provided for greater collaboration with our residents, families and front-line staff with Valleyview's leadership team.

Review of Quality Objectives for 2022/23

This past year has provided many opportunities for residents and families to be involved in quality improvement initiatives. Valleyview has aligned the Continuous Quality Improvement program with their redeveloped Mission, Vision and Value statement in 2023. The five (5) Vision Statements align with the identified quality and risk indicators to support it's Mission to be "A Place You Can Call Home".

Valleyview – Continuous Quality Improvement Report – 2023/ 24

The annual resident and family satisfaction survey identified that 89.5% of residents and 87.2% of families ‘agree’ and ‘strongly agree’ that their thoughts and opinions are being heard when planning care. Valleyview will continue to work on increasing satisfaction throughout the next year.

In 2022 Valleyview enrolled in the RNAO’s Clinical Pathways and has begun working on Resident and Family Centered Care module. Currently 14 staff have come forward to be ‘champions’ representing all disciplines and training will be rolled out shortly. Valleyview was also selected to be a RNAO Best Practices Spotlight Organization and will align this project with quality initiatives from the RNAO Clinical Pathways.

Recently changes have been made to the admission and annual Care Conference to provide residents and families with a greater voice in planning of care. Residents are encouraged and assisted to participate in the annual care conference with their family and multidisciplinary team. During the care conference the resident’s care plan is reviewed in its entirety and updated with input from the resident and their family.

A considerable amount of work has been undertaken by the Palliative Care Committee to ensure that every resident is provided with care and services based on a palliative approach. In December 2022 the Social Worker began to meet with residents and their families to discuss and identify goals of care related to palliative care and documenting these discussions in Point Click Care. Over the next year the Palliative Care Committee will continue to educate residents, families, staff and volunteers on palliative care and end of life care. We will continue to shift the conversation to ‘how you want to live well’ and to have the best quality of life for as long as possible and identify ‘what we should know about you as a person to give you the best care possible’.

Quality Objectives for 2023/24

Valleyview will continue to work on priority initiatives identified by Ontario Health

1. Reduce the percentage of potential avoidable emergency department visits for long-term care residents. Our current performance is 14.29%
Our goal is to reduce it to 12%. The provincial average is 16%

Valleyview – Continuous Quality Improvement Report – 2023/ 24

2. Reduce the percentage of residents not living with psychosis who were given antipsychotic medications. Our current performance is 25.39%
Our goal is to reduce it to 20.4% to meet the provincial average.
3. Increase the percentage of residents who respond positively to the statement, they can express their opinion without fear of consequences. Our current performance is 62.5%
Our goal is to increase it to 80%
4. Increase the percentage of residents who respond positively to the statement, of how well staff listen to them. Our current performance is 70.3%
Our goal is to increase to 80%

Additional quality indicators that have been identified through the annual Residents and Family Satisfaction Survey in 2022.

5. My thoughts and opinions are heard when planning care. Our current performance is 89.5% (resident) and 87.2 % (family)
Our goal is to increase both resident and family satisfaction to 100%
6. I am able to communicate with the physician as needed. Our current performance is 76.3% (resident) and 58.7% (family)
Our goal is to increase both resident and family satisfaction to 80%
7. I know who to approach when I have a concern or problem. Our current performance is 73.7% (resident) and 97% (family)
Our goal is to increase the resident and family knowledge to 100%
8. Valleyview keeps me informed about changes in my/ my family members status. Our current performance is 73.7% (resident) and 93.8% (family)
Our goal is to increase resident and family satisfaction to 100%

Valleyview will continue to align policies, services and programs provided and will focus on these additional initiatives.

9. Continue to integrate a palliative philosophy of care for all residents as per FLTCA, 2021 with ongoing assessment, evaluation and revision based on best practices and the lived experience of residents and their family members.

Valleyview – Continuous Quality Improvement Report – 2023/ 24

10. Continue to assess and alignment of duties of care with the most appropriate practitioner, including developing of expanded roles for allied and supportive practitioners such as social work and spiritual care.
11. Continue to deliver consistent, quality, evidence-based nursing practices utilizing clinical decision-making tools from the RNAO Clinical Pathways and Best Practice Guidelines and Best Practice Spotlight organization.
Valleyview is enrolled in the following pathways for 2023

Best Practice Guidelines

- Admission Assessment
- Delirium, Depression & Dementia
- Person & Family Centered Care

Best Practice Spotlight Organization

- Resident and Family Centered Care
- Delirium, Depression & Dementia
- Palliative Care (End of Life)

See Appendix A – Continuous Quality Improvement Plan – 2023/24 for details on planned improvement initiatives, methods, process measures and targets for the identified initiatives numbers 1 through 8.

QIP Planning Cycle and Priority Setting Process

Since 2015, Valleyview has submitted a QIP and will also post on their website the homes Continuous Improvement Report annual every March 31st. The Professional Advisory Quality Committee will meet in early January 2024 to evaluate progress accomplish on identified quality objectives and identify new quality objectives for 2024/25. The committee will:

- Identify progress accomplished on identified initiatives
- Utilize data from the Canadian Institute for Health Information (CIHI) to identify current performance and benchmark our performance with other long-term care homes.
- Evaluate responses from the annual Resident and Family Satisfaction Survey as well as the annual Staff Satisfaction Survey.
- Aware of emergent issues identified internally or externally
- Gather input from residents, families, staff, volunteers, community partners and regulatory bodies.

Valleyview – Continuous Quality Improvement Report – 2023/ 24

Newly identified initiatives will be presented and discussed at various committees to refine the scope of the initiative and identify additional initiatives.

Valleyview’s Approach to Continuous Quality Improvement (Policies, Procedures and Protocols)

Valleyview has a robust set of policies and procedures which are based on best practice guidelines and provide the foundation for staff in providing quality care and services. Valleyview utilizes the resources provided by Health Ontario to guide the quality improvement programs.

1. **Getting Started:** During this phase the Continuous Quality Improvement Sub Committee and the Professional Advisory Quality Committee will identify improvements to be made and how success will be measured and sustained,
2. **Defining the Problem:** Involves the Continuous Quality Improvement Sub Committee and the identified committee to collecting data to narrow the focus and define a specific problem. Various tools such as the fishbone analysis, process mapping, and 5 whys are some of the tools that will be utilized to understand the current process and underlying problems.
3. **Understanding Your System:** Once the team has clear understanding of the identified problem an overall improvement aim is identified. The committee will develop aim statements that are (SMART) S-Specific, M-Measurable, A-Attainable, R-Relevant, and Time-Bound.
4. **Designing and Testing Solutions:** The committee will identify change ideas that will meet the aim statement. The committee will use Plan-Do-Study-Act (PDSA) cycles to test solutions. PDSAs provide opportunities to try small tests of change, they can provide feedback about what works and what doesn’t. Several PDSAs cycles will be used as the team refines the change idea to meet the aim statement before implementation.
5. **Implementing and Sustaining Changes:** During this phase measurement is the key to understanding what is creating positive change. Ongoing tracking and evaluation of performance will help the committee to sustain successes.
6. **Spreading Change:** The improvement idea is shared with all stakeholders through various educational platforms. The specific processes are identified, and specific measurements are documented and shared to identify accomplishments as well as areas which may require additional support.

Valleyview – Continuous Quality Improvement Report – 2023/ 24

The process measures that will be used to identify if the change implemented lead to an improvement will be:

Outcome: Measures what the team is trying to achieve (aim statement)

Process: Measures key activities, tasks, processes implemented to achieve the aim statement

Balancing: Measures other parts of the system that could be unintentionally impacted by change.

The committee will continue to measure and monitor the change idea moving forward. The result will be documented on run charts and statistical control charts to determine if the change remains effective or identify declines in performance. Further adjustments may be required to the change idea to achieve the desired outcome. Additional coaching and education may also be required to be provided to staff. Staff opinions will also provide a better understanding of what is and is not working well with the change idea.

Communicating Outcomes

Valleyview's continuous quality improvement committees will utilize a variety of tools to communicate improvements initiatives. These include but are not limited to:

- Posting on the Quality Improvement board and other boards in common areas in the home and staff lounge.
- Utilizing email to update, staff, families and community partners
- Posting on Valleyview's webpage or utilizing social media
- Handouts and one to one communication
- Presentations at meetings such as Residents' Council, Family Council, staff meetings etc
- Utilizing huddles to communicate the change
- Champion staff to spread the word and communicate with their peers

Valleyview – Continuous Quality Improvement Report – 2023/ 24

APPENDIX A

Theme 1: Timely, Efficient Transitions

Description				
Ontario Health Priority Indicator for LTC	% of potentially avoidable emergency department visits for long term care residents	Current Performance	14.29% (Rate per 100 LTC residents)	
Target	Maintain performance below Ontario Average (18.5%) and reduce ED visits attributed to Falls. Target 12%	Justification	Falls management will be a focus for this indicator as Ed visits are caused by injuries from falls.	
Change Ideas				
Planned Improvement Initiative	Methods	Process Measures	Target	Comments
Maintain Fall Management Program	<ul style="list-style-type: none"> Monitor critical incidents from falls Falls are reported to interdisciplinary team and pharmacist for review and recommendations Post fall assessments are completed 	<ul style="list-style-type: none"> Analyze for trends in Falls – time of day, location etc Number of falls reported for review to multidisciplinary team Number of post fall assessments completed 	<ul style="list-style-type: none"> Identify trends for targeted area of improvement 100% of falls reviewed 100% of post fall assessments completed Decrease number of ER visits as a result of falls 	
Falls education and awareness for staff, residents, families and volunteers	<ul style="list-style-type: none"> Annual staff training on falls management Falls education and awareness for residents, families and volunteers 	<ul style="list-style-type: none"> % of staff who completed annual education Education displayed during Fall prevention month Education provided in Family and Volunteer Newsletters 	<ul style="list-style-type: none"> 100% of direct care staff completed annual education Display and education completed by the end of November Education provided in newsletter completed by the end of November 	

Valleyview – Continuous Quality Improvement Report – 2023/ 24

Theme 2: Service Excellence – Patient Centered

Description		Percentage of residents who responded positively to the statement: I can express my opinion without fear of consequences.		
Ontario Health Priority Indicator for LTC			Current Performance	Baseline data collected Current performance 62.5%
Target		Target to increase to 80%	Justification	
Change Ideas				
Planned Improvement Initiative	Methods	Process Measures	Target	Comments
Increase awareness on how input can be provided on care and services provided.	<ul style="list-style-type: none"> Resident input is sought at Residents' Council Meetings on improvement initiatives in the home All department heads personally introduce themselves and explain their role in the home within two weeks of admission date to residents and family 	<ul style="list-style-type: none"> % of positive responses on the annual satisfaction survey 	<ul style="list-style-type: none"> Increase in positive responses in resident satisfaction survey 	
Resident suggestion boxes in each Resident Home Area	<ul style="list-style-type: none"> Relocate suggestion box from front lobby to each resident home area to encourage residents who do not venture far from their home area to have a voice 	<ul style="list-style-type: none"> Number of suggestions received 	<ul style="list-style-type: none"> Increase in positive responses in resident satisfaction survey 	

Valleyview – Continuous Quality Improvement Report – 2023/ 24

Theme 2: Service Excellence – Patient Centered

Description	Percentage of residents who responded positively to: How well do the staff listen if you			
Ontario Health Priority Indicator for LTC		Current Performance	Baseline data collected Current performance 70.3%	
Target	Target to increase to 80%	Justification		
Change Ideas				
Planned Improvement Initiative	Methods	Process Measures	Target	Comments
Increase awareness on how input can be provided on care and services provided.	<ul style="list-style-type: none"> Resident input is sought at Residents’ Council Meetings on improvement initiatives in the home 	<ul style="list-style-type: none"> % of positive responses on the annual satisfaction survey 	<ul style="list-style-type: none"> Increase in positive responses in resident satisfaction survey 	
Increase awareness on how to raise a concern/ complaint	<ul style="list-style-type: none"> Provide refresher updates annually in the Resident and Family Newsletter Provide information on concerns/ complaints at Residents’ Council Meetings 	<ul style="list-style-type: none"> Update provided annually Materials displayed within the home Number of Residents Council Meetings 	<ul style="list-style-type: none"> Increase in positive responses in resident satisfaction survey 	
Enrolled in the RNAO Best Practices <ul style="list-style-type: none"> Person and Family Centred Care 	<ul style="list-style-type: none"> Identifying staff across all disciplines to be trained 	<ul style="list-style-type: none"> 15% of staff trained over three years. Valleyview will be training 14 staff to be “champions” by the end of 2023. Champions will mentor peers to change the language and how 	<ul style="list-style-type: none"> 14 staff will be trained by the end of 2023 to be “champions” 	Changing the language and practices <ul style="list-style-type: none"> Instead of refused a bath use the language “declined a bath” indicating that the resident made a choice

Valleyview – Continuous Quality Improvement Report – 2023/ 24

		staff interact with residents		<ul style="list-style-type: none"> - Addressing their resident by the preferred name they choose and not using names such as “mom/ grandma/ dear” unless specified by the resident - Staff identifying themselves and what they are doing prior to entering a residents room
Involving both family and residents in the admission and annual care conference	<ul style="list-style-type: none"> • Care Plan will be reviewed to provide the resident and family an opportunity for input in the development and revision of the personalized plan of care 	<ul style="list-style-type: none"> • Number of residents and families participating in care conferences 	<ul style="list-style-type: none"> • 100% of admission and annual care conferences completed as per legislation 	

Valleyview – Continuous Quality Improvement Report – 2023/ 24

Theme 3: Safe and Effective Care

Description	Appropriate prescribing: potential inappropriate antipsychotic use in long term care			
Ontario Health Priority Indicator for LTC	% of residents not living with psychosis who were given antipsychotic medications	Current Performance	25.39 % (% of residents without psychosis who were given antipsychotic medication)	
Target	Improve performance to meet the provincial average of 21.4%	Justification		
Change Ideas				
Planned Improvement Initiative	Methods	Process Measures	Target	Comments
Identify residents that are prescribed antipsychotics without a diagnosis of psychosis	<ul style="list-style-type: none"> Complete medication review of residents prescribed antipsychotics without a diagnosis of psychosis Look at medications of all new admissions Trial reduction of antipsychotic medications for behaviours that typically do not respond to medication ie) disrobing 	<ul style="list-style-type: none"> Complete analysis of residents with out a diagnosis of psychosis who are prescribed antipsychotics 	<ul style="list-style-type: none"> Identify residents who require antipsychotics – document need/ benefit when there is not a diagnosis of psychosis 	<ul style="list-style-type: none"> There are some behaviours that respond well to antipsychotics Some diseases such as bipolar and Parkinson’s - hallucinations respond well to antipsychotics
Utilization of internal and external BSO resources	<ul style="list-style-type: none"> Refer to internal BSO team for non-pharmacological interventions prior to referring to physician Refer to geriatric physician for alternative recommendations 	<ul style="list-style-type: none"> Number of referrals result in antipsychotics not being prescribed 	<ul style="list-style-type: none"> Reduction in use of antipsychotics without a diagnosis of psychosis 	

Valleyview – Continuous Quality Improvement Report – 2023/ 24

Valleyview – Priority Indicator #1

Description		My thoughts and opinions are heard when planning care.		
		Current Performance	Residents: 89.5% Family 87.2%	
Target	Increase resident and family satisfaction to 100%	Justification		
Change Ideas				
Planned Improvement Initiative	Methods	Process Measures	Target	Comments
Enrolled in the RNAO Best Practices – Resident	<ul style="list-style-type: none"> Identify staff across all disciplines to be trained 	<ul style="list-style-type: none"> 15% of staff trained over three years. Valleyview will be training 14 staff to be “champions” by the end of 2023 Champions will mentor peers to change the language and how staff interact with residents 	<ul style="list-style-type: none"> 14 staff will be trained by the end of 2023 to be “champions” 	
Enrolled in the RNAO Best Practices - Admissions	<ul style="list-style-type: none"> New admission assessment <ul style="list-style-type: none"> - Life choices (ie) what pronoun does the resident identify with - History of fears - Traumatic experiences 	<ul style="list-style-type: none"> Number of new admission assessment completed 	<ul style="list-style-type: none"> 100% of new admission assessment completed 	
Involving both family and residents in the admission and annual care conference	<ul style="list-style-type: none"> Care Plan will be reviewed to provide the resident and family an opportunity for input in the development and revision of the personalized plan of care 	<ul style="list-style-type: none"> Number of residents and families participating in care conferences 	<ul style="list-style-type: none"> 100% of admission and annual care conferences completed as per legislation 	

Valleyview – Continuous Quality Improvement Report – 2023/ 24

<p>Providing care and services based upon a palliative approach to care. With a focus on Palliative Care and End of Life Care</p>	<ul style="list-style-type: none"> • Social Worker to meet with residents and families post admission care conference to discuss goals of care conversation. Opportunities to provide ideas, success from the past • What Do I Need To Know About You package provided to all new admission. <ul style="list-style-type: none"> - What should I know about you as a person to give you the best care possible. 	<ul style="list-style-type: none"> • Number of documented wishes 	<ul style="list-style-type: none"> • 100% of new admissions 	<ul style="list-style-type: none"> • Shift the conversation to how you want to live well. • What should I know about you as a person to give you the best care possible • Change the palliative conversation to “living well”
---	--	---	--	--

Valleyview – Continuous Quality Improvement Report – 2023/ 24

Valleyview – Priority Indicator #2

Description	I am able to communicate with the physician as needed.			
		Current Performance	Residents: 76.3% Family 58.7%	
Target	Increase resident and family satisfaction to 80%	Justification		
Change Ideas				
Planned Improvement Initiative	Methods	Process Measures	Target	Comments
Admission and annual Care Conference provide information on process for communicating with the physician.	<ul style="list-style-type: none"> Registered staff to provide direction on communication process with the physician 	<ul style="list-style-type: none"> % of positive responses on the annual satisfaction survey 	<ul style="list-style-type: none"> Increase in positive responses in resident and family satisfaction survey 	

Valleyview – Continuous Quality Improvement Report – 2023/ 24

Valleyview – Priority Indicator #3

Description	I know who to approach when I have a concern or problem.			
		Current Performance	Residents: 73.7% Family 97%	
Target	Increase resident and family satisfaction to 100%	Justification		
Change Ideas				
Planned Improvement Initiative	Methods	Process Measures	Target	Comments
Increase awareness on how to raise a concern/ complaint	<ul style="list-style-type: none"> Provide refresher updates annually in the Resident and Family Newsletter Provide information on concerns/ complaints at Residents' Council Meetings 	<ul style="list-style-type: none"> Update provided annually Materials displayed within the home Number of Residents Council Meetings 	<ul style="list-style-type: none"> Update provided annually Materials displayed and/or distributed annually 	
	<ul style="list-style-type: none"> All department heads personally introduce themselves and explain their role in the home within two weeks of admission date to residents and family 	<ul style="list-style-type: none"> % of positive responses on the annual satisfaction survey 	<ul style="list-style-type: none"> Increase in positive responses in resident satisfaction survey 	
	<ul style="list-style-type: none"> Include staff picture on identification badge 	<ul style="list-style-type: none"> Trail 1 resident home area 	<ul style="list-style-type: none"> If successful expand to whole home 	

Valleyview – Continuous Quality Improvement Report – 2023/ 24

Valleyview – Priority Indicator #4

Description	Valleyview keeps me informed about changes in my/ my family members status.			
		Current Performance	Residents: 73.7% Family 93.8%	
Target	Increase resident and family satisfaction to 100%	Justification		
Change Ideas				
Planned Improvement Initiative	Methods	Process Measures	Target	Comments
Ensure residents are included in conversations in changes in their health status	<ul style="list-style-type: none"> Registered staff to include residents in conversation about changes in their health status 	<ul style="list-style-type: none"> % of positive responses on the annual satisfaction survey 	<ul style="list-style-type: none"> Increase in positive responses in resident satisfaction survey 	
Involve both family and residents in the admission and annual care conference	<ul style="list-style-type: none"> Care Plan will be reviewed to provide the resident and family an opportunity for input in the development and revision of the personalized plan of care 	<ul style="list-style-type: none"> Number of residents and families participating in Care Conferences 	<ul style="list-style-type: none"> 100% of admission and annual care conference completed as per legislation 	Recognize that families may decline the opportunity to participate Residents' physical health may limit participation, but efforts will be made to support their participation regardless of physical and cognitive status.