



WESTHILLS

Home is where our story begins...

2024-2025 Continuous Quality Initiative Report-Westhills Care Centre

Westhills Care Centre located at 179 Louth St. St. Catharines Ontario, L2S 2R4

Requirement Under O. Reg 246/22	Summary/Progress Report from Madison Village
<p>Continuous Quality Improvement initiative</p> <p>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.</p>	<p>Fiscal year ends: March 31, 2024</p> <p>Report due: June 30, 2024</p> <p>Date Published on Westhills Website: July 2, 2024</p>
<p>Section 168 (2) The report required under subsection (1) must contain the following information:</p>	
<p>1. The name and position of the designated lead for the continuous quality improvement initiative</p>	<p>Susan Barnhart, Programs Director and CQI Lead</p>
<p>2. A written description of the home’s priority areas for quality improvement, objectives, policies,</p>	<p>For the coming fiscal year 2024-2025, Westhills Care Centre’s priority areas for quality improvement as outlined in the Annual Quality Improvement Plan will address the four areas of Focus below:</p> <ol style="list-style-type: none"> 1. Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care



<p>procedures, and protocols for the continuous quality improvement initiative for the next fiscal year</p>	<p>residents. Current Rate: 20.92% Reduce to: 15.00%</p> <ol style="list-style-type: none"> 2. Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" Current Rate: 94.44% Increase to: 96.33% 3. Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". Current Rate: 88.89% Increase to 90.67% 4. Percentage of LTC home residents who fell in the 30 days leading up to their assessment Current Rate: 21.58 % Reduce to: 15.00% <p>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:</p> <ul style="list-style-type: none"> ▪ Fixing Long Term Care Homes Act , 2021 (FLTCA 2021) ▪ Ontario Regulations 246/22 made under the Fixing Long Term Care Homes Act 2021 ▪ Long Term Care Home Service Accountability Agreement (LSAA) ▪ Annual Program and Departmental Evaluations
<p>3. 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 improvement for the next fiscal year are based on the recommendations of the home’s continuous quality improvement committee.</p>	<p>In formulating Westhills Care Centre’s annual Quality Improvement Plan, we meticulously followed these steps to create a sustainable strategy:</p> <ul style="list-style-type: none"> ▪ Assess and prioritize areas for improvement. ▪ Formulate improvement initiatives. ▪ Execute improvement initiatives. ▪ Monitor achievements and obstacles. ▪ Adjust strategies as necessary. <p>Data is consistently reviewed and analyzed throughout the year as part of the home’s quality improvement program to track successes and identify areas for enhancement. Examples of the data and metrics reviewed include:</p> <ul style="list-style-type: none"> ▪ Ontario Health Quality Improvement Plan Indicator Matrix ▪ Performance indicators from the Canadian Institute for Health Information (CIHI) ▪ Quality indicators from PointClickCare (PCC)Tabs ▪ Results from the annual Resident and Family Satisfaction Survey



	<ul style="list-style-type: none">▪ Feedback such as complaints, concerns, and suggestions from residents, families, staff, visitors, and other stakeholders▪ Analysis of trends in Critical Incident Reports submitted to the Ministry of Health and Long-Term Care▪ Inspection findings from regulatory bodies including the Ministry of Labour, Ministry of Health, Public Health, Fire Department, corporate consultants, and external community partners where applicable▪ Audits for Infection Prevention and Control (IPAC)▪ Internal audits specific to departments such as Dietary, Program, Nursing, Environmental, and Operations▪ Rates of Avoidable Emergency Department Transfers▪ Evaluation of other internal or external risks and emerging issue <p>Furthermore, the facility holds daily, weekly, monthly, and quarterly meetings through structured organizational committees, including but not limited to:</p> <ul style="list-style-type: none">• Continuous Quality Improvement (CQI) Committee• Residents' and Family Councils• Resident Safety and Quality Meetings• Professional Advisory Committee (PAC)• Senior Management Committee• Corporate Committee <p>We prioritize input from our residents and families as our primary source of feedback. Monthly Resident/Family Council meetings provide an opportunity to gather insights on areas where care can be improved. Engaging residents and their families is essential to ensuring our care services meet their needs. At Westhills Care Centre, we promote ongoing open communication and encourage active participation in identifying areas for enhancement and decision-making.</p>
<p>4. A written description of a process to monitor and measure progress, identify, and implement adjustments, and communicate outcomes for the</p>	<p>The process of monitoring and evaluating successes and areas for improvement at Westhills Care Centre involves identifying, tracking, communicating, monitoring, and implementing necessary changes to continually enhance the quality of resident care and service.</p> <p>Quality management at our facility is a comprehensive, ongoing self-assessment system. Through our CQI process, we monitor, track, analyze, and assess priority areas.</p>



WESTHILLS

Home is where our story begins...

<p>home's priority areas for quality improvement in the next fiscal year</p>	<p>Our assessments encompass processes, quality reports, resident satisfaction, trend analysis, and outcomes to pinpoint areas needing enhancement. We collaborate closely with our Residents' Council and Family Council to devise quality improvement strategies and ensure all stakeholders are informed of our plans.</p> <p>We conduct a thorough review of health indicators specified by the Canadian Institute for Health Information (CIHI) and publicly disclosed priorities from Ontario Health. Upon identifying areas for improvement, we develop action plans with specific timelines, obtain necessary approvals, and implement them to elevate care and service delivery.</p> <p>Progress and outcomes of the Quality Improvement Plan (QIP) are shared by the Administrator at Residents and Family Council Meetings, and department heads present updates at their respective meetings where applicable.</p> <p>Program evaluations, including mandatory and department-specific assessments, are conducted annually, and interdisciplinary care teams develop interventions and target dates accordingly.</p> <p>Feedback from residents and families plays a crucial role in identifying areas for improvement, leading to changes that enhance resident satisfaction and quality of life.</p> <p>To ensure transparency, a copy of the QIP is publicly posted on the resident and family information board near the elevator for easy access by residents, families, staff, and visitors. Paper copies are also available upon request. Additionally, our home's website (Westhillslhc.ca) features postings of the annual Quality Improvement Workplan, Narrative, and Continuous Quality Initiative Report.</p>
<p>5. A written record of, i. the date the survey required under section 43 of the Act was taken during the fiscal year</p>	<p>In 2023, the annual resident and family satisfaction survey was completed between September 1 – October 30. Our 2024 Survey will be conducted in the same time frame.</p>
<p>ii. the results of the survey taken during the fiscal year under section 43 of the Act, an</p>	<p>2023 Overall Residents/Family Satisfaction Results for Westhills Care Centre are as follows:</p>



WESTHILLS

Home is where our story begins...

#	QUESTIONS:	AGREE %	PART AGREE %	DIS AGREE %	NOT KNOWN%
1	Regulated Documents, such as Resident Accommodation Agreement, Unfunded Services, Consents To Treatment/ Disclosure & other documents/ consents required for signing are fully explained to me prior to signing. Comments: _____	70.6	14.7	3.0	8.7
2	I am aware and informed about the changes in resident co-payment structure. Comments: _____	70.6	3.0	3.0	26.5
3	I am kept informed of any changes in health status, including medications, plan of care/treatment and services to be provided. Comments: _____	88.2	6.0	6.0	3.0
4	Staff in charge appear knowledgeable when questioned about financial matters, programs, care, services and/or personal/health care needs. Comments: _____	70.6	14.7	8.7	3.0
5	My suggestions are welcomed. Time is spent with me to discuss my suggestions and concerns. Comments: _____	64.7	23.5	6.0	3.0
6	The Programs for care and clinical services are regularly evaluated. My feedback/suggestions are obtained for continuation and/or implementation of new programs. Comments: _____	61.8	8.7	8.7	14.7
7	The Home serves a variety of appealing, appetizing and nutritious meals. Comments: _____	61.8	26.5	8.7	3.0
8	Variety of snacks are offered and served between meals and bedtime. Comments: _____	70.6	26.5	3.0	6.0
9	I am notified in advance & invited to attend scheduled Care Conferences. Comments: _____	82.4	3.0	3.0	9.0
10	The interior/exterior of the building is well maintained and maintenance issues addressed promptly. Comments: _____	91.2	9.0	0.0	3.0
11	Staff providing direct care is courteous, helpful & respectful. Comments: _____	73.5	2.4	0.0	0.0
12	Visitation hours allow flexibility to meet my needs - Privacy is respected. Comments: _____	97.1	3.0	0.0	0.0
13	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. Comments: _____	67.6	3.0	0.0	0.0
14	The staff listen to my concerns. Comments: _____	82.4	2.4	0.0	6.0



#	QUESTIONS:	AGREE	PART AGREE	DIS AGREE	NOT KNOWN
15	I can express my opinions without fear of consequences. Comments: _____	79.4	8.9	6.0	6.0
16	The Home provides a wide range of recreational programs, including evenings & weekends. The programs meet my needs and are scheduled at convenient time. Comments: _____	67.6	9.0	8.7	3.0
17	The breakfast, lunch and dinner meals are served at appropriate times and in an unhurried manner. Comments: _____	70.6	8.7	0.0	6.0
18	My privacy and dignity are fully respected when staff is coordinating, assessing & providing care/treatment/service. Comments: _____	79.4	6.0	0.0	9.0
19	The Home is kept clean and free of odour. Comments: _____	73.5	20.6	0.0	6.0
20	Laundry services meet acceptable standards. Comments: _____	61.8	26.5	0.0	6.0
21	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. Comments: _____	64.7	11.8	6.0	11.8
22	The Management communicates organizational changes and provides regular updates on Home's activities as they relate to programs, care and services. Comments: _____	67.6	8.7	3.0	8.7
23	I am encouraged to attend/participate in scheduled Residents' Council and/or Family Council Meetings. Comments: _____	73.5	6.0	9.0	6.0
24	When I have a question or concern, it is addressed and resolved quickly, and to my satisfaction. Comments: _____	53.0	29.4	6.0	9.0
25	I am encouraged to participate/attend special events/functions organized by the Home, such as bazaars, bake sales, birthday parties, holiday parties, BBQ's, etc. Comments: _____	82.4	6.0	3.0	6.0
26	I would recommend this Home to my friends as a possible placement of their loved one/s.	79.4	3.0	6.0	3.0

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

The results of 2023 Resident and Family Satisfaction Survey were communicated verbally Council/Committee Meeting Dates:

- Resident Council Meeting- February 2024
- Family Council – February 2024
- Senior Management Meeting – March 2024



of the staff of the home	
6. 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,	<p>The home did a great job of responding to each comment, suggestion, concerns individually with the resident or family if names were left. The following actions taken to address comments from the survey:</p> <p><u>Staff Knowledge and Expertise:</u></p> <p>1. Action:</p> <p>i) Administrator to produce a one-page contact list of managers with their title noted, and general area of expertise. This document will be available for distribution at orientation for new families and for pick-up at the home's front desk so residents, family and substitute decision makers have access to the full scope of information available to them across all areas of the business.</p> <p>(ii) Administrator to communicate, "open door policy," through Family and Resident Council as well as through orientation for new families. We are committed to ensuring that all residents and family members have access to our management team and to the information related to your specific needs. One survey In response to the specific feedback raised by the survey results, I want to assure you that we are taking the following actions: 3 participants said, "Management communication, none at all!" while another person said, "Very poor communication in the past, improving." The Administrator is to support the best possible experience for residents and their circle of care. For this reason, we endeavor to have an open-door policy. If a senior manager's door is open and they are in their office, you are welcome to drop in! If we all agree to keep small issues small by dealing with them immediately, we are positioned well to create a dignified and personalized experience for residents and eliminate unnecessary stress. Please bring forward any concerns you have for our team right away so we can do our best to rectify them in real time. As a matter of privacy, not all employees of Westhills Care Centre have access to all resident information so we invite anyone from the circle of care to reach out to the administrator or department managers if you are unable to access the information you require. The Administrator is committed to providing a one-page reference resource with contact information for each area of the business to ensure you have seamless access to information.</p> <p><u>2. Program Evaluation and Feedback:</u></p> <p>Action:</p>



i) To educate residents/family/substitute decision makers on the Program Evaluation process and highlight opportunities for residents, family and substitute decision makers to interact with the continuous quality improvement process. (CQI)

(ii) Invite residents, family and substitute decision makers to quarterly CQI meeting (iii) Include CQI (Continuous Quality Improvement) meeting dates in monthly newsletter We recognize the importance of regularly evaluating our care and clinical programs to ensure they meet the evolving needs of our residents. One person said, "Nobody ever asked me for input," while another commented, "Direct care, huge improvement!" As a result of relentlessly submitting to a process to perform care and services at a standard we could be proud of, we participated in and were awarded Accreditation with Exemplary Standing by Accreditation Canada from 2023-2027. As we work toward renewing that accreditation, we have just embarked on another four-year commitment to continue to conduct our care and services at a level that will achieve the excellent standing for a second term. We are fully committed to the value of always measuring our actions to improve our care and services. In addition to seeking accreditation for the next cycle (2027-2030), we also evaluate our Mandatory Programs on both a quarterly and yearly basis. In our CQI (Continuous Quality Survey Summary Report (2023) 4 Improvement) meeting, we use data analysis to highlight areas where improvement is required. We encourage residents, family members and substitute decision makers to attend the meeting for the opportunity to participate in the continuous quality improvement of clinical programs and evaluations. See monthly newsletter or CQI quarterly meeting dates/times.

3. Meal Appeal and Nutrition:

Action:

(i) Educate residents/family and substitute decision makers on how the menu comes to fruition and the various opportunities they have to intersect with that process to offer feedback.

(ii) Notify residents when the menu surveys will be issued to the Food Council Committee to invite them to participate. We understand the significance of providing appealing, appetizing, and nutritious meals to our residents. We are collaborating with our Culinary Team, the Registered Dietitian, and the Food Council Committee to review and improve our menu offerings for the new spring menu as well as the fall/winter menu taking into account your preferences and dietary requirements. One participant said, "Excellent Menu,"



while another commented, “Good Variety.” Conversely one resident said, “The food is very dry,” and another commented, “No one every asks me for input.” Your satisfaction with the meals served is of utmost importance to us, and we are committed to making the necessary adjustments to meet your expectations. One way for residents to have improvement input is to attend your Food Council Committee meetings where residents are able to voice their opinion on quality, variety, as well as the development of new seasonal menus. We will submit the Menu Survey to the Food Council Committee in April to be implemented by May- for the spring summer menu cycle and again in September to be implemented in October, for the fall winter menu cycle. We ask that the surveys be completed by the committee in conjunction with the menu planning stages and those residents who choose to attend the meeting. The new menu shall include food preferences by the majority of the residents surveyed, including the recommendations from the Food Council Committee. This is a great opportunity for residents to influence the menu and offer quality feedback. Once menus are proposed, they are evaluated by a Registered Dietitian so they meet certain criteria. As part of that evaluation, the dietitian evaluates and approves all menus for nutritional Survey Summary Report (2023) 5 value, calories etc. In addition, they evaluate for therapeutic and texture modified variations and ensures that there is evidence of menu consultation with residents and/ or substitute decision makers. Once menus are finalized, they are communicated by the Nutrition Manager through the Food Council Committee.

4. Recreational Program Scheduling:

Action:

Audit Calendars and recreation department to offer feedback and quality improvements that address issues highlighted in the resident’s satisfaction survey for 2023 with an emphasis on increasing our volunteer base in the activities department. We recognize that offering a diverse range of recreational programs, including evening and weekend activities, is essential to meeting your needs. One resident said, “Evenings and weekends, not enough recreation,” while a family member offered, “I am very happy to have my husband in this beautiful home. He would just like more of his type of recreational activity like: Playing pool, darts, and more physical activity.” We will review current scheduling practices with the department manager and make adjustments to ensure that programs are conveniently scheduled to accommodate the preferences and availability of our residents. We are also focusing on growing our volunteer base as part of our whole home goals for 2024 which will help increase the number of programs during evenings and



	<p>weekend. As part of Resident’s Council’s role, they regularly evaluate programs (activities) on behalf of the residents to ensure they are meeting the needs of the residents. When a new program is proposed, it is the duty of the Recreation Manager to:</p> <ol style="list-style-type: none">1. Discuss and outline a plan for implementing a new program with recreation staff, direct care givers, volunteers, registered staff, as applicable and based on identified needs and/or requests of the residents,2. Complete New Program Proposal form outlining the following information:<ul style="list-style-type: none">• program name• space requirements• staff requirements• suggested implementation date• program purpose/objectives• program frequency, location, time, day Survey Summary Report (2023) 6• anticipated # of residents to participate• program description/format3. Date and sign and submit to the Administrator/Programs Director for final review and approval.4. Present at next Resident Council meeting for final review and approval. Summarize their input, feedback and recommendations.5. Coordinate the effective implementation of the program if approved for implementation by the Council
<p>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</p>	<p>In 2023, General Whole Home Improvements prioritized enhancing quality of care and operational efficiency. Efforts included implementing health and safety measures, streamlining maintenance processes, and fostering community engagement through certifications and fundraisers. Social work initiatives focused on improving end-of-life care experiences, while nursing quality emphasized interdisciplinary collaboration and staff training. Dietary quality centered on resident preferences and nutritional requirements, and IPAC protocols ensured smooth management of outbreaks. Pharmacy and skin care quality saw improvements in medication management and wound care, while responsive behavior strategies emphasized non-pharmaceutical interventions and external partnerships. Incontinence care focused on education and supply chain enhancements. Overall, the year was marked by collaborative efforts to elevate care standards and enhance resident</p>



<p>actions were implemented and the outcomes of the actions,</p>	<p>experiences. We continue to strive as an organization to focus on resident centered care, and a meaningful experience for our residents and families for the time that they are with us. In 2024 the Westhills team will continue to work towards our whole home goals, our QIP initiatives, our goals outlined in our strategic plan, and to continue to develop our CQI program for the betterment of our resident's care.</p>
<p>iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,</p>	<p>The actions to address opportunities for improvement identified by the 2023 annual resident/family satisfaction survey were reviewed at the Resident Council Meeting in February 2024. No additions or changes to the proposed initiatives were suggested. The Resident Council, along with other residents, is aware and encouraged to bring forward suggestions at any time, not just during the annual satisfaction survey.</p> <p>The same actions were shared with the Family Council Meeting in February 2024. No additions or changes to the proposed initiatives were suggested. The Family Council, along with other family members, are aware and encouraged to bring forward suggestions at any time, not just during the annual satisfaction survey.</p>
<p>iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and</p>	<p>Our first meeting of the CQI committee was April 2023. We are a new home, that opened in May of 2022. During our first meeting we introduced the members of the committee, and their roles. We also reviewed the role of the CQI committee <i>"The role of the CQI committee is to share high level Statistics within the home, in regards to quality improvements that have been made, or are in the process of being made within the home. This information flows from other meetings within the home (PAC, Resident quality and safety and QIP) and is presented in a high level, understandable format for our external committee members to understand. This is a quarterly meeting."</i></p> <p>Our CQI policies and procedures were reviewed and re-presented to the management team, and trained out in July of 2023. The polices were available in print at the home level in the summer of 2023, and added to the digital format in January 2024.</p> <p>Our quarterly CQI meetings were held as a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement, as we were a multidisciplinary team, including external stakeholders.</p>



<p>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.</p>	<p>Progress with regards to quality improvement initiatives and actions to address priority areas identified by the annual resident/family satisfaction survey are provided at the resident and family council meetings Quarterly and CQI Quarterly Meetings.</p> <p>Dates: April 25, 2023, July 25, 2023, October 24, 2023 and February 15, 2024.</p> <p>A documented record of actions taken, dates actions were implemented and outcomes are maintained at Westhills Care Centre.</p>
<p>Section 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.</p>	<p>Members of the Resident and Family Councils were offered the Resident and Family Satisfaction Report, which was provided to those who requested it and displayed on the resident and family information board. Additionally, a public copy of the report, detailing actions taken to address areas for improvement, is prominently posted in the Quality Improvement section of the Resident and Family Information Board. This copy is available for all residents, families, staff, and visitors to review.</p>
<p>Records of improvements</p> <p>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</p>	<p>Westhills Care Centre's Regular Quality Improvement Committee meets on a Quarterly basis and is comprised of the following individuals;</p> <ul style="list-style-type: none">○ Kerry Stewart, Administrator○ Susan Barnhart, Programs director/CQI Lead○ Robyn Davison, Director of Nursing○ Dr. Arventi, Medical Director○ Every designated lead of the home○ Jijo Paul, Clinical Manager○ Swati Patel, IPAC Lead○ Niousha Alizadehsaravi, Registered Dietitian○ Andrea Jackson, Medisystem Pharmacist○ Shawna Parzygnat , RN○ Loretta Barber , PSW○ Andrena Golden. Residents' Council○ Elaine Martinez, Family Council



WESTHILLS

Home is where our story begins...