**2024-2025 Continuous Quality Initiative Report**

**Hampton Terrace Care Centre**

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| **Requirement Under O. Reg 246/22** | **Summary/Progress Report from Hampton Terrace** |
| **Continuous Quality Improvement initiative**  **Section 168 (1)**  Report 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, 2024  **Report due:** June 30, 2024  **Date Published:** June 28, 2024 |
| **Section 168 (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 | Emily Stockman, Programs Director and CQI Lead |
| 1. 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 2024-2025, Hampton Terrace’s priority areas for quality improvement are outlined below:   1. Reducing antipsychotic medication usage   In collaboration with the interdisciplinary team, physicians and resident care partners, Hampton continues to review antipsychotic medication usage in the home. Ongoing review is used to determine the possibility of reduction, substitution or discontinuation of antipsychotic medication where appropriate. We continue to educate our team on personnel expressions and provide training opportunities such as GPA, U-First and PIECES to promote supportive approaches to care.   1. Reduce falls and injury from falls   Through on going monitoring, tracking and assessment, Hampton continues to work towards decreasing resident falls in the home using an interdisciplinary approach. Hampton continues to integrate RNAO Best Practice Guidelines and Clinical Pathways to identify, assess and evaluate the Falls Prevention Program.   1. Enhancing diversity, inclusion and antiracism education   In order to promote culturally appropriate services and person-centred care, Hampton will enroll cohorts of the leadership team in Indigenous Cultural Safety Training and will incorporate annual cultural competence education for all staff.   1. Resident & Family Satisfaction Survey Participation:   To promote increased participation from residents and care partners, Hampton will be implementing new methods for residents and care partners to complete the annual Resident and Family Satisfaction Survey.   1. Physical improvements to the home environment:   To promote ongoing safety and quality of life for our residents.  Organizational objectives, policies, procedures and protocols for the continuous quality improvement initiative are reviewed/revised at least annually as necessary and are subject to the following legislation:   * Fixing Long Term Care Homes Act , 2021 (FLTCA 2021) * Ontario Regulations 246/22 made under the Fixing Long Term Care Homes Act 2021 and * Accreditation standards |
| 1. 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** 2. **improvement for the next fiscal year are based on the recommendations of the home’s continuous quality improvement committee.** | Hampton Terrace’s priority areas for quality improvement are identified through ongoing review of various internal and external sources. The following data sources are reviewed to assist in identifying priority areas for quality improvement:   * Residents’ Council Recommendations * Family Council Recommendations * Program and Departmental evaluations * Team huddles * Performance Indicator Data from Canadian Health Institute for Health Information (CIHI) * Ontario Health Quality Improvement Plan (QIP) Indicator Matrix * Annual Resident/Family Satisfaction Survey Results * Inspection outcomes from various regulatory bodies such as Ministry of Labour, Ministry of Long-Term Care and Public Health * Accreditation standards and survey outcomes   Data is reviewed by the interdisciplinary team and presented at various committee meetings, including the Resident Safety Quality Committee, QIP Meetings and Continuous Quality Improvement (CQI) Committee. Based on data review, CQI Committee recommendations and provincial priorities the home selects priority areas for the coming fiscal year. |
| 1. 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 | Hampton Terrace monitors and measures progress through various methods including but not limited to:   * Monthly data collection and comparison * CIHI Provincial Averages * Pharmacy reviews * Quarterly medication reviews   Progress on quality initiatives is discussed regularly through the CQI committee meetings and allows for feedback and suggestions from the interdisciplinary team. Feedback obtained from committee meetings, residents, care partners and staff are used to identify the effectiveness of our initiatives and make adjustments as necessary. Outcomes of our quality improvement priority areas are communicated broadly through organizational committee meetings, Residents’ Council, Family Council and newsletters. |
| 1. A written record of,   i. the **date the survey required under section 43 of the Act was taken** during the fiscal year | Hampton Terrace conducts the annual Resident/Family Satisfaction Survey in September of each year. In 2023, the Resident/Family Satisfaction Survey was completed between September 1st to October 20th, 2023. |
| ii. **the results of the survey taken** during the fiscal year under section 43 of the Act, an | Highlights of the results from the 2023 Resident/Family Satisfaction Survey are as follows:  My suggestions are welcomed. Time is spent with me to discuss my suggestions and recommendations. **92.3%**  The Home serves a variety of appealing, appetizing and nutritious meals. **88.5%**  Variety of snacks are offered and served between meals and bedtime. **96.2%**  Staff providing direct care is courteous, helpful & respectful. **100%**  Staff members ask for my input, advice and preferences in order to effectively plan and coordinate appropriate care. I am involved in the decisions about the care as much as I want to be. **92.3%**  The staff listen to my concerns. **96.2%**  I can express my opinions without fear of consequences. **92.3%**  The Home provides a wide range of recreational programs, including evenings & weekends. The programs meet my needs and are scheduled at convenient time. **96.2%**  My privacy and dignity are fully respected when staff is coordinating, assessing & providing care/treatment/service. **92.3%**  I know whom to contact in the Home if I have questions or concerns. I am familiar with the Residents’ Bill Of Rights & the Complaint Process. **92.3%**  When I have a question or concern, it is addressed and resolved quickly, and to my satisfaction. **96.2%**  I would recommend this Home to my friends as a possible placement of their loved one’s. **100%** |
| 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 | Results of 2023 Resident/Family Satisfaction Survey were communicated verbally and written at the following Council/Committee Meeting Dates:   * Residents’ Council Meeting – January 9th, 2024 * Family Council – February 6th, 2024 * CQI Meeting – January 26th, 2024 * PAC Meeting – January 26th, 2024   Copies of the survey results were also posted publicly on both the Residents’ Council and Family Council boards for resident, care partners and visitors to review. |
| 1. 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, | Overall the results of the annual survey were positive and very few “disagree” responses or constructive feedback was received. Hampton Terrace created an Action Plan based feedback, suggestions and responses which were in “disagreement” of the question.  The following actions taken to address comments from the survey:   * Based on a comment regarding the exterior of the home, Hampton initiated increased monitoring and emptying of an exterior garbage receptacle in January 2024. Additionally, a dead tree on the property was cut down and removed in May 2024. * Feedback obtained from the survey indicated that some individuals were not aware how the home communicates scheduled care conferences, organizational changes and Family Council meetings. Various communication methods are used and ongoing to broadly communicate with residents and their care partners, including the following interventions:   + The home includes the date of the next Family Council meeting in monthly newsletters and includes the contact information of the Family Council Chair.   + Care conference notification is sent through both automatic calls and personal reminder calls around 1-2 weeks prior to the scheduled meeting   + Use of automated calls for anything impacting or upcoming in the home such as, outbreaks, immunization updates and clinic dates   These methods were shared as part of the action plan and communicated with both Residents’ Council and Family Council. |
| 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, | Hampton Terrace was officially designated as a Best Practice Spotlight Organization by the RNAO in June 2023. This designation acknowledges the homes work in implementing the required best practice guidelines (BPG) and commitment to providing the best quality of life for our residents based on current evidence and best practice recommendations. Hampton introduced three new assessments through RNAO Clinical Pathways, delivered through PointClickCare in January 2023. These assessments promote safe, high-quality resident care and align with the RNAO’s best practice guidelines.  In order to promote quality of life and quality of care, physical improvements and equipment upgrades were made throughout the home during the fiscal year. New hand railings were installed through-out the home to improve overall infection control practices and work began on re-painting resident home areas.  Additionally, Hampton Terrace increased staffing hours for multiple departments, including nursing and recreation to improve the overall quality of care and meet the MOLTC direct care hours. New leadership roles were implemented which included the addition of Clinical Leads for each resident home area. |
| iii. **the role of the Residents’ Council and Family Council**, if any, in actions taken under subparagraphs i and ii, | Actions to address opportunities for improvement identified by the 2023 Annual Resident/Family Satisfaction Survey were reviewed at the Residents’ Council Meeting on January 9th, 2024. The same actions were shared with Family Council on February 6th, 2024.  No suggestions or changes were received from Residents’ Council or Family Council. The home continues to encourage residents and care partners to bring forward suggestions at any time.  Other improvement initiatives such as, BPSO designation, physical building improvements or new assessment implementation were shared with both Residents’ Council and Family Council throughout the year. |
| iv. **the role of the continuous quality improvement committee in actions taken** under subparagraphs i and ii, and | The Continuous Quality Improvement Committee is an interdisciplinary committee who meet quarterly to consider, identify and recommend areas for quality improvement in the home.  The CQI Committee reviewed the outcome of the annual Resident/Family Satisfaction Survey and reviewed the actions taken by the home to address opportunities for improvement in January 2024. |
| v. **how, and the dates when, the actions taken under subparagraphs i and ii were communicated** to residents and their families, the Residents’ Council, Family Council, if any, and members of the staff of the home. | Progress with regard to quality improvement initiatives and actions identified by the annual Resident/Family Satisfaction Survey are provided at Residents’ Council, Family Council and CQI Committee meetings.  A documented record of actions taken, dates actions were implemented and outcomes are maintained at Hampton Terrace and posted on the Quality Improvement board for all residents, care partners, volunteers and staff members to review. |
| **Section 168 (3)**  The licensee shall ensure that a copy of the report is **provided to the Residents’ Council and Family Council, if any.** | A copy of the report is offered to both Residents’ Council and Family Council and a physical copy is attached to meeting minutes for review. Additionally, the report is available on the home’s information board for public review. |
| **Records of improvements**  **Section 169**. 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 participated in evaluations  of improvements in the report required under section 168 of this Regulation | Hampton Terrace’s Quality Improvement Committee meets on a quarterly basis and is compromised of the following individuals;   * Claire Collison, **Administrator** * Emily Stockman, **Programs Director/CQI Lead** * Tracey Spencer, **Acting Director of Nursing** * Dr. Chiu, **Medical Director** * Krista Molignano, **Clinical Manager** * Aaron Wu, **IPAC Lead** * Monica Henderson, **Registered Dietitian** * Nicole Tisi, Medisystem **Pharmacist** * Chelsy Rose, **Staff Educator** * Carol Laforteza, **RAI Coordinator** * Richard Diaz, **Clinical Lead** * Rebecca Rigby, **Clinical Lead** * Tessa Palmer, **Clinical Lead** * Ralph Rebamontan, **Personal Support Worker** * S.C, **Residents’ Council President** * S.B., **Family Council Member** |