2025-26 Continuous Quality Initiative Report – Wentworth Lodge

Date: April 15, 2025

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Introduction

The Mission, Vision, and Values for Wentworth Lodge, Macassa Lodge and the Adult Day Program of the City of Hamilton is outlined below and reflects our home's commitment to continuous quality improvement as we continuously strive to optimize the quality of life of our residents by providing exceptional care and services.

Annual improvement initiatives also focus on improving one or more of the six quadrants of health quality per Ontario Health. They are: Safe, Effective, Patient-centred, Efficient, Timely, and Equitable.

Wentworth Lodge, Macassa Lodge, and the Adult Day Program: City of Hamilton

CORE PURPOSE For the benefits of adults requiring long term care and community-based services, we provide care and accommodation in a not-for-profit organization in order to maximize residents' quality of life.

VISION We are committed to our people, dedicated to building a strong and healthy community, passionate about making a difference by providing quality care and recognized for our excellence.

MISSION We provide person-centered, long-term care that promotes well-being and creates opportunities to maximize the quality of life of our residents.

VALUES
(1) Engaged Empowered Employees
(2) Sensational Service
(3) Collective Ownership
(4) Steadfast Integrity
(5) Courageous Change

Strategies to improve the quality of care and services are embedded throughout Wentworth Lodge's Operational Plans such as:
Accessibility Plan
Cultural Competency Plan
Risk Management Plan
Information Technology Plan

Improvement initiatives are also embedded in Wentworth Lodge's Strategic Plan, which focuses on seven Corporate Priorities for the City of Hamilton:

1) Community engagement and participation
2) Economic growth and prosperity
3) Healthy and safe community
4) Our people and performance
5) Clean and green
6) Built environment/infrastructure
7) Culture and diversity

Requirement Under O. Reg 246/22	Summary
Continuous quality improvement initiative report **168.** (1) 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, 2025 Report due: June 30, 2025

(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	Jennifer Young, Manager of Quality Improvement and Privacy (designated quality lead)
2. 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 2025-2026 fiscal year, Wentworth Lodge's priority areas for quality improvement as outlined in the annual Quality Improvement Plan will address the six areas of focus below: **1) Access & Flow - Reduce Avoidable Emergency Department Visits** **Measure:** % of ED visits for modified list of ambulatory care-sensitive conditions **Baseline:** 13.57% **Target:** 13.00% (4.2% improvement)* **Our strategies to improve care and services in 2025-26:** 1) Complete Individualized Summaries (I.S.) for all existing LTC residents during annual Care Conference 2) Promote Prevention of Error-based Transfers (PoET) project to enhance awareness among residents, POA/SDM, clinicians, and staff 3) Discuss & provide resources about PoET at six-week post admission Care Conference 4) Nurse led review of Emergency Department transfers (to determine appropriateness)

	2) Equity – Provide a Safe and Inclusive Environment **Measure:** % of positive responses to Q2) "The Lodge provides a welcoming atmosphere where residents feel safe and accepted." **Baseline Q2:** 94.00% **Target:** 96.00% (1.05% improvement)* **Our strategies to improve care and services in 2025-26:** 1) People Leaders to complete Inclusion Diversity Equity Accessibility (IDEA) Module #2: Cultural Awareness in the Workplace 2) Include IDEA on Integrated Quality Improvement Agenda 3) Include IDEA as a standing agenda item on all team meetings 4) Include IDEA related question on all interview tools 5) Complete CLRI DEI Assessment and develop action plan **3) Experience – Improve Resident & Family Experience** **Measures:** % of positive responses Q14) "I can easily access programs and services available at the Lodge" and Q19) "Response to call bells is timely." **Baseline Q14:** 60% **Target:** 63% (5.00% improvement)* **Baseline Q19**: 69% **Target:** 73% (5.00% improvement)* **Our strategies to improve care and services in 2025-26:** 1) Create a directory of services, service providers and how to access services 2) Communicate updates to residents/families regarding changes to service providers 3) Complete a pulse survey to obtain focused input about call bell response 4) Implement automated call bell response monitoring system

	4) Safe & Effective – Reduce Falls and Reduce Utilization of Antipsychotics without a Diagnosis of Psychosis **Measures:** 1) % of res who fell in the last 30 days, and 2) % of res not living with psychosis who were given antipsychotic medication. **Baseline 1:** 10.96% **Target:** 10.85% (1.0% improvement)* **Baseline 2:** 15.82% **Target:** 15.50% (2.0% improvement)* **Our strategies to improve care and services in 2025-26:** 1) Participate in Person-centered Routine Fracture Prevention in Long-Term Care (PREVENT) Research Trial to address both measures relating to Falls and Antipsychotic medication. **5) Safe & Effective – Reduce Worsening Stage 2-4 Pressure Ulcers** **Measure:** % of Residents with Worsened Stage 2-4 Pressure Ulcers **Baseline:** 3.90% **Target:** 3.70% (5.13% improvement)* **Our strategies to improve care and services in 2025-26:** 1) Re-educate Registered Staff on Skin and Wound App 2) Registered Nurses to perform weekly audits 3) Select Registered and Unregulated staff will complete Wounds Canada training 4) Re-educate PSW staff on application of treatment creams **6) Safe & Effective – Reduce Worsening Behavioural Symptoms** **Measures:** % of Residents Experiencing Worsened Behaviours

	<u>Baseline</u>: 20.00% **<u>Target:</u>** 19.00% (5.00% improvement)* **<u>Our strategies to improve care and services in 2025-26:</u>** 1) Leaders will complete Gentle Persuasive Approach (GPA) Train the Trainers education 2) Implement a plan to GPA train front line staff 3) Provide training to staff related to updated Responsive Behaviour Policy 4) Implement Violence Assessment Tool (VAT – resident specific) 5) Train Registered staff on VAT completion Organizational objectives, policies, procedures, and protocols that govern the continuous quality improvement initiative are reviewed/revised annually or as necessary, and are subject to the following legislation: • Fixing Long term Care Homes Act, 2021 • Ontario Regulation 246/22 made under the Fixing Long Term Care Homes Act, 2021 • Excellent Care for All Act, 2010 • Long Term Care Home Service Accountability Agreement, and • (CARF) Accreditation standards
3. A 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.**	When developing Wentworth Lodge's annual Quality Improvement Plan, the steps below are used by the Quality Improvement Committees to ensure a sustainable plan is in place that includes SMART goals that are Specific, Measurable, Achievable, Relevant, and Time-based: 1) Understand and prioritize opportunities for improvement 2) Develop improvement initiatives 3) Implement improvement initiatives 4) Monitor successes and challenges 5) Pivot if/when necessary

	A number of reliable data sources are reviewed by several organizational teams and committee's including but not limited to: -Integrated and Extended Quality Improvement Committees -Resident's Council -Family Council -Program/Department specific teams -Health Advisory Committee -Organizational Leadership Team Reliable data sources are not only reviewed in the fall when planning for the annual quality improvement plan begins, but throughout the year as part of the homes quality improvement program to monitor and measure successes and challenges. Data sources that are reviewed include but are not limited to: • Performance Indicator Data from Canadian Institute for Health Information (CIHI) • Ontario Health Quality Improvement Plan Indicator Matrix • Annual Resident/Family Satisfaction Survey outcomes • Trends identified from complaints received from residents, families, staff, and stakeholders • Trends identified from Critical Incidents (reportable to Ministry of Long-Term Care) • Inspection outcomes from Ministry of Long-Term Care, Ministry of Labour, and Public Health • Infection Prevention and Control audits • Any identified emergent issues internally or externally • Commission on voluntary Accreditation of Rehabilitation Facilities (CARF) survey outcome • Avoidable Emergency Department transfer rates
4. A written **description of a process to monitor and measure progress, identify, and implement adjustments,**	The process to monitor and measure successes and challenges, identify, and implement adjustments, and communicate outcomes is reflected in Wentworth Lodge's annual Quality Improvement Committee Schedule/Workplan. This schedule lists priority agenda

and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.	items that need to be discussed each month and includes a template for committee members to document progress for each quality improvement indicator and initiative, as well as barriers, and if adjustments need to be made. Quality Improvement Plan progress and outcomes are communicated by the Manager of Quality Improvement and Privacy at Resident and Family Council meetings, and departmental meetings as appropriate. A copy of the Quality Improvement Plan, monthly progress, and Continuous Quality Improvement Committee minutes are posted publicly in an accessible location in the home on the Quality Improvement Communication board for all residents, family members, staff, and visitors to read. Paper based copies are available upon request. Further, copies of the annual Quality Improvement Workplan, Narrative, and Continuous Quality Initiative Report is posted on our home's website.
5. A written record of, i. the **date the survey required under section 43 of the Act was taken** during the fiscal year,	In 2024, the annual resident and family satisfaction survey was completed in the months of June and July.
ii. the **results of the survey taken** during the fiscal year under section 43 of the Act, and	**2024 overall satisfaction results for Wentworth Lodge are as follows:** 1) I can communicate openly and freely in order to ensure that my care and service needs are met without fear of consequences. **87%** 2) I am involved in decisions relating to my care. **83%** 3) The staff in each department take time to listen to my concerns. **81%** 4) I am treated with respect and in a courteous manner. **94%** 5) Overall, I am satisfied with the quality of the care and service. **89%**

	6) I would recommend this home to others. **90%**
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.	The results of the 2024 resident and family satisfaction survey were communicated verbally at the following Council/Committee meeting dates: 1) Resident's Council – November 22, 2024 2) Family Council – September 25, 2024 3) Regular Quality Improvement Committee – August 22, 2024 4) Management Team – August 9, 2024 Copies of the annual resident and family satisfaction survey results were posted in the home in August 2024.
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,	As a result of communication with members of Resident Council, Family Council, Quality Improvement Committees and Management Team, the following actions to address opportunities for improvement will be taken to improve care, services, programs and goods for the two priority areas below. Action items have been embedded into the 2025-26 Quality Improvement Plan: **1) Improve positive response to Q14 'I can easily access programs and services available at the Lodge':** a) Create a directory of services, providers and how to access the services (target date: April 2025) b) Update the directory of services quarterly and share with residents/families (target: quarterly in 2025) **2) Improve positive response to Q19 'Response to call bells is timely':** a) Complete a pulse survey to obtain focused input about call bell response (target: December 2025) b) Implement call bell audit system (target: December 2025)

	A documented record of actions taken, dates actions are implemented, and outcomes will be maintained at Wentworth Lodge and posted on the Quality Improvement Communication board for all residents, family members, volunteers, and staff members to read.
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,	Wentworth Lodge's 2024-2025 Quality Improvement Plan included initiatives related to Health Quality Ontario priority areas that aligned with measures from our 2023 resident/family satisfaction survey. The actions, dates and outcomes are described below. **Equity – Provide a Safe and Inclusive Environment** **Measure:** % of positive responses to Q2) "The Lodge provides a welcoming atmosphere where residents feel safe and accepted." **Outcome:** 94% **Actions:** 1) Active staff to complete R-Zone training – training was introduced in September 2024 and remains ongoing 2) Increase the number of ethnic themed menus – 5 ethnic theme menus were implemented throughout the year, successful and will continue to provide in 2025-26 *3)* Increase programs that focus on inclusion, diversity, equity and accessibility (IDEA) – 17 IDEA focused programs were offered throughout the year and will remain a focus for 2025-26 4) Implement an IDEA committee – added to agenda of Quality Committee meetings January 2025 5) Complete demographic documentation at admission – Implemented April 2024 and remains ongoing

	Experience – Improve Resident and Family Experience **Measures:** % of positive responses to Q3) "I am able to communicate openly and freely in order to ensure care and service needs are met, without fear of consequence," and Q6) "The staff in each department take the time to listen to my concerns." **Q3) Outcome:** 87% **Q6) Outcome:** 81% **Actions:** 1) Provide refresher education to Managers on Lodge policy/process to manage complaints – Completed May 2024 *2)* Provide refresher education to residents and families about how to voice complaints – Implemented April 24 at Family Council meeting. For both Family and Residents Council meetings, the following question was added as a standing agenda item as of April 2024 that asks: **"**Do you feel that you are able to communicate openly and freely to ensure care and service needs are met without fear of consequences?" 3) Hold monthly "Welcome Tea" program to introduce new residents and families to the Management Team – Implemented 10 Welcome Teas throughout the 2024-25 fiscal year
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 are reviewed at Resident's Council and Family Council meetings. Draft Quality Improvement Plans are shared with Resident and Family Council members providing opportunity for their input/feedback in the development of the final plan with their approval. Residents and Family members are encouraged to bring suggestions forward at any time. Actions for improvement related to the 2024 survey results received approval by Resident's Council on March 19, 2025. The same actions were shared with members of the Family Council March 26, 2025.

iv. the **role of the continuous quality improvement committee in actions taken** under subparagraphs i and ii, and	The Continuous Quality Improvement Committee members reviewed the outcomes of the annual resident and family satisfaction survey and discussed action items to address opportunities for improvement. The Committee discussed options for priority areas to focus our quality improvement initiatives in 2025-26. We considered the importance to Residents and Families, likelihood of success of our efforts, identified extra costs associated and the positive impact from the initiatives. The Committee has decided to focus on the two priority areas with the lowest rating from the 2024 Resident/Family Satisfaction Survey. 1) Improve positive response to Q14 'I can easily access programs and services available at the Lodge 2) Improve positive response to Q19 'Response to call bells is timely' Both the Integrated and Extended Quality Committees endorsed the focus areas and action plans included in the Quality Improvement Plan for 2025-26.
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 regards to quality improvement initiatives and actions taken to address priority areas identified were provided to Residents Council (May 14, 2025), Family Council (April 23, 2025) and monthly at Quality Improvement Committee meetings. An ongoing record of actions taken, dates actions were implemented, and outcomes are documented monthly and posted on the Quality Improvement Communication board for all residents, family members, volunteers, and staff members to read.
(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 Resident and Family satisfaction report was offered to members of the Resident and Family Councils and provided to those who requested it. Additionally, a copy of the report, including actions to address opportunities for improvement is posted publicly in the home on the Quality Improvement Communication board with a notation

	that copies are available upon request to the Manager of Quality Improvement and Privacy.
Records of improvements 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.	All members of Wentworth Lodge Regular and Extended Quality Improvement Committee's participate in developing, monitoring, and evaluating the annual quality improvement initiative/plan. Additionally, members participate in the development, application and evaluation of the annual resident/family satisfaction survey including identification of action items to address opportunities for improvement. Wentworth Lodge's **Regular/Integrated Quality Improvement Committee** meets on a monthly basis (between Extended Quality Committee meetings) and is comprised of the following Leadership Team members: Jaimie Wright, Administrator Sherril Boecking, Director of Nursing Jennifer Young, Manager of Quality Improvement & Privacy (Chair) Kathy Hall, Administrative Support Jennifer Young, Supervisor-Housekeeping and Laundry Jaimie Journeaux, Director of Food Services Randi Sorbo, Acting Supervisor of Resident Services & Administration Vince Guetter, Superintendent Facilities Operations & Maintenance Deborah Lauper-Stewart, RAI Coordinator Marietta Miguel, Nurse Leader Geraldine Valesco, Nurse Leader Nilmini Amarasekera, Infection Control Practitioner Brian Bettencourt, Manager LTC & Seniors Wentworth Lodge's **Extended Quality Improvement Committee** members meet quarterly. In addition to members of the Leadership team listed above, Extended Committee members also include:

	Dr. Rittu Singh, Medical Director Anisa Guled, Nurse Practitioner Personal Support Worker Danielle Nickerson, Dietitian Sameer Kapadia, Care Rx Pharmacist Consultant A.E., Resident's Council President A.C., Resident's Council member Family Council Members: F.A. L.P.

* To calculate the percentage improvement, the following formula was used:
Percentage Improvement = (New Value - Old Value) / Old Value) × 100