

Mount Hope Centre for Long Term Care Continuous Quality Improvement Initiative Report Fiscal Year End- March 31, 2025

This Continuous Quality Improvement Initiative Report has been prepared as per the requirements outlined in the Fixing Long-Term Care Act, 2021 and O. Reg 246/22 Sec 168 (1). The report below highlights the key requirements and provides an overview about Mount Hope Centre for Long Term Care's approach to continuous quality improvement and will identify the priority areas for quality improvement, policies, procedures and protocols for the coming year.

Mount Hope Centre for Long Term Care- Designated Lead Quality Improvement

- Joanne Woodfield, RPN- Quality Specialist

Our rich history of care

Mount Hope Centre for Long Term Care can trace its rich history of caring back to 1869 when the Sisters of St. Joseph founded the original Mount Hope building. Today, Mount Hope (formerly St. Mary's and Marian Villa) is a 375 bed home with residents of a wide range of ages and representing a variety of cultures, and beliefs. While creating a home-like environment, Mount Hope is known for providing comprehensive long-term care. There is a personalized program for each resident, encouraging participation in varied activities such as art therapy, gardening, local trips and sports activities.

Philosophy of care

The philosophy of care is centered on the needs of the individual and focused on enhancing independence, choice and personal wellness for the residents who live at Mount Hope. Interdisciplinary teams work with residents to promote both individual well-being and positive group dynamics in this shared living environment.

Mount Hope's philosophy of care is built on the following principles:

- resident-focused care: emphasizing privacy and maximizing resident independence and choice
- creating a home-like environment
- providing opportunities for residents to enjoy activities they engaged in prior to moving to Mount Hope
- encouraging residents to enjoy the outdoors and be involved in the community.

Quality Program Overview

Mount Hope values and strives for continuous quality improvement. Our team works collaboratively with residents, families and care partners to improve our quality of care and services for those we serve.

The Quality Specialist role has been in place since 2023 to assist with overseeing the Quality Program and ensuring our journey of continuous quality improvement remains a top priority. The Quality Program at Mount Hope continues to evolve and improve as we strive to ensure we are providing the highest quality care to our residents and support our interdisciplinary team.

Mount Hope identifies its priority areas by conducting a thorough review of the annual results obtained from our Resident and Family/ Caregiver Experience Surveys. In addition to the feedback provided from our residents and care partners, we also examine the results of the annual program evaluations of our required and mandatory programs, along with services provided within the Home.

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The Home gathers data monthly on a number of key indicators across the interdisciplinary team, to assist with “in the moment” data analysis, in addition to the utilization review system and CIHI (Canadian Institute for Health Information) indicators that are released quarterly. The Home also utilizes the *Insights* module within Point Click Care that also allows a “real time” snap shot of the resident population we are caring for within the Home as the performance of the CIHI indicators released are typically delayed by one quarter. The Home works collaboratively with the Quality improvement Team, Resident Council, Family Council and interdisciplinary program teams to identify and develop areas for improvement.

Annual Program Evaluations

The process of our Annual Program Evaluations is to assist in the identification of gaps or areas for improvement and used as a vehicle to help facilitate changes within the Home. The annual program evaluations are conducted to promote a collaborative approach among staff, residents and caregivers. The program evaluations are used as an improvement tool to highlight change ideas to assist the home not only in identifying areas of improvement but also prioritizing initiatives to provide quality care to the residents of Mount Hope. The Quality Improvement framework assists the team to report updates, review programs goals and objectives, review measures and outcomes, discuss quality issues and promote continuous quality improvement.

Annual program evaluations are assigned throughout the year and evaluations are reviewed by the interdisciplinary team at our monthly leadership meetings.

Resident and Family Relations

Mount Hope promotes transparency and engagement with residents and families by requesting their participation in various activities such as quality improvement projects, satisfaction surveys, Quality Committee and support an active Resident and Family/Caregiver Council within the Home. More generally, we openly share Ministry of Long Term Care inspection reports, quality improvement work, accreditation survey results etc. On an individual basis, we also involve residents and/ or families by discussing their individualized needs, preferences and concerns then building their plan of care based on these discussions.

One Call Now communication system continues to enhance the Home’s ability to communicate on a large scale with consistent messaging. Updates are distributed to all families who have provided an email address, at a minimum weekly. These Home updates include Ministry communication, Home news, status of outbreaks, vaccination clinics, program updates, policy change, and educational opportunities. Families have expressed appreciation for the regular updates that help them keep informed of the key activities within the Home.

Best Practice Spotlight Organization- Pre-Designate

Mount Hope Centre for Long Term Care has been a pre-designate home since June 2023.

Established in 2003, the BPSO designation program supports Best Practice Guideline (BPG) implementation at the organizational and system levels. Internationally renowned, the program has been widely successful in demonstrating the uptake and use of best practices. The end goal of this program is to optimize care and resident and organizational outcomes through the application of best practices by promoting a culture of evidence-based nursing practice and management decision-making.

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As a BPSO pre-designate Mount Hope has entered a formal partnership with RNAO and committed to multiple deliverables including enhancing our evidence-based practice and decision-making cultures and implementing and evaluating multiple clinical practice guidelines. At the end of the pre-designation period, once all deliverables are met, Mount Hope will become a “Designated BPSO”. At that point our focus will shift to sustainability, with continued implementation and evaluation of best practice guidelines. This designation is renewed every 2 years.

The Best Practice Guidelines the team at Mount Hope had committed to implementing into clinical practice the following:

- *Person and Family Centred Care (mandatory)*
- *A Palliative Approach to Care in the Last 12 Months of Life*
- *End-of-Life Care During the Last Days and Hours*
- *A Proactive Approach to Bladder and Bowel Management in Adults*

In consultation with the RNAO, the decision was made to pause the work on the Proactive Approach to Bladder and Bowel Management in Adults. Mount Hope is also actively rolling out Clinical Pathways and this work would cover this BPG in the coming year.

Mount Hope was successful in completing or exceeding all of the required milestones for year 1 & 2 (2023-2025)

- Hosted internal BPSO launch event held in June 2023.
- Over the required goal of having 6% for Champions. Mount Hope has already exceeded the goal required by the end of the third year of 15%.
- Completed all the GAP Analysis for all Best Practice Guidelines (BPGs).
- Created a workplan for all BPGs on how the home will meet the criteria for full implementation.
- 1 person to attend BPG institute annually
- 2 staff to attend symposium annually
- 1 staff member attend mandatory knowledge exchange meetings monthly
- Quarterly submissions for BPG uptake and sustainability indicators
- Advanced Clinical Practice Fellowship Proposal Submission- this was not due until the third year but the home has a Registered Nurse who was approved for this element and is working on antipsychotic usage in the home.

The only remaining deliverable for Mount Hope to receive BPSO designation, by end of year three, is the completion of a manuscript and have it submitted for publication.

The Home has had working groups to advance Goals of Care conversations. A new annual interdisciplinary care team assessment as well as a Goals of Care assessment have been developed and will be rolled out this year. Mount Hope is fortunate to have three embedded Nurse Practitioners that have been instrumental in the increased of goals of care conversations. As a resident's health declines, these conversations occur while the resident has the autonomy to make choices for themselves, and their plan of care is reflective of their expressed wishes. If the resident is unable to provide input, the substitute decision maker is consulted.

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Antipsychotic Reduction

Mount Hope continues to work collaboratively on the reduction of antipsychotic use within the Home. During the monthly home area required program meetings, any resident that is on an antipsychotic medication that is deemed inappropriate by CIHI, is reviewed to see if there is a potential to reduce or discontinue its use. This work will continue to be a focus in 2025-2026.

Clinical Pathways

Mount Hope started our journey with RNAO Clinical Pathways in April of 2024. We have since implemented the following pathways:

- Admission Clinical Pathway
- Person and Family Centred Care
- Preventing Falls and Reducing Injury from Falls
- Delirium, Dementia and Depression in Older Adults: Assessment and Care.

Over the next year, Mount Hope will be implementing the following:

- A proactive approach to Bladder and Bowel Management in Adults
- A Palliative Approach to Care in the Last 12 Months of Life
- Assessment and Management of Pressure Injuries for the interprofessional Team.

Mental Health Training

Mount Hope was fortunate to receive Local Priorities funding through Ontario Health West and had the opportunity to train 20 staff, consisting of RNs, RPNs, PSWs, Social Work, and Recreation Therapists to become certified in Mental Health through Silver Meridian's Mental Health Recovery Care Certificate program that is geared to the Long Term Care sector.

Once the staff receive their certificate, the Home will be meeting with the staff to discuss how this opportunity can benefit the residents of Mount Hope and share in the knowledge translation of the information they have gained to assist with our growing number of residents with a mental health diagnosis.

2024-2025- Quality Improvement Plan (QIP)

The Quality Improvement Plan (QIP) for the 2024/2025 identified the following priority areas for improvement work that the Home focused on during this time frame. We are pleased to share an update on the improvements made to the four key indicators selected over the past year.

1. Reduce the number of residents who fell and sustained an injury for which the resident is taken to hospital, and which results in a significant change in the resident's health status- **Safety**

GOAL: To reduce the number of fractures related to falls from 20 to 16 in 2024-2025.

OUTCOME: Mount Hope unfortunately had 18 fractures in 2024-2025 however, we reduced the number by 2 from the previous year.

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Work continues at preventing fractures with falls by reviewing Fracture Risk Scales for every resident quarterly at the Home Area monthly required program meetings. If a resident has a score of 4 or above, they are reviewed by the pharmacist to ensure bone health medications are in place. The interdisciplinary team also looks at what other interventions can be put into place to prevent fractures such as hip protectors, crash mats beside bed, etc.

2. The percent of residents with a worsening pressure ulcer-**Safety**

GOAL: To reduce the percentage of residents with worsening pressure ulcers from 6.4% to 3.0%.

OUTCOME: Mount Hope improved our performance of worsening pressure ulcers to 5.1%, a decrease of 1.3%.

Additional education was provided to all registered staff and personal support workers (PSWs) during annual training sessions and general orientation. A comprehensive resource binder was created for each home area to support wound care practices.

An audit of 10% of all wounds was conducted, demonstrating improved completion rates for weekly wound assessments. Consultations with external wound care specialists were arranged for residents with pressure injuries that were either deteriorating or not progressing. Nurse Practitioners (NPs) play a key role in assessing new pressure injuries and ensuring the most effective treatment protocols are implemented.

Through funding received from Ontario Health West's Local Priorities initiative, 15 therapeutic mattresses were purchased to further support wound prevention and management efforts.

3. Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"

GOAL: To increase percentage from 37.6% to 40% on 2024 Resident Satisfaction Survey.

OUTCOME: 2024-2025 performance was 34.4%, which was 3.2% above the previous year and 5.6% below our goal.

A new standing agenda item, "How well staff listen to you," was added to the monthly Resident's Council meetings. This addition provides a valuable opportunity to gather lived experience feedback directly from residents and share insights with staff.

All orientation and annual mandatory training sessions now include a review of the *Person- and Family-Centred Care* Best Practice Guideline developed by the Registered Nurses' Association of Ontario (RNAO). Feedback and concerns raised during Resident's Council meetings are shared with staff, as appropriate, to foster awareness of how their actions impact residents and to support ongoing improvement in care delivery.

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NEW 2025-2026 Quality Improvement Plan (QIP)

The Quality Improvement Plan (QIP) for the 2025-2026 year identified the following priority areas for improvement work which were shared and supported by the Quality Committee of Mount Hope, Family Council and Residents Council:

1. Percentage of LTC home residents' who fell in the 30 days leading up to their assessment. -**SAFETY**

GOAL: Our current performance (22.6%) is above the provincial average and the target is set to decrease (improve) by 5%, based on change ideas planned for 2025-2026.

One of the initiatives is to enhance monitoring within the home area outside of designated one-on-one caregiving times. Personal Support Workers (PSWs) will now complete their charting in various locations throughout the home area rather than in the nurse's station or conference rooms. This increased visibility allows staff to respond more promptly to residents' needs, thereby reducing the risk of falls.

A 100% review of all falls—analyzing the location, time of day, and severity—is conducted to inform the development of personalized care plans for residents at high risk. Hourly rounding has been implemented for all new admissions for a minimum of two weeks and is also applied to residents who experience multiple falls within a one-month period.

To further support fall prevention efforts, high-risk residents are identified with a yellow dot on their lift and transfer poster, which is in each resident's room.

2. Percentage of residents who had a pressure ulcer at stages 2 to 4 on their target RAI LTC-F assessment and the stage of pressure ulcer is greater on their target compared with their prior assessment.

GOAL: Current performance is 5.10% and our goal is to align with the provincial average of 3.0%.

The Home's NP/CNS conduct weekly wound rounds with the RN or clinical RPN from each home area to build capacity and discuss any challenges or concerns related to the management of residents' wounds. The Home Skin & Wound Committee discuss the utilization of Pressure Ulcer Risk Score (PURS) to identify residents who could benefit from offloading at least once per day, respecting resident rights and expressed wishes. Mount Hope received local priorities funding in the previous year that allowed the home to purchase our own VAC dressing machines and all registered staff have been trained on the use of equipment and resources that are available.

3. Resident rating of "I can express my opinion without fear of consequences"

GOAL: Our current baseline performance is 63% as of Dec.2024 with a goal for 2024-25 being 75%.



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A working group was established to create a mini survey that would allow the home to gather additional feedback from the residents within the Home with targeted questions to help further identify any areas for improvement or trends. This mini survey will be completed in June 2025, and the leadership team will have an opportunity to analyze the results and determine next steps in consultation with the Residents' Council.

As an organization, St. Joseph's Health Care London will also be focusing on the following indicator:

The percentage of staff and physicians who complete one of five modules for Equity, Diversity, Inclusion and Belonging (EDIB) education.

GOAL: 30% of staff and physicians will have completed one of five modules of EDIB training.

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RESIDENT FAMILY/CAREGIVERS EXPERIENCE SURVEY

Resident Surveys

The Mount Hope Resident Experience Survey was conducted in November 2024. Over a two-week period residents were given an opportunity to complete the survey with the assistance of an unbiased third party or independently if preferred. The Home was pleased with the participation of the residents and received a total of 105 completed surveys within the Home.

The resident experience survey results were received by the home in January 2025. The Executive Director was invited to present to the Residents' Council on February 21, 2025 during their regularly scheduled meeting.

Residents were offered the opportunity to have input into any area for Residents' Council was supportive of the action in place to improve the rating for this question in addition to the identified goals as outlined below:

Therapeutic Programs

- TR will host monthly home area town halls meetings. The townhall meetings will review what happened the month before, ask for resident feedback and ask what they would like to see for the next month. There will also be specific questions focused on the weekend.
- For the weekend, TR will provide a morning announcement on the home areas indicating what the programs are for that day and the time of the programs.
- TR will also design poster specially for the weekend.
- TR will work with volunteer services to identify strong volunteers who will run a cardboard café program on the main floor on the weekends.

Food and Nutrition Services (FNS)

- Additional food specific resident surveys were completed in the spring. Goal is to obtain more detailed responses in terms of what types of food the residents are wanting, what items are enjoyed, when and where temperatures are not at the desired levels.
- Menu review-Menu refresh occurring spring 2025. Also looking at long term approaches to more significant menu changes.

Communication/ Engagement of Staff with Residents

- Shared "lived experiences" by residents with staff to create awareness of how residents feel.
- Encourage staff to put themselves in the shoes of the residents.
- Ensure the concern process is shared regularly in Residents Council meetings and programs to create awareness.
- To explore developing "mini" survey with questions that provide more information in regard to how residents are feeling and if staff are listening to them and if they fear consequences.

A high-level summary of the satisfaction survey results and actions are posted on the quality improvement boards within the Home and are accessible by residents, families and staff.

A summary of the Resident Survey results was shared in the monthly staff newsletter during the Spring of 2025.

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Family Surveys

The Mount Hope Family Experience Survey was conducted in December 2024. Families received notification of the upcoming survey through our family email distribution list sent out by the Executive Director. The families were provided access to a link to complete an on-line survey. Reminders were sent through the weekly reminders from the Executive Director, as well as by the vendor seven days and fourteen days after the initial distribution.

The Home received a total of 97 completed surveys by family members within the Home. The family experience survey results were received by the home during the month of February 2025.

The Executive Director was invited to present the family experience survey results to the Family Council on Feb. 12th/2025 during their regularly scheduled meeting.

Some areas requiring improvement identified in the survey results included:

- Physiotherapy to write a script what Physiotherapy looks like at Mount Hope. This script will be shared at Admissions, 6 week IDTC meeting and shared quarterly in the family newsletter.
- Physiotherapy to improve their communication and word choices when designing posters and talking about their interventions.

A summary of the Family Survey results was shared in the monthly staff newsletter during the spring of 2025.

The annual Continuous Quality Improvement Initiative Report will be provided to the Residents' Council and Family Council meetings in July 2025.

Mount Hope Centre for Long Term Care leaders, physicians and staff remain committed to the core principles of continuous quality improvement and continue to work in collaboration with our stakeholders to improve the quality of care and services offered to those who have chosen Mount Hope as Home.