



CONTINUOUS QUALITY IMPROVEMENT REPORT

**Apr. 1, 2025 to
Mar. 31, 2026**

May 30, 2025

1. Designated Lead for Quality Improvement at Strathmere Lodge

The Lead for Quality Improvement (QI) at Strathmere Lodge is Brent Kerwin, Administrator. Contact information:

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2. Priority Areas for Quality Improvement

As determined by The Lodge's QI Committee, The Lodge's Priority Area for Quality Improvement for 2025/26 (i.e., Apr. 1, 2025 to Mar. 31, 2026) is:

- Minimizing the need to transfer residents to the hospital emergency department

See Appendix 1 for The Lodge's Annual (2025-26) Quality Improvement Plan, which was approved by The Lodge's QI Committee and Middlesex County Council (Lodge owner/operator), before submission to Health Quality Ontario (HQO) on March 26, 2025, as required by the province.

3. Process to Identify Priority Areas for Quality Improvement

The Lodge's Quality Improvement Committee decides on annual Priority Areas for Quality Improvement by considering a variety of metrics/data/information, both anecdotal and empirical. Such includes:

- a) Comparative provincial long term care home metrics from the Canadian Institute for Health Information (CIHI);
- b) Annual resident/family satisfaction survey results;
- c) Audits;
- d) Residents' Council and Family Council feedback;

- e) Provincial government funding announcements;
- f) Asset Inventory Review;
- g) Feedback from Admission Care Conferences and Annual Care Conferences held with residents/family members;
- h) Brainstorming by Quality Improvement Committee members;
- i) Incident Reports (both resident and employee);
- j) Post-discharge questionnaires;
- k) Staff Exit questionnaires;
- l) Informal feedback from residents, family members and staff members;
- m) Concerns/complaints from residents/families;
- n) Results of Ministry of Long Term Care inspection reports; and
- o) Staff Suggestion Box submissions.

4. Measuring/Monitoring Quality Improvement Plans/Initiatives

Quality Improvement Plans developed by The Lodge's Quality Improvement Committee are reviewed/revisited at quarterly QI Committee meetings. Progress made on implementing our Annual Quality Improvement Plan is a standing agenda item at meetings.

Progress reports are made to residents, families and staff via Residents' Council meetings, Family Council meetings and newsletters (both staff newsletter and resident/family newsletter).

5. Annual Resident/Family Satisfaction Survey

The Lodge's Annual Resident/Family Satisfaction Survey was last administered in late 2024/early 2025, after first taking the survey tool to The Lodge's Residents' Council for feedback.

Results of the survey are attached (Appendix 2). Results were reviewed with the Residents' Council on April 17, 2025.

Summary results of the survey were communicated to families via Resident/Family newsletter (May 2025 edition), and at the Family Council meeting on May 29, 2025.

A summary of the results of the Annual Resident/Family Satisfaction Survey was communicated to Lodge staff via staff newsletter on May 13, 2025.

Year after year, The Lodge enjoys high levels of satisfaction among residents and families as to the care, services, programs, products and accommodations it provides.

6. Improvements to Resident Care, Accommodations, Services, Programs and Goods

Improvements to resident care, accommodations, services, programs and goods are made throughout the year, and decided upon after considering a variety of information/feedback, as outlined in #3 above.

Communication on improvements is done throughout the year through vehicles such as Residents' Council meetings, Family Council meetings and via regular newsletters (both resident/family newsletter and staff newsletter).

A summary of improvements for 2024/25 (i.e., Apr. 1, 2024 to Mar. 31, 2025) is as follows:

- a) New roof completion (\$2.3M project funded by both the provincial and federal governments)
- b) New mobile dental hygienist service (on-site dental hygienist visits)
- c) New swing sets (3) for residents/families for patio/balcony areas (courtesy of Lodge's Ladies' Auxiliary donation)

- d) Additional PSW staffing hours (via additional provincial funding to increase direct care hours)
- e) New tubs for residents on Sydenham Meadows, Parkview Place and Bear Creek (all 5 resident tubs are new or less than 2-3 years old)
- f) New Shower and Hygiene Chair
 - Height adjustable and reclining
 - Allows staff and residents to reach preferred height to perform full hygiene routine – including dressing/undressing, toileting, showering, and nail care
- g) New safety seatbelts for resident wheelchairs
 - Used for residents in wheelchairs who may attempt to ambulate, but are at high risk for a fall if attempting to ambulate unassisted
 - Seatbelts alarm if unfastened, alerting staff to respond prior to a resident getting up to ambulate
- h) New Bose soundbar for Chapel programming
- i) Updated End of Life booklet for residents/families
- j) Staff education for registered nursing staff on “Falls Prevention and Related Medications”, done by our Contracted Pharmacist
- k) 10 new therapeutic mattresses (for pressure injury healing/prevention)
- l) Gentle Persuasive Approach (GPA) staff training sessions delivered
 - GPA training enhances staff ability to respond respectfully, and with confidence and skill, to behaviours associated with dementia
- m) Smoking Policy change to ban possession of personal lighters in favour of external lighters installed in the designated smoking area (improved fire prevention efforts for resident/family safety)
- n) New dining room chairs (replaced chairs in all 5 resident home area dining rooms)
- o) New cotton candy machine for resident programs

- p) Two (2) new “Blixers” – food preparation equipment for residents with special diets (e.g., puree or ground foods)
- q) New resident beds, including larger beds for applicable residents
- r) New flooring in 40 resident washrooms and in Bear Creek resident home area (including “Calming Room”)
- s) Posting of resident meal menus electronically (TV monitors)
- t) 2nd floor terrace resurfacing
- u) Additional towel/blanket warmers
- v) New “Cook and Hold” Oven in kitchen (for improved food temperature maintenance)
- w) New “Cambro Carts” (for maintaining food temperatures when transporting cooked food between kitchen and resident home area serveries)
- x) Replacement of kitchen commercial fridge (2) and commercial freezer mechanical components
- y) New commercial fridges for Arbour Glen/Parkview Place and Bear Creek
- z) New Intravenous (IV) Pump (for intravenous medication/nutrients/fluids administration)
- aa) New video conferencing equipment in the Family Dining Room
- bb) New omiVista Mobil Interactive Projector System – for resident programming
- cc) New Lodge video – “In The Jungle”
- dd) New “calming chairs” (3) via financial donations from a Lodge resident and the Lodge’s Ladies’ Auxiliary – used to reduce anxiety associated with Dementia and other health conditions affecting cognition

APPENDIX 1

2025/26 Quality Improvement Plan

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care--sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	24.14	15.00	We are seeking to return to our earlier, better performance, which has historically been favourable versus the provincial long term care home average.	

Change Ideas

Change Idea #1 Hire a full-time Nurse Practitioner (NP) via provincial funding through the "Hiring More Nurse Practitioners for Long-Term Care Initiative". The NP will work with our attending physicians and nursing staff to minimize the need for hospital transfers (e.g., for such conditions as: fall injuries that may require sutures; pneumonia; and congestive heart failure).				
Methods	Process measures		Target for process measure	Comments
Implement a recruitment process to hire a NP in conjunction with Middlesex County's Human Resources Department.	Response rate to advertised NP job ad.	To have NP in place by June 30, 2025		Supply of versus demand for NPs will be an issue (success dependent on labour market for NPs).
Change Idea #2 Further to the introduction of the "Community Paramedicine for Long-Term Care Plus (CPLTC+)" program in Middlesex-London in October 2024 (designed to reduce avoidable emergency department visits and hospital stays among long term care home residents), we will continue to work with the provider (Middlesex-London Paramedic Service) to further optimize the services made available in-house by responding paramedics.				
Methods	Process measures		Target for process measure	Comments
Middlesex-London Paramedic Service will track data on number of CPLTC+ visits to The Lodge, along with breakdown of testing and services performed.	Number of CPLTC+ paramedic visits per quarter reviewed by Quality Improvement Committee.	100% of CPLTC+ visits to be reviewed by Quality Improvement Committee.		Success in minimizing the number of emergency department transfers is contingent on the partnership between ourselves and the Middlesex-London Paramedic Service.

Change Idea #3 Purchase Intravenous (IV) Therapy equipment/supplies (including CADD Pump to deliver medications/antibiotics intravenously), and train staff, accordingly. This will minimize having to transfer residents to hospital to start IV therapy, and to treat diagnoses such as pneumonia, septicemia, cellulitis and dehydration, all considered diagnoses that may be treatable without emergency department transfer.

Methods	Process measures	Target for process measure	Comments
Train registered nursing staff on IV insertion and CADD pump operation.	%age of registered nursing staff trained on IV insertion and CADD pump operation.	10% of registered nursing staff will be trained on IV insertion and CADD pump operation during 2025/26	n/a

APPENDIX 2

Resident/Family Satisfaction Survey Summary Results

STRATHMERE LODGE 2024/25 RESIDENT AND FAMILY SATISFACTION SURVEY SUMMARY

Response Rate: 39 out of 159

A – Choices	Strongly Agree or Agree	Disagree or Strongly Disagree
1.The Home accommodates my preferences and previous life routines, such as when to get up and go to sleep or when to take a bath	97%	3%
2.The Home accommodates my preferences on what I eat and drink	97%	3%
3. The Home accommodates my preferences on how I am dressed and groomed [e.g. choice of outfit, dress vs. slacks, moustache, hairstyle etc.]	94%	6%
B - Dignity and Privacy	Strongly Agree or Agree	Disagree or Strongly Disagree
1.Staff treat me with respect and dignity [e.g. staff take the time to listen to me and help when I request assistance]	100%	0%
2. Staff members provide me with privacy when they work with me, change my clothes and provide treatment	100%	0%
3. I have privacy if and when I am on the telephone	100%	0%
4. If I have a visitor I have a private place to meet	100%	0%
5. If staff speak about my health status, medical condition, or behaviors they do so privately [without being overheard]	100%	0%
C - Recreation and Social Activities	Strongly Agree or Agree	Disagree or Strongly Disagree
1.Staff encourage me to attend activities and provide me with assistance to attend them	100%	0%
2. The Home's activities meet my interests	97%	3%
3. I receive assistance for the things I like to do [e.g. supplies, books]	100%	0%
4. Activities are offered in the evenings and on weekends and include religious events	94%	6%
D - Building and Environment	Strongly Agree or Agree	Disagree or Strongly Disagree
1.This is a comfortable building in which to live [including temperature and lighting]	97%	3%
2.This building is clean and well maintained	100%	0%

E - Participation in Care Decisions	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I am involved in decisions about the care I receive, such as accepting or refusing treatment as appropriate	100%	0%
2.My family/responsible party is invited to participate in my admission and annual care planning conference	100%	0%

F – Abuse	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I have never been treated roughly by staff	95%	5%
2.Staff have never yelled at or been rude to me	96%	4%
3. I have never felt afraid because of the way I or some other resident has been treated	100%	0%
4. My family has never noticed any staff member being rough with, talking in a demeaning way or yelling at me or any other resident	100%	0%
5. If I or my family was aware of any incident as noted above we know how to report our concern	97%	3%
6. If I or my family reported any incident as noted above, the home staff acted promptly to investigate and correct the situation	97%	3%

G – Interaction With Others	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I have not had any concerns or problems with my roommate or any other resident	87%	13%
2.If I had any concerns as above and reported them to staff they addressed the concerns to my satisfaction	88%	12%

H - Personal Property	Strongly Agree or Agree	Disagree or Strongly Disagree
1. My clothing or laundry has never gone missing.	78%	22%
2. If my clothing or laundry had gone missing, and I reported it, I got the items back quickly	86%	14%
3. My personal property [jewelry, radio, money etc.] has never gone missing	88%	12%
4. If my personal property had gone missing, and I reported it, I got the items back quickly	87%	13%
5. I am able to have my personal belongings and/or furniture in my room if I wish	100%	0%
6. My belongings have never been damaged or taken away	94%	6%
7. If I reported my belongings damaged or missing, staff responded in a satisfactory manner	92%	8%

I – Pain	Strongly Agree or Agree	Disagree or Strongly Disagree
1.I never have discomfort [e.g. pain, heaviness, burning, or hurting] without relief	95%	5%

J - Food Quality, Hydration and Snacks	Strongly Agree or Agree	Disagree or Strongly Disagree
1. The food looks appetizing and tastes good	100%	0%
2. The food is served at the proper temperature	92%	8%
3. I receive fluids, such as water, when I want them	97%	3%
4. I am offered a between-meal <u>beverage</u> in the morning, the afternoon, and in the evening after dinner	97%	3%
5. I am offered a between-meal <u>snack</u> in the afternoon and evening	95%	5%

K - Oral Care/Hygiene	Strongly Agree or Agree	Disagree or Strongly Disagree
1. I never have mouth/facial pain without relief	96%	4%
2. I have no chewing or eating problems	83%	17%
3. I have no tooth problems, gum problems, mouth sores, or denture problems	89%	11%
4. Staff regularly and frequently clean my teeth/dentures/ mouth or provide me with assistance if I need it	89%	11%

L - Incontinence Products (e.g. briefs, pads)	Strongly Agree or Agree	Disagree or Strongly Disagree
1. The incontinence product(s) provided is/are satisfactory	94%	6%

M - Exercise of Rights	Strongly Agree or Agree	Disagree or Strongly Disagree
1. If I was moved to another room in the past several months I received notice of explanation before the move	100%	0%
2. If I had a roommate change in the last few months I was given notice before change in the roommate	100%	0%
3. If I was discharged to the hospital within the past few months, my family was notified about the return policy	78%	22%

N - Personal Trust Accounts	Strongly Agree or Agree	Disagree or Strongly Disagree
1. If the Home manages my personal funds the Home provides me or my family with a statement of how much money is in my account	97%	3%
2. I or my responsible party can have access to this money when it is needed	97%	3%

O - Activities of Daily Living Assistance	Strongly Agree or Agree	Disagree or Strongly Disagree
1. I receive assistance with meals if I need it	100%	0%
2. I receive assistance with dressing and grooming if needed	100%	0%
3. I receive assistance with toileting if I need it	100%	0%

P - Notification of Change	Strongly Agree or Agree	Disagree or Strongly Disagree
1. Staff notify my family promptly if there is a change in my condition	100%	0%
2. Staff notify my family when my treatment is changed	100%	0%

Q - Sufficient Staff	Strongly Agree or Agree	Disagree or Strongly Disagree
1. There is enough staff available to make sure I get the care and assistance I need without having to wait a long time	79%	21%

R - Overall Satisfaction	Strongly Agree or Agree	Disagree or Strongly Disagree
1. I am satisfied with the quality of care and service provided to me.	100%	0%
2. I can express my opinion without fear of consequences.	100%	0%
3. What number would you use to rate how well the staff listen to you?		
0 = worst possible rating; 10 = best possible rating		
Circle one number only: 0 1 2 3 4 5 6 7 8 9 10		
Overall Satisfaction re: Listening: 9.1 out of 10		

	Probably No or Definitely No	Definitely Yes or Probably Yes
4. I would recommend this Home to others	0%	100%

Survey Responses by Resident Home Area:

Sydenham Meadows: 12	Hickory Woods: 10	Bear Creek: 3
Arbour Glen: 6	Parkview Place: 8	Not Marked: 0