



# CONTINUOUS QUALITY IMPROVEMENT REPORT

Post Inn Village Long-Term Care Home  
2023-2024



## Overview

Post Inn Village is a 228-bed long-term care home located in the Oakville community. It is managed by Halton Region. Post Inn is recognized as a Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®) through the Registered Nurses Association of Ontario (RNAO). Our home is fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

Our philosophy of care focuses on person-centered care, making meaningful connections and prioritizing the unique needs, values, and preferences of our residents. At Post Inn, we are committed to fostering dignity, respect, and an exceptional quality of life for the residents under our care and continuously engage in quality improvement initiatives to ensure continued organizational success.

## Services for Seniors Mission, Vision and Values

In 2022, Halton's Service's for Seniors division introduced new Mission, Vision and Core Values. These were updated based on feedback from residents, clients, families/caregivers and team members.

### Mission

To provide person-centered care that promotes dignity, respect, and quality of life.

### Vision

To achieve excellence in the provision of person-centered care and service that ensures the safety, comfort, dignity, and well-being of each person served.

### Core Values

Services for Seniors' core values are:

- Quality Care
- Dignity & Respect
- Equity & Inclusion
- Privacy

## Continuous Quality Improvement

Continuous Quality Improvement (CQI) is a systematic and ongoing process that involves identifying areas for improvement, developing strategies to address these areas, implementing changes, and measuring the impact of those changes. CQI is an essential component of ensuring high-quality care and service delivery to residents.

Halton Region's long-term care homes are committed to using evidence-based resources to support and sustain best practices that ensure the best possible resident care. The homes use a variety of methodologies to support their quality improvement efforts. These methodologies include Plan-Do-Study-Act (PDSA), Lean, and Kaizen.

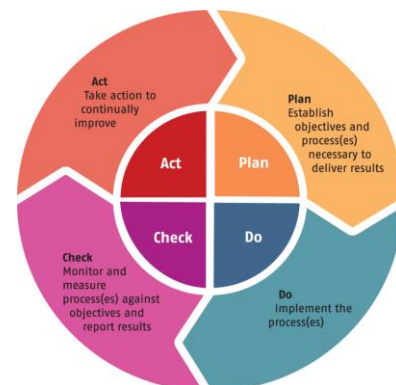


Figure 1: Plan Do Study Act (PDSA) Cycle

**Identifying Areas of Priority**

Halton Region’s long-term care homes are dedicated to continuously improving the quality of care provided to our residents. This commitment is aligned with our organizational priorities, as well as the strategic and operational plans of the division, ensuring consistency and excellence across all aspects of our services.

In April 2022, the Ministry of Long-Term Care enacted the *Fixing Long-Term Care Act, 2021*, and Ontario Regulation 246/22. These significant legislative and regulatory advancements are designed to fundamentally transform how long-term care homes across Ontario organize and deliver care. Responding to these changes, our Continuous Quality Improvement (CQI) team at Post Inn Village has been pivotal in integrating the new requirements, which have influenced everything from daily operations to broader policy frameworks. The implementation of these legislative requirements has enabled the identification of areas for improvement at both the home and within the Services for Seniors division. Regular updates on the progress of these efforts are shared with stakeholders.

At the home level, to effectively identify and prioritize areas for improvement, we use a comprehensive approach that includes:

- **Legislative and regulatory frameworks:** We closely follow guidelines and requirements set out by the *Fixing Long-Term Care Act* and Ontario Regulation 246/22, ensuring our compliance and alignment with the latest standards.
- **Accreditation and best practices:** Our operations adhere to CARF standards and the RNAO best practice guidelines, which help guide our clinical and operational procedures.
- **Data-driven insights:** We leverage data from various sources, including Key Performance Indicators (KPI) from the Canadian Institute of Health Information (CIHI) and Point Click Care (PCC), program evaluations, and Health Quality Ontario priority indicators, to make informed decisions about where to focus our improvement efforts.
- **Internal Assessments:** Regular internal audits and quality assessments allow us to maintain high standards and identify areas needing attention.
- **Stakeholder Feedback:** We value the input of our Residents’ Council, Family Council, and other internal and external stakeholders, including the Ministry of Long-Term Care. Their feedback is crucial in shaping our quality improvement strategies and ensuring that our services meet the needs and expectations of all parties involved.

**Quality Improvement Plans (QIPs)**

Annually, Post Inn Village develops Quality Improvement Plans that are strategically aligned with provincial system priorities. The 2024-2025 plan supports Health Quality Ontario’s shift in priorities to focus on four priority issues: access and flow, equity, safety, and experience. These priorities align with the organization’s goal to improve care and deliver service excellence. The goals and change ideas from this plan continue as multi-year initiatives as Post Inn works to sustain improvements in effective care, service excellence and resident experience.

| Figure 1: 2023/2024 QIPs Critical Areas for Improvement |  |
|---|--|
| Priority Area   | Priority Indicator(s)  |
| Access and Flow   | Reduce the number of potentially avoidable visits to the Emergency Department. |

|                   |   |
|-------------------|---|
| <b>Equity</b>     | <ul style="list-style-type: none"> <li>Improve on percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.</li> </ul>   |
| <b>Safety</b>     | <ul style="list-style-type: none"> <li>Reduce the percentage of residents on antipsychotic medication without a diagnosis of psychosis.</li> <li>Reduce the percentage of LTC home residents who fell in the 30 days leading up to their assessment.</li> </ul> |
| <b>Experience</b> | <ul style="list-style-type: none"> <li>Improve rating on how well staff listen to residents.</li> <li>Improve rating on “I can express my opinion without fear of consequences.”</li> </ul>   |

## Performance Monitoring & Measurement

Post Inn prioritizes quality initiatives by leveraging our measurement and accountability systems. Our routine quality and risk management review processes includes monitoring and evaluating:

- performance indicators tracked at the home and program level;
- priority indicators outlined in the annual quality improvement plans;
- professional advisory clinical indicator reporting;
- quality and safety advisory incident reporting;
- municipal benchmarking indicators; and
- satisfaction & experience survey & other survey results.

Post Inn Village publicly reports its clinical outcomes, which serve as a valuable resource to support quality improvement across the industry. During the 2023/2024 reporting period, Post Inn Village’s clinical outcomes were favorable compared to provincial averages. These results showcase the quality of care provided at Post Inn Village and highlight the continuous improvements in practice, policy, and education that our home has implemented.

| Quality Indicators                                     | Ontario | Post Inn Village |
|--|---------|------------------|
| <b>Falls in the Last 30 Days</b>                       | 16.5%   | <b>15.3%</b>     |
| <b>Worsened Pressure Ulcer</b>                         | 2.4%    | <b>0.3%</b>      |
| <b>Potentially Inappropriate Use of Antipsychotics</b> | 21.2%   | <b>20.7%</b>     |
| <b>Restraint Use</b>                                   | 2.1%    | <b>9%</b>        |
| <b>Worsened Depressive Mood</b>                        | 20.8%   | <b>9.7%</b>      |
| <b>Experiencing Pain</b>                               | 4.4%    | <b>2.3%</b>      |
| <b>Experiencing Worsened Pain</b>                      | 8.6%    | <b>3.8%</b>      |

Data Source: CIHI Public Reporting Site, Your Health System

## Halton Regions Dementia Care Strategy Framework

Halton Region's Dementia Care Strategy Framework was designed using learnings from a variety of dementia care best practices and aims to enhance how we provide dementia care in our long-term care homes, assisted living programs, and adult day programs. The framework is built on four strategic focus areas, which include supporting individual needs, developing our workforce, increasing collaboration, and enhancing the built environment.

The overarching goals of the framework are to:

- improve dementia care, lived experiences and outcomes for residents;
- develop inspired, engaged, and well-trained team members;
- collaborate and innovate with community partners to enhance quality of life for older adults with dementia; and
- enhance social and living spaces to reflect a home-like environment, support cognitive health and foster meaningful engagement.



In 2023, we focused on:

**Enhancing the built environment:** Developing guidance documents, based on research evidence and best practice guidelines that provide specific recommendations for built environment in our long-term care homes (e.g., lighting, colours, imagery, spacing, equipment, meaningful engagement, sensory activities) to best support residents living with dementia.

**Developing a unified approach to engage family care partners and meet their dementia related learning needs:** We created the Dementia Dialogues, a 4-part learning series aimed at unlocking knowledge about dementia and equipping family care partners with strategies to best support and engage residents living with dementia.

**Developing our teams:** In 2023, we continued to train our staff in the Gentle Persuasive Approaches and Living the Dementia Journey programs. In parallel, we also participated in training programs to enhance the robust dementia care training we already provide to our teams.

### **Looking ahead to 2024-2025:**

With a foundation established over the past year, Halton Region's Dementia Care Strategy Framework is looking to continue driving positive change for residents living with dementia across our Long-term care homes, assisted living programs, and adult day programs. We will continue to:

- develop and deliver Dementia Dialogues sessions for family care partners;
- produce additional guidance documents for specific building revitalization opportunities; and
- engage our community partners in developing and offering dementia training opportunities for our teams.

In doing so, we seek to understand and support the different needs of our teams, residents, and family care partners in Halton's long-term care, day program, and assisted living programs.

We are dedicated to fostering innovation and collaboration to deliver the highest quality dementia care. This ongoing commitment ensures that the Region remains at the forefront of dementia care, providing our residents with the best possible support and enhancing their quality of life.

## **Communication Strategy**

Services for Seniors' stakeholder communications are guided by an overarching communication plan which is reviewed annually. The communications plan outlines the strategies used to distribute communications to various stakeholders, including residents, family care partners, and team members. Services for Seniors utilizes both print and digital communication to maximize accessibility by stakeholders.

Services for Seniors communicates with all stakeholders in many ways. Monthly newsletters, townhall meetings, memos and posters are used to communicate with residents and family care partners. Emails and the iceAlert automated messaging system are also used to communicate with family care partners. We also connect directly with resident and family councils to provide updates on operations, priority projects and consultations, as needed.

We communicate with team members using a variety of mechanisms including monthly newsletters, departmental and unit team meetings, huddles, monthly town halls, memos, posters, emails, CCTV and iceAlert automated messages. Urgent/time-sensitive communications are also posted on the landing page of the workforce management app, which team members use to view/manage their work schedule.

## **Resident and Family Engagement**

At Post Inn Village, we ensure the active involvement of resident and family council members in our home's quality committee. We regularly invite resident and family council members to participate in the quality committee. Their participation is crucial, allowing us to genuinely listen to the needs and concerns of residents and their families. This engagement provides a vital platform for raising issues and collaborating on the improvement of services within the home.

## Resident Family/Caregivers Experience Survey

At Post Inn Village, we conduct annual resident and family satisfaction surveys as part of our commitment to providing high-quality care. These surveys are a cornerstone of our engagement with the residents, their families, and the caregivers we serve. The feedback we gather is invaluable as it helps us identify what we do well and potential areas for improvement and reinforces our commitment to enhancing the quality of life within our home.

### Survey Administration and Participation

To accommodate all participants, we offer the survey in both digital and print formats. We encourage a high participation rate by actively promoting the survey through various channels such as our monthly newsletters, town hall meetings, and resident and family council meetings.

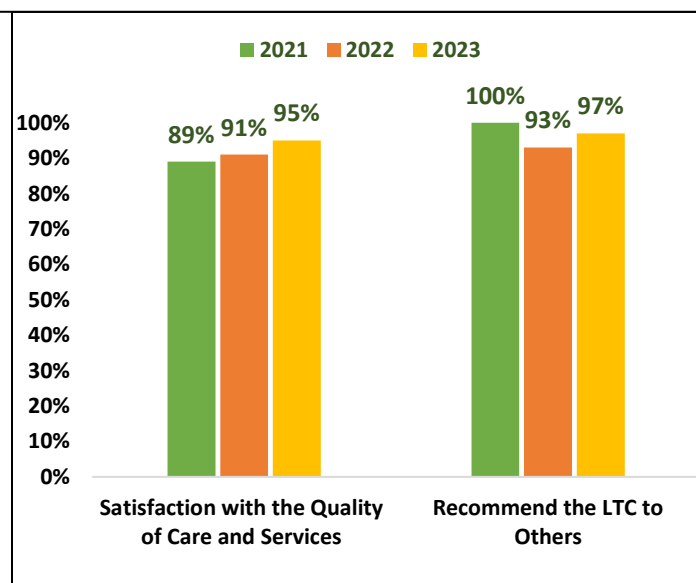
### 2023 Survey Overview

The 2023 annual resident and family satisfaction survey was conducted from **August 28 to September 22, 2023**. The results of this survey are integral to our ongoing quality improvement processes.

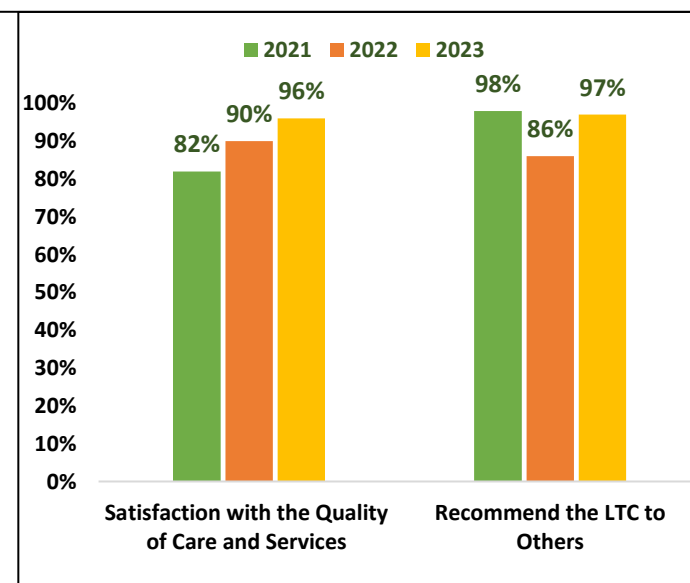
### Results Dissemination and Discussion

We believe in transparency and open communication. To that end, the results from the survey were shared with **staff on December 7, 2023, and presented to Resident Council on December 11, 2023**, and shared with **families on January 18, 2024**. In addition, satisfaction survey action plan was shared with families at town hall meeting held on **March 2, 2024**. These discussions help ensure that everyone involved has a clear understanding of where we excel and where we can improve. We are proactive in implementing changes that reflect the needs and preferences of our residents and their caregivers. This responsive approach is fundamental to our culture of providing exemplary care and support.

**Figure 3: Three Year Comparison of Post Inn Resident Satisfaction Survey Results to Key Questions**



**Figure 4: Three Year Comparison of Post Inn Family Satisfaction Survey Results to Key Questions**



Data Source: Services for Seniors 2021, 2022, 2023 LTC Resident and Family Satisfaction Surveys

The following table showcases key outcomes from the satisfaction surveys and their associated action items aimed at achieving the set objectives.

**Figure 5: Post Inn Resident and Family Satisfaction Survey Action Plan 2023-2024**

| AREA OF FOCUS                            | KEY ACTIONS  | PERFORMANCE MEASURES  | COMPLETION TIMELINE |
|--|--|---|---------------------|
| <b>Home maintenance and repair</b>       | <ul style="list-style-type: none"> <li>Continue collaboration with the Region's Project Manager to expedite interior refurbishment of all 7 home areas.</li> <li>Install artwork in all 7 home areas.</li> <li>Refurbish all 9 activity rooms.</li> <li>Procure and install new furniture and fixtures.</li> <li>Conduct annual reviews and paint touch-ups of all residents' rooms and washrooms.</li> <li>Conduct annual reviews and paint touch-ups in all common areas.</li> <li>Procure hallway furniture for each home area.</li> <li>Initiate processes for Managers of Resident Care to ensure home areas including tub and shower rooms are tidy, clutter-free, with seasonal items removed/replaced timely, and furniture replaced after use.</li> </ul> | <ul style="list-style-type: none"> <li>Refurbishment of all 7 home areas to be completed by March 31, 2024.</li> <li>Installation of artwork within 30 days following the completion of refurbishment.</li> <li>Refreshment of 9 activity rooms within 12 months.</li> <li>Installation of new furniture and fixtures within 30 days of refurbishment completion.</li> <li>All resident rooms and washrooms to be refreshed within 12 months and as required.</li> <li>All common spaces to be refreshed within 12 months and as required.</li> <li>Hallway furniture to be procured and installed within 6 months.</li> <li>Development of an environmental review checklist within the next 30 days.</li> </ul> | Q3-Q4 2024          |
| <b>Staff availability and assistance</b> | <ul style="list-style-type: none"> <li>The Manager of Resident Care is to review the call bell report (a report that records staff response times when residents ring a bell) weekly for assigned resident home areas and ensure timely follow-up with the staff.</li> <li>Include a standard agenda item in the monthly unit team meeting and personal support worker (PSW) to review the monthly average call bell response time.</li> <li>Conduct 2 random audits on call bell response times per month in each RHA.</li> </ul>   | <ul style="list-style-type: none"> <li>Follow up with staff and review cases of residents whose call bell is answered later than 7 minutes, as required, within 12 months.</li> <li>Add a standard agenda item to review call bell response times in every unit team meeting and PSW care team meeting by February 2024.</li> <li>Conduct two random audits on call bell response time in each RHA across various shifts (days, evenings, nights) by March 2024, to be continued for the next 12 months.</li> </ul>   | Q2 2024 & Q1 2025   |



| <b>Figure 5: Post Inn Resident and Family Satisfaction Survey Action Plan 2023-2024</b> |  |   |                            |
|---|--|---|----------------------------|
| <b>AREA OF FOCUS</b>  | <b>KEY ACTIONS</b>   | <b>PERFORMANCE MEASURES</b>   | <b>COMPLETION TIMELINE</b> |
| <b>Continence care</b>  | <ul style="list-style-type: none"> <li>• Ensure every resident who is toileted has a personalized care plan for their toileting routine, based on their preferences and choice.</li> <li>• Conduct three random audits on residents who have a toileting schedule to verify that the resident toileting care plan is followed for all shifts.</li> <li>• Perform monthly audits of continence assessments to ensure the correct products are applied to the resident to promote comfort as per the care plan.</li> </ul> | <ul style="list-style-type: none"> <li>• Revise all personalized toileting care plans by April 2024.</li> <li>• Conduct two random audits on the toileting schedule in each RHA during various shifts (days, evenings, nights) by May 2024, and continue audits for the next 12 months.</li> <li>• Review the care plan for each resident to ensure it includes the correct products for the resident by May 2024.</li> </ul> | Q2 2024 & Q1-Q2 2025       |
| <b>Staff responsiveness and choice provision</b>  | <ul style="list-style-type: none"> <li>• Review a case study in every unit team meeting monthly, using examples to enhance how staff can actively listen to the residents.</li> <li>• Conduct six random audits monthly by observing morning and bedtime care, along with staff interaction with the residents.</li> <li>• Review audit reports and findings in the PSW care team meeting every two months from May until December 2024.</li> </ul>  | <ul style="list-style-type: none"> <li>• Include a standard agenda item from March 2024 to December 2024 in monthly meetings to discuss methods of active listening by staff.</li> <li>• Conduct six random audits monthly on day and High Support (HS) care from April 2024 to December 2024.</li> <li>• Present audit findings every two months in the PSW team meeting, from May 2024 to December 2024.</li> </ul>         | Q2- Q4 2024                |
| <b>Improving food quality &amp; expanding menu variety</b>                              | <ul style="list-style-type: none"> <li>• Use the new and improved production kitchen to refine existing menu items.</li> <li>• Develop new recipes using the upgraded facilities of the production kitchen.</li> </ul>   | <ul style="list-style-type: none"> <li>• Increase the proportion of in-house developed culturally diverse entrées compared to outsourced and retail options.</li> <li>• Continue expanding plant-based meal options following the initial rollout in Fall 2023.</li> </ul>  |                            |
| <b>Enhancing dining satisfaction</b>  | <ul style="list-style-type: none"> <li>• Provide continuous training on pleasurable dining for all staff.</li> </ul>   | <ul style="list-style-type: none"> <li>• Increase the number of audits of dining services and utilize these opportunities to provide on-the-spot teachable moments for dining room team members.</li> </ul>   |                            |

## Quality Improvement Initiatives 2023-2024

In 2023-2024, Post Inn achieved success in the following areas:

### Resident Satisfaction Improvement:

- Achieved a 27% increase in positive responses on the Resident Satisfaction Survey regarding team members' listening skills, which was tied to specific actions outlined in their Quality Improvement Plan (QIP).

### Dementia Care Strategy:

- Expanded team member education on the Gentle Persuasive Approach and Living the Dementia Journey, achieving 99% total staff attendance in the Living the Dementia Journey education by the end of 2023.
- Recruited a Dementia Care Lead to provide coaching and mentoring to team members and families.

### Accreditation:

- Successfully completed the accreditation process with the Commission on Accreditation of Rehabilitation Facilities (CARF), earning a three-year accreditation award by demonstrating adherence to CARF standards.

### Nurse Practitioner Support:

- Maintained the Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) service, which included a new process for IV infusion therapy providing IV antibiotics in long-term care when appropriate.
- Implemented an "Enteral Feeding Tube - Stat Intervention Kit" to enhance care and avoid unnecessary emergency department transfers.

### Equity and Indigenous Health:

- Conducted a comprehensive review of the cultural competency plan to further strategic initiatives related to equity, diversity, and inclusion.
- Developed and continued the Indigenous cultural competency training program, aiming to release the second module in 2024.
- Collaborated with Halton Multicultural Council to host two multicultural fairs.

### Client/Resident Experience:

- Used feedback from various sources, including resident and family council meetings, resident and family experience surveys, and program-specific surveys to guide the creation of action plans aimed at enhancing care and services.
- Created an additional 17 secure beds on Oak Home area by integrating Oak North and Oak South home areas, ensuring appropriate consultation, collaboration, and communication with all pertinent stakeholders.

- Continuing partnership with continence product suppliers and created a continence care process map for all care team members to enhance continence care and services of residents.

### **Provider Experience:**

- Implemented practical training in Quality Improvement (QI) methodology to build capacity among long-term care team members, enhancing their ability to test change ideas in response to feedback from residents and family care partners.
- Partnership with the Ontario Centres for Learning, Research and Innovation (CLRI) to implement Preceptor Resource and Education Program (PREP) in long-term care, this program provides training to care team members to be successful in the role of student preceptorship.
- Enhanced team member understanding of the admission process by facilitating education for all care team members on their role in supporting the transition of new residents to the home.
- Implemented Passion with Purpose training for all care team members to build capacity and remind care team members of the difference made in the lives of others.

### **Looking Ahead: Priorities for 2024-2025**

In 2024-2025 Post Inn Village is aiming to implement the following initiatives:

- Continuing the Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) service to enhance care and prevent unnecessary hospital transfers. This includes interventions like IV infusion therapy.

### **Equity and Indigenous Health:**

- Enhancing team members' understanding through the Indigenous cultural competency training program, with a new module set to be released in 2024 focusing on the history of Indigenous Peoples in Canada.
- Organizing events that promote equity, diversity, and inclusion among residents and team members, tailoring programs to meet diverse needs.

### **Client/Resident Experience:**

- Employing various avenues such as resident and family council meetings and surveys to gather feedback and identify areas for improvement.
- Implementing a monthly educational component in the resident council agenda to keep residents informed about key processes in the home.
- Working diligently with families to increase participation in the annual survey, through increased communication and encouragement at the time of the survey.

### **Workforce Development and Support**

- Conducting an annual staffing plan review, participating in job fairs, and collaborating with educational institutions to address labor market shortages.
- Enhancing team member experiences through daily rounding, employee engagement surveys, and health, safety, and wellness programs.

**Safety Initiatives:**

- Using daily huddles to improve resident safety and clinical care and enhancing emergency preparedness through training and drills.
- Partnered with Infection Prevention and Control (IPAC) consulting service to enhance care team member understanding and build capacity surrounding infection prevention and control core competencies.

**Community Engagement**

- Continuing partnerships with community service providers and Ontario Health Teams to align care with the needs of the community and improve overall health outcomes.

**Clinical**

- Prioritize on reducing avoidable emergency department (ED) transfers by collaborating with NPSTAT team and CANES community care to do IV antibiotics for eligible residents, utilizing situation, background, assessment, and recommendation (SBAR) communication tool for communication prior to ED transfers and offering clinical training nurses to improve their ability to detect early signs of health changes in residents to minimize avoidable transfers.
- Looking for ways to improve and increase collaboration with a variety of internal and external stake holders to ensure resident have access to appropriate and specialized care within their homes.
- Collaborate with physicians, pharmacy consultant, Behavioural Support Ontario (BSO) team and Halton Psychogeriatric team to review current and new residents who are taking antipsychotic medication without a diagnosis for comprehensive review and appropriate intervention.
- Adopt and implement RNAO best practice guidelines in various clinical programs like skin and wound, pain and palliative care, continence, responsive behaviors and falls to optimize resident care.

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