



2024-25 Continuous Quality Initiative Report – Macassa Lodge

Date: April 2, 2024

Prepared by: Jaimie Williams, Manager of Quality Improvement & Privacy (Designated Quality Lead)

Introduction

The Mission, Vision, and Values for Macassa Lodge, Wentworth Lodge and the Adult Day Program of the City of Hamilton is outlined below and reflects our home’s commitment to continuous quality improvement because 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.

Macassa Lodge, Wentworth 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 their 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 Macassa Lodge’s Operational Plans such as:
 Strategic Plan
 Accessibility
 Cultural Competency
 Risk Management, and
 Information Technology

Improvement initiatives are also embedded in Macassa 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
<p>Continuous quality improvement initiative report</p> <p>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.</p>	<p>Fiscal year ends: March 31, 2024</p> <p>Report due: June 30, 2024</p>
<p>(2) The report required under subsection (1) must contain the following information:</p>	<p>Jaimie Williams, Manager of Quality Improvement and Privacy (designated Quality Lead)</p>

<p>1. The name and position of the designated lead for the continuous quality improvement initiative</p>	
<p>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.</p>	<p>For the coming fiscal year 2024-2025, Macassa Lodge’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) Access & Flow – Reduce Avoidable Emergency Department Transfers 2) Equity – Provide a Safe and Inclusive Environment (where residents feel safe and included) 3) Experience – Improve Resident and Family Experience 4) Safe & Effective – Reduce Falls and Reduce Utilization of Antipsychotic Medication without a Diagnosis of Psychosis <p>Organizational objectives, policies, procedures, and protocols that govern 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 • 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
<p>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.</p>	<p>When developing Macassa Lodge’s annual Quality Improvement Plan, the steps below are used to ensure a sustainable plan is in place that includes SMART goals that are Specific, Measurable, Achievable, Relevant, and Time-based:</p> <ol style="list-style-type: none"> 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:

- Regular and Extended Quality Improvement Committee's
- Resident's Council
- Family Council
- Program/Department specific teams
- Professional 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

<p>4. 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.</p>	<p>The process to monitor and measure successes and challenges, identify, and implement adjustments, and communicate outcomes is reflected in Macassa Lodge’s annual Quality Improvement Committee Schedule/Workplan. This schedule lists priority agenda 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.</p> <p>QIP progress and outcomes are communicated by the Manager of Quality Improvement and Privacy each month at Resident and Family Council meetings, and department meetings as appropriate.</p> <p>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 are posted on our home’s website.</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 October 1 and November 30.</p>
<p>ii. the results of the survey taken during the fiscal year under section 43 of the Act, and</p>	<p>2023 overall satisfaction results for Macassa Lodge are as follows:</p> <ol style="list-style-type: none"> 1) I am able to communicate openly and freely in order to ensure that my care and service needs are met without fear of consequences. 92% 2) I am involved in decisions relating to my care. 87% 3) The staff in each department take time to listen to my concerns. 88%

	<p>4) I am treated with respect and in a courteous and fair manner. 94%</p> <p>5) Overall, I am satisfied with the quality of the care and service. 95%</p> <p>6) I would recommend this home to others. 96%</p>
<p>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.</p>	<p>The results of the 2023 resident and family satisfaction survey were communicated verbally at the following Council/Committee meeting dates:</p> <ol style="list-style-type: none"> 1) Resident's Council – January 9th, 2024 2) Family Council – January 16th, 2024 3) Regular Quality Improvement Committee – January 18th, 2024 4) Management Team – January 29th, 2024 <p>Copies of the annual resident and family satisfaction survey results were posted in the home in January 2024.</p>
<p>6. A written record of,</p> <p>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>	<p>As a result of verbal communications provided to the Resident Council, Family Council, Regular Quality Improvement Committee and Management Team in January 2024, the following actions to address opportunities for improvement will be taken to improve care, services, programs, and goods for the three priority areas below:</p> <ol style="list-style-type: none"> 1) Improve Timely Response to Call Bells: <ol style="list-style-type: none"> a) Communicate about expectations around call bell response at department meetings b) Provide information/education about call bell response times and staffing levels in the home 2) Improve Volunteer Services:

	<ul style="list-style-type: none"> a) Investigate if barriers to volunteer recruitment can be removed or reduced. I.e., costs associated with mandatory TB testing and vulnerable sector screening b) Create a marketing/recruitment plan c) Implement volunteer succession plan d) Create annual volunteer report that describes # of active volunteers, # of volunteer hours given, what volunteers do at Macassa Lodge, and how volunteers improve resident quality of life e) Update website – application process <p>3) Improve Familiarity of Resident and Family Councils:</p> <ul style="list-style-type: none"> a) Hold Meet & Greet in spring to educate/inform new residents and families about the role of the Councils and how to become a member b) Provide information (handout) about Resident and Family Councils at care conferences <p>A full record of dates the actions were completed/implemented is posted in the home on the Quality Improvement Communication board for all residents, family members, staff, and volunteers to read.</p>
<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 actions were implemented and the outcomes of the actions,</p>	<p>None</p>
<p>iii. the role of the Residents’ Council and Family Council, if any, in actions taken under subparagraphs i and ii,</p>	<p>Actions to address opportunities for improvement identified by the annual resident/family satisfaction survey were reviewed at Resident’s Council on April 9th, 2024. There were no additions or changes to proposed initiatives</p>

	<p>suggested; however, residents are able to bring suggestions forward at any time.</p> <p>The same actions were shared with members of the Family Council via email on March 21st, 2024. A request for recommendations and advice was extended to members; however, none were received.</p>
<p>iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and</p>	<p>The Continuous Quality Improvement Committee members met in January to review the outcome of the annual resident and family satisfaction survey and to discuss action items to address opportunities for improvement.</p> <p>The Committee discussed options for priority areas to focus our quality improvement initiatives in 2024. 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 all three priority areas this year, based on Project Priority calculations.</p> <ol style="list-style-type: none"> 1) Improve Timely Response to Call Bells 2) Improve Volunteer Services 3) Improve Familiarity with Resident/Family Councils <p>The QI Committee utilized the PICK QI exercise to then brainstorm potential initiatives based on the three Priority Areas from the Prioritizer QI Tool. The Committee categorized potential initiatives into the PICK Tool based on low to high benefits, and low to high efforts for each initiative. Our focus areas will be driven from the “Implement” and “Challenge/Planning” quadrants, with the “Possible” and “Kybosh” sections being considered at a later time.</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 taken to address priority areas identified by the annual resident/family satisfaction survey are provided monthly at Resident Council, Family Council and Quality Improvement Committee meetings. A documented record of actions taken, dates actions were implemented, and outcomes will be maintained at Macassa Lodge and posted on the Quality Improvement Communication board for all residents, family members, volunteers, and staff members to read.</p>
<p>(3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.</p>	<p>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.</p>
<p>Records of improvements</p> <p>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>All members of Macassa Lodges 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.</p> <p>Macassa Lodge's Regular Quality Improvement Committee meets on a monthly basis and is comprised of the following Leadership Team members:</p> <p>Lisa Phelps, Administrator Alecia Matteson, Director of Nursing Jaimie Williams, Manager of Quality Improvement & Privacy (Chair) Andrea Ciparis, Administrative Support Christine Gallagher, Supervisor-Housekeeping and Laundry</p>

Brian Bettencourt, Director of Food Services and Senior Project Manager
Mike Stallard, Supervisor of Administration
Vince Guetter, Superintendent Facilities Operations & Maintenance
Denise Kendall, Supervisor of Resident Services and Adult Day Program
Kory Bothen, RAI Coordinator
Lisa Sargent, Nurse Leader
Gabrielle Miguel, Nurse Leader
Victoria Vandermeulen, Nurse Leader
Camelia Burlea, Nurse Leader
Azra Gaertnei, Infection Control Practitioner

Macassa 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. Joginder Khera, Medical Director
Portia Machonisa, Nurse Practitioner
Edwina Brako, Nurse Practitioner
Personal Support Worker – TO BE DETERMINED
Alia Arif, Registered Dietitian
Sameer Kapadia, Care Rx Pharmacist Consultant
M.O., Resident's Council President
Family Council Members:
Linda Nishimura
Susan Fyfe
Diane Zanin
Brenda Folk
Tami Henderson
Wendy Kowalski
Dwight Crump
Julia Gizzarelli