

EXETER VILLA CONTINUOUS QUALITY IMPROVEMENT PROGRAM 2024 ANNUAL REVIEW

OVERVIEW

Exeter Villa remains committed to enhancing the quality of care and resident well-being through a data-driven and collaborative approach to Continuous Quality Improvement (CQI). Over the past year, the facility has focused on optimizing resident safety, reducing emergency department (ED) transfers, improving equity and inclusion efforts, and enhancing staff training and engagement.

Key achievements in 2024 included a significant reduction in the prevalence of pressure ulcers, strengthened infection prevention measures, and increased compliance with pain management protocols. The facility also introduced enhanced behavioral support interventions for residents with responsive behaviors and expanded access to palliative care education for staff.

Resident and family engagement played a vital role in shaping improvement initiatives. Feedback from satisfaction surveys and council meetings led to refinements in dining services, activity programming, and individualized care planning. Additionally, the facility advanced its commitment to equity, diversity, and inclusion (EDI) by reinforcing staff training and ensuring culturally competent care practices.

Looking ahead to 2025, Exeter Villa aims to build on these successes by enhancing in-house clinical interventions to reduce avoidable hospital transfers, implementing new documentation tracking systems to support compliance across all shifts, and further integrating non-pharmacological interventions to reduce reliance on psychotropic medications. By aligning with best practices, regulatory guidelines, and resident-centered care principles, Exeter Villa continues to foster a safe, inclusive, and high-quality care environment for all residents and staff.

UTILIZATION REVIEW SYSTEM

All Continuous Quality Improvement activities remained on track in 2024, with Policies and Procedures (P&Ps) undergoing continuous review and updates, although finalization of full adherence to Extencicare policies is still pending. CQI committee meetings continue to occur quarterly to ensure consistent progress and oversight.

COMMUNICATION TO STAKEHOLDERS

All committee leads, directors, and the Administrator disseminated updates through multiple channels, including Carefeed, morning news sessions, weekly newsletters, flyers, and educational meetings. Key topics such as outbreak regulations updates, vaccine clinics, and protocol changes were consistently communicated.

Additional strategies to engage stakeholders included enhanced digital outreach and stakeholder feedback sessions.

STAFF EDUCATION and PROVIDER EXPERIENCE

Exeter Villa recognizes that a positive workplace culture, ongoing professional development, and staff well-being are essential for delivering high-quality resident care. In 2024, the facility implemented targeted initiatives to enhance staff recruitment, retention, and workplace satisfaction. A key focus was improving staffing consistency by addressing workload distribution and optimizing shift scheduling to better accommodate team needs. Moving into 2025, the facility plans to implement data-driven strategies to improve staff retention, ensuring a sustainable and supportive work environment.

Staff education in 2024 was delivered through a blend of Surge Learning modules, in-person sessions, posters, flyers, meetings, and on-the-job advice. Improvements in login support and a revised tracking system helped ensure timely completion of mandatory education. Compliance rates improved through consistent follow-ups from department managers but have not yet reached 100% compliance.

POPULATION HEALTH MANAGEMENT

Exeter Villa is committed to a collaborative, community-based approach to resident care, ensuring that individuals receive the right support at the right time. In 2024, the facility strengthened partnerships with hospitals, home care providers, and community health services to enhance care transitions and reduce avoidable emergency department visits. Additionally, Exeter Villa expanded its preventive care efforts by incorporating routine wellness checks, vaccination clinics, and health education sessions tailored to resident needs. Moving forward, Exeter Villa aims to further strengthen interdisciplinary care planning to improve health outcomes for all residents.

COMMITTEES under the purview of the Continuous Quality Improvement Program:

- Incontinence Program
- Skin & Wound Care
- Infection Control (IPAC)
- Pain Management
- Palliative Care
- Safe Client Handling (Falls Prevention, Restraint Reduction, and Safe Lifting)
- Behavioural Supports Ontario (BSO)
- Health and Safety

QUALITY INDICATORS

Key metrics for 2024 included the number of emergency transfers, restraints in use, falls, pressure ulcers, physical function ADL trends, polypharmacy, prevalence of incontinence, number of UTIs, documentation compliance percentages, number of staff-related incidents, number of psychotropic medications in use, indicators of mood/depression and behaviours, and number of residents experiencing pain. These indicators were closely monitored to identify trends and areas for targeted improvements.

RESOURCES

This annual review utilized Ontario Health at Home data, CIHI Data, MDS data, Point Click Care, and a range of QIP resources, which included reports from staff, observed events, legislation, Extencicare Policies, RNAO Best Practice Guidelines, surveys, and issues arising from committee meetings. These resources provide a comprehensive basis for informed decision-making and quality improvement.

RESIDENT AND FAMILY COUNCIL

The Resident and Family Councils played a pivotal role in identifying and addressing concerns, ensuring that resident voices were heard and acted upon. Satisfaction surveys and council feedback consistently guided ongoing improvements. In 2024, a total of 42 residents/POAs completed the satisfaction survey, with 37 responses submitted online and 5 completed on paper.

One key survey question asked residents to rate how well staff listen to them on a scale of 1 to 5:

★★★★★ (5 stars) – 21 responses

★★★★ (4 stars) – 14 responses

★★★ (3 stars) – 2 responses

★★ (2 stars) – 3 responses

★ (1 star) – 0 responses

Additionally, when asked, "I can express my opinion without fear of consequences," 39 respondents agreed, while one disagreed. Two residents/POAs did not answer this question.

Survey results were carefully reviewed, and any areas scoring below an 80% satisfaction rate were escalated to the department manager for targeted action. Residents' feedback on wake-up times, dining preferences, and activity options was analyzed, leading to the development of action plans to address recurring concerns.

Ongoing collaboration with the Resident and Family Councils ensures that these improvements are meaningful and responsive to residents' needs.

ACCES AND FLOW

Data Analysis

Exeter Villa has experienced a significant upward trend in **emergency department (ED) transfers** over the past three years, rising from 17 transfers in 2022 to 33 in 2023 (a 94% increase from 2022) and further to 37 in 2024 (a 12% increase from 2023 and a 118% increase from 2022). This steady rise highlights a growing reliance on emergency services, potentially pointing to gaps in early intervention, resident care management, or on-site capabilities. Exeter Villa's current performance in potentially avoidable ED visits reveals areas for improvement compared to other long-term care (LTC) homes in the South-West region. Exeter Villa exceeds the rates of many facilities in the region, indicating an opportunity for targeted intervention. Additionally, the facility reports its highest ED visit rate overnight, with 7 to 15 transfers occurring between 11 PM and 7 AM over the past three years. In comparison, transfers ranged from 4 to 13 between 3 PM and 11 PM and from 6 to 12 between 7 AM and 3 PM during the same period. This trend suggests potential gaps in nighttime care protocols. These figures emphasize the need for improved on-site care interventions, targeted fall prevention measures, and strengthened overnight care resources. The consistent upward trend in ED transfers highlights the importance of implementing enhanced in-house care protocols, proactive monitoring, and staff training to reduce preventable transfers and better manage acute cases within the facility. Addressing these challenges is critical to reversing this trajectory and aligning with best practices for resident care.

Areas for Improvement

ER Transfer Reduction: ER transfers rose from 17 in 2022 to 37 in 2024, indicating a growing reliance on emergency services. Enhanced in-house care protocols, proactive monitoring, and staff training are necessary to reduce preventable transfers.

Smart Goals

Reducing Avoidable ED Transfers

Specific: Exeter Villa will implement targeted in-house clinical interventions to reduce unnecessary emergency department (ED) transfers. This will include establishing rapid response, enhancing staff training, and leveraging remote communication with prescribers to support decision-making.

Measurable: The goal is to decrease the number of avoidable ED transfers from 37 in 2024 to 31 or fewer by the end of Q4 2025, with monthly data reviews tracking progress.

Achievable: This will be accomplished by increasing virtual physician access, implementing quarterly staff training on early deterioration signs, and integrating point-of-care diagnostics (e.g., urine dipsticks for UTIs) to facilitate early detection and treatment.

Relevant: With Exeter Villa’s ED transfer numbers, this initiative directly addresses a growing reliance on emergency services and aligns with best practices for long-term care homes. Reducing unnecessary transfers will improve resident care, minimize disruptions, and optimize internal care resources.

Time-Bound: The initiative will be implemented over one year, with quarterly monitoring and adjustments, leading to a measurable reduction in avoidable ED transfers by the end of Q4 2025.

EQUITY

Data Analysis

Equity, diversity, inclusion, and antiracism (EDIA) education is essential to fostering an inclusive environment at Exeter Villa. Currently, EDIA training is delivered through Surge Learning, with a 100% participation rate among management attendees. However, to ensure that all staff—including executives, management, and frontline workers—receive this training, improvements in participation tracking and accountability measures are needed. Strengthening these processes will help ensure comprehensive engagement and reinforce Exeter Villa’s commitment to an inclusive and equitable workplace.

Sociodemographic data - located in the Southwest Ontario Health at Home within Huron County, in 2024, Exeter Villa served a primarily rural population across South Huron, Lambton Shores, North Middlesex, and Perth. The nursing home, co-located with a retirement home, currently houses 42 residents, with potential expansion through an allocation of 48 additional long-term care beds. The resident population primarily consists of seniors, individuals with mental health conditions, and those with developmental delays, with an average age of 83.6 years. Over half (52.5%) of residents are aged 85 and older, while only 5% are 65 or younger. The gender distribution is 37.5% male and 62.5% female, and marital status trends indicate an increase in both never-married (12.5%) and currently married (37.5%) individuals, while 42.5% are widowed. The most prevalent diagnoses among residents include dementia (affecting 72.5% of the population), hypertension, COPD, chronic renal impairment,

arthritis/osteoporosis, anxiety, GERD, hypothyroidism, stroke, diabetes, and the presence of artificial joints.

Areas for Improvement

Increase EDIA Training Completion Rates: Ensure all staff complete mandatory EDIA training via Surge Learning, with improved tracking and follow-up for non-completion. Future plans will also include in-person training with EDIA academics.

Enhance the use of Sociodemographic Data: While some sociodemographic data is collected during admission, it is seldom evaluated or used to inform care improvements. A structured process is needed to ensure this information—such as residents' language, ethnicity, and cultural needs—is consistently reviewed, integrated into care planning, and used for facility-wide improvements. Staff should receive guidance on how to apply this data in daily care practices.

Smart Goals

Improve EDIA Training Rates

Specific: Achieve 90% completion of EDIA training for all staff through Surge Learning.

Measurable: Track participation rates monthly and follow up with non-completers.

Achievable: Use Surge Learning reports to monitor progress and implement reminders for outstanding training.

Relevant: Ensures compliance with best practices and supports culturally competent care.

Time-Bound: 90% completion by Q4 2025, with quarterly reviews.

COMMITTEES ANNUAL REVIEWS: Data Analysis of QI, Areas for Improvement, and SMART Goals for 2025

Incontinence Program

Data Analysis

The facility has made progress in addressing **bladder and bowel incontinence**, with rates improving from 78.1% in 2023 to 76.5% in 2024, following an initial increase from 73.7% in 2022. Notably, the 2024 rate remains below the regional and corporate averages of 80.6%, reflecting the facility's commitment to proactive incontinence management. While early trends highlight the importance of ongoing improvements, these results reinforce the need for continued focus on personalized toileting plans and effective management strategies to further enhance resident care.

Areas for Improvement

Incontinence Management: The prevalence of bladder and bowel incontinence increased from 73.7% in 2022 to 78.1% in 2023, with only a slight improvement to 76.5% in 2024. Sustained efforts in toileting plans and management strategies are necessary and will continue to be an area of focused improvement.

SMART Goals

Reduce Facility-Wide Incontinence Prevalence

Specific: Decrease the overall incontinence prevalence in the facility through improved assessment, product use, and care strategies.

Measurable: Reduce the prevalence of bladder and bowel incontinence from 76.5% in 2024 to 75% by the end of 2025.

Achievable: Implement evidence-based interventions, including staff training on continence care and enhanced monitoring tools.

Relevant: Addressing incontinence aligns with corporate quality improvement priorities and improves resident well-being.

Time-Bound: Reach the 75% target by December 2025, with bi-annual data analysis to track progress.

Skin & Wound Care

Data Analysis

The facility has demonstrated significant progress in reducing the prevalence of **Stage 1-4 pressure ulcers**, improving from a peak of 26.5% in 2023 to 13.2% in 2024. While the 2023 increase exceeded regional and corporate benchmarks of 17.2%, the focused interventions and enhanced prevention strategies have led to a substantial decline. The 2024 prevalence remains slightly above the regional and corporate average of 12.4%, reinforcing the facility’s commitment to continuous improvement. Moving forward, sustained efforts in pressure ulcer prevention and care will further strengthen outcomes and align with best practices.

Areas for Improvement

Pressure Ulcer Prevention: Stage 1-4 pressure ulcers increased from 12.8% in 2022 to 26.5% in 2023, before improving to 13.2% in 2024. Sustained prevention efforts are required to align with benchmarks and prevent future occurrences.

SMART Goals

Increase Routine Skin Assessments

Specific: Ensure all residents receive a documented skin assessment at least once per week to support early detection and prevention of skin breakdown.

Measurable: Increase compliance with weekly skin assessments from the current rate to 95% by December 2025.

Achievable: Utilize standardized assessment tools and integrate skin checks into daily care routines.

Relevant: Regular skin assessments will help identify early signs of pressure ulcers and support proactive prevention efforts.

Time-Bound: Achieve the 95% compliance rate by December 2025, with monthly audits to track progress.

Infection Control (IPAC)

Data Analysis

In 2022, the facility reported 17 UTI cases; however, several months were either not reported or lacked complete documentation, which may have resulted in an underestimation of the true incidence. In 2023, the reported cases decreased slightly to 15, with only one month missing documentation—indicating a more consistent reporting process. In 2024, with comprehensive documentation achieved across all months, 30 UTI cases were recorded. Although the apparent case numbers in 2022 and 2023 seemed lower, the fully documented data from 2024 reveal a significant increase, warranting a re-evaluation of our infection control practices in light of regional and corporate benchmarks.

Areas for Improvement

Infection Control for UTIs: The reported UTI cases have risen markedly—from potentially underestimated figures in 2022 and 2023 to 30 fully documented cases in 2024. This trend suggests a potential gap in infection control measures and highlights the need for targeted interventions, as well as consistent documentation practices, to effectively mitigate UTI risks.

Vaccinations: Notable progress was made in 2024, with increased vaccination rates observed; however, a setback occurred when spreadsheet records were lost due to a computer system failure, necessitating the creation of a new spreadsheet late in the year. Additionally, several new admissions in the last quarter of 2024 still require vaccinations.

Education: The promotion of Infection Control Week at Exeter Villa includes plans for one in-person education session annually and three bulletin board presentations on topics chosen by staff. Unfortunately, these goals were not achieved in

2024 due to the retirement of the IPAC lead in September, prior to Infection Control Week. This initiative will continue in 2025, with a renewed focus by appointing the new IPAC lead to oversee and support the successful execution of these educational efforts.

Audits: The implementation of a performance audit for the housekeeping department, aimed at ensuring adherence to infection prevention protocols, remains an ongoing goal. Plans are in place to continue developing and refining the auditing program throughout 2025 to enhance its effectiveness and ensure compliance with infection control standards.

SMART Goals

Specific: Implement targeted infection control measures, including monthly staff training sessions, enhanced documentation procedures, and regular performance audits, to reduce UTI cases.

Measurable: Achieve a 20% reduction in documented UTI cases—from 30 cases in 2024 to 24 cases by tracking monthly case counts.

Achievable: Utilize established training modules, audit tools, and documentation enhancements, while introducing new IPAC measures such as specialized UTI prevention protocols and regular hand hygiene audits. These initiatives will be supported by additional resources and oversight from the newly appointed IPAC lead to ensure successful implementation.

Relevant: Reducing UTI cases directly improves patient safety and aligns with our facility's commitment to meet and exceed regional and corporate infection control benchmarks.

Time-bound: Complete the reduction by December 2025, with quarterly reviews to assess progress and make necessary adjustments.

Pain Management

Data Analysis

Exeter Villa has made notable improvements in pain management over the past year starting with the establishment of a Pain Committee. Changes and improvements have led to most residents experiencing effective pain control. Staff adherence to documenting pain management interventions in Progress Notes has improved. The 7-Day Pain Summary was added to PCC increasing pain data collection and monitoring, the summary is now consistently for residents with new onset of pain or that undergo changes in pain medications. The implementation of eTAR reminders has helped ensure that pain summaries are completed in a timely manner, addressing previous gaps where assessments may have been overlooked.

Additionally, the integration of the ABBEY Pain Scale for cognitive residents that have shown behaviours, has enhanced the ability to assess pain in individuals in which mental factors contribute to experienced pain, ensuring a more person-centered approach to pain management.

The integration of non-pharmacological interventions such as repositioning, warm blankets, and rest played a vital role in pain relief for some residents, reducing the need for medication adjustments.

Areas for Improvement

Despite these achievements, staff compliance with following the designated pain assessment type for each resident remains inconsistent. Some residents require specific pain scales or assessment tools, such as OPQRSTUV for verbal residents and PANAIID for non-verbal residents, but these guidelines are not always followed as outlined in each resident’s PCC profile. Ensuring staff complete the correct pain assessment method for each resident is essential to maintaining accurate pain tracking and individualized care.

SMART Goals

Pain Assessment Consistency

Specific: Ensure staff consistently follow the designated pain assessment method for each resident as outlined in the PCC profile (e.g., PANAIID, verbal pain scale, ABBEY).

Measurable: Achieve 100% compliance with correct pain assessment selection through quarterly audits of PCC documentation.

Achievable: Reinforce adherence through education huddles, targeted reminders, and PCC profile reviews to ensure assessments align with each resident’s needs.

Relevant: Using the appropriate pain assessment method improves consistency, accuracy, timely intervention, and quality of pain management.

Time-Bound: Full compliance achieved by Q4 2025, with quarterly progress tracking and targeted staff education as needed.

Palliative Care

Data Analysis

The facility has seen a notable increase in **polypharmacy** rates, rising from 69.2% in 2022 to 82.4% in 2023, with a slight reduction to 81.6% in 2024. While these rates remain above the regional and corporate averages of 66.4% (2022), 72.3% (2023), and 73.7% (2024), the recent decline reflects initial progress in medication deprescribing efforts. Recognizing the importance of minimizing polypharmacy-related risks, the facility remains committed to enhancing medication review processes, optimizing prescribing

practices, and exploring alternative care strategies to ensure safer, more effective medication use for residents.

Areas for Improvement

Medication Management: Polypharmacy remained persistently high, increasing from 69.2% in 2022 to 82.4% in 2023, before slightly declining to 81.6% in 2024. Enhanced medication deprescribing practices and alternative care strategies are required to reduce risks associated with excessive medication use.

SMART Goals

Optimize Medication Reviews for Palliative Care Residents

Specific: Conduct comprehensive medication reviews for at least three palliative care residents per quarter to identify opportunities for deprescribing, ensuring alignment with best practices in comfort-focused care.

Measurable: Reduce the percentage of palliative care residents prescribed more than 10 medications by 50% by December 2025.

Achievable: Implement an interdisciplinary approach involving physicians, pharmacists, and nursing staff to systematically review, adjust, and optimize medication regimens while prioritizing symptom management and resident comfort.

Relevant: Minimizing polypharmacy supports the facility's commitment to enhancing quality of life, reducing medication-related risks, and improving overall palliative care outcomes.

Time-Bound: Achieve the 50% reduction target by December 2025, with quarterly medication reviews and audits to track progress and ensure sustained adherence to best practices.

Safe Client Handling (Falls Prevention, Restraint Reduction, and Safe Lifting)

Data Analysis

The **Physical Function ADL** scores at the facility indicate an evolving resident population with increasing care needs and higher dependency levels. Over the past three years, there has been a notable shift toward greater dependence, with the percentage of residents requiring low support declining significantly from 28.57% in 2022 to just 4.76% in 2024. While moderate dependency levels remained stable at 16.67%, the proportion of high-dependency residents surged from 57.14% in 2022 to 78.57% in 2024.

Despite this increase in resident dependency, the use of full slings for transfers has fluctuated. In 2022, an average of 13 residents required full slings, which increased slightly to 14 in 2023, reflecting a greater reliance on mechanical lift assistance.

However, in 2024, the number of full slings used dropped significantly to an average of 7 residents, marking a 50% decrease from the previous year. This decline raises important considerations regarding whether the reduction in full sling use aligns with actual resident needs or if adjustments to transfer practices are required to ensure safety. In contrast, the use of all-day full slings followed an upward trend. In 2022, there were no recorded cases of all-day full sling use, but by 2024, 8 residents required full slings throughout the day. This shift suggests that the overall number of residents using regular full slings decreased due to those who did require them, experiencing higher levels of mobility decline, necessitating increased transfer support and repositioning interventions.

Meanwhile, the number of residents without any sling use has steadily declined, decreasing from 17 in 2022 to 16 in 2023, and further to 14 in 2024. This mirrors the trend of increasing resident dependency and underscores the importance of ensuring that all residents receive the appropriate level of transfer support based on their individual needs. This trend highlights the growing complexity of resident care and the increased acuity of newly admitted residents, reinforcing the facility's commitment to enhancing staffing levels, resources, and tailored support strategies to meet the evolving needs of residents effectively.

The facility has observed a steady increase in **falls** over the past three years, with total falls rising from 50 in 2022 to 84 in 2024. Despite a temporary decline to 39 falls in 2023, the overall trend indicates a growing need for enhanced fall prevention strategies. The number of falls with injury has also increased, from 12 in 2022 to 24 in 2024, reflecting a higher risk to resident safety. Additionally, the prevalence of falls has surged from 2.6% in 2022 to 23.7% in 2024, surpassing the regional and corporate benchmark of 16.1%. This shift highlights the evolving care needs of our resident population and the importance of proactive interventions. To address this, Exeter Villa is strengthening its fall prevention efforts through enhanced risk assessments, targeted mobility support programs, and ongoing staff education. These initiatives aim to reduce fall incidence, minimize injury severity, and align the facility with industry best practices, ensuring a safer and more supportive environment for residents.

The facility's use of **daily physical restraints** decreased from 30.8% in 2022 to 23.5% in 2023 and remained relatively stable at 23.7% in 2024. However, these rates were significantly higher than the regional and corporate averages, which steadily declined from 14.2% in 2022 to 6.6% in 2024. This persistently higher prevalence at the facility highlights an urgent need to implement alternative interventions to manage resident behaviors and reduce reliance on physical restraints.

Areas for Improvement

Fall Prevention Strategies: Immediate and robust fall prevention strategies are essential to reduce risks and enhance resident safety. In addition to current efforts, refining the referral process to physiotherapy is crucial, ensuring that residents receive timely and specialized evaluations to tailor their treatment plans. Increasing fall prevention education upon admission is also necessary to equip residents with the knowledge and strategies needed to minimize their risk from the outset.

Identification of High-Risk Residents: There is a need to enhance screening and monitoring processes to more effectively identify residents at high risk for injury from falls. Implementing regular risk assessments with validated tools will enable staff to target interventions more precisely, thereby reducing the likelihood of falls among vulnerable residents.

Documentation of Fall Prevention Interventions: Improving the documentation process for fall prevention interventions is critical. This should include detailed records of the strategies offered or attempted, as well as noting instances where residents were noncompliant or declined interventions. Enhanced documentation will not only support quality improvement efforts but also provide valuable insights for refining future fall prevention initiatives.

Reduction of Physical Restraints: Although daily physical restraint use decreased from 30.8% in 2022 to 23.7% in 2024, the rate remains significantly higher than regional and corporate benchmarks. Alternative interventions are urgently needed to manage behaviors without restraints, further contributing to overall resident safety and wellbeing.

SMART Goals

Specific: Implement a standardized 4Ps rounding protocol for all staff—focusing on assessing Pain, Position, Possessions, and Personal needs—to proactively address resident risks and reduce falls.

Measurable: Achieve 95% compliance with the 4Ps rounding protocol on daily rounds, and aim for a 25% reduction in resident falls compared to baseline data within 12 months of full implementation.

Achievable: Conduct comprehensive training sessions for all staff on the 4Ps protocol and integrate it into daily workflows. Appoint a rounding champion on each unit to monitor adherence and provide ongoing support to ensure the goal is realistic with available resources.

Relevant: This initiative directly supports our commitment to improving resident safety and fall prevention, aligning with broader facility goals and best practices in patient care.

Time-bound: Fully implement the 4Ps rounding protocol by December 2025, with quarterly progress reviews to assess compliance and impact, making adjustments as necessary.

Behavioural Supports Ontario (BSO)

Data Analysis

The analysis of **behavioral and emotional patterns** reveals that the prevalence of behavioral symptoms affecting others at the facility increased from 17.9% in 2022 to 26.5% in 2023 but slightly declined to 23.7% in 2024. Despite the improvement in 2024, this rate remained significantly below the regional and corporate averages, which stood at 31.4%. However, the upward trend from 2022 to 2024 underscores the need for consistent interventions to manage behavioral symptoms effectively and align with broader benchmarks.

The facility's **use of psychotropic medications** increased from 13.9% in 2022 to 19.4% in 2023, and further to 21.6% in 2024. Despite this upward trend, the facility's rates consistently remained below the regional and corporate averages, which were 29.2% in 2022, 33.3% in 2023, and 27.6% in 2024. While the facility outperformed these benchmarks, the growing reliance on psychotropic medications highlights the need for sustained efforts to implement non-pharmacological interventions and reduce medication dependency.

Enhanced Implementation of Structured **Behavior Management Strategies** was a major achievement at Exeter Villa in 2024, as we experienced the successful implementation of structured behavior management strategies, significantly improving resident engagement, reducing confusion, and decreasing the need for pharmacological interventions. Key strategies that contributed to this success include the use of reality orientation techniques, individualized engagement plans, and staff education on de-escalation techniques.

The introduction of reality orientation signs throughout the facility has proven particularly effective in reducing wandering, confusion, and agitation among residents experiencing cognitive impairment and even visitors. Personalized reality orientation materials, such as customized "My Life" books and wayfinding signage, have helped individuals navigate their surroundings with greater ease, reducing episodes of distress and improving their sense of security. Additionally, targeted modifications, such as designated seating arrangements and structured dining experiences, have led to improved social interactions and reduced meal-time agitation.

Another notable improvement has been the expansion of scheduled engagement activities, ensuring that residents remain occupied with purposeful and stimulating interventions tailored to their needs. The creation of men's coffee clubs, sensory therapy sessions, and individualized leisure activities has provided meaningful engagement, decreasing expressions of distress and agitation related to boredom and loneliness. These interventions have been especially beneficial for residents with responsive behaviors, offering structured routines that help reduce unpredictability and anxiety.

Staff have demonstrated increased ability to adapt their approaches based on resident needs, leading to more effective management of behavioral expressions without the immediate use of psychotropic medications – several residents have psychotropic medications available as PRN but not being used due to non-pharmacologic interventions being effective. Education on dementia care best practices, including understanding the difference between dementia symptoms and responsive behaviors, has helped staff identify triggers and intervene appropriately. Staff have been shifting from task-oriented care to resident-centered approaches, ensuring that interventions are applied in a way that respects resident autonomy, dignity, and preferences. Training on non-verbal communication techniques, de-escalation methods, and positive redirection has allowed caregivers to address behavioral expressions proactively rather than reactively, reducing instances where residents feel distressed or overwhelmed.

Areas for Improvement

Behavioral Symptom Management: The prevalence of behavioral symptoms affecting others increased from 17.9% in 2022 to 26.5% in 2023, before slightly declining to 23.7% in 2024. Despite the decline, consistent interventions are needed to manage these symptoms effectively and align with benchmarks.

Psychotropic Medication Use: The use of psychotropic medications rose from 13.9% in 2022 to 21.6% in 2024. While the facility performed better than benchmarks, there is a need for non-pharmacological interventions to reduce reliance on these medications.

SMART Goals

Reduce reliance on psychotropics

Specific: Implement and enhance non-pharmacological interventions to manage behavioral symptoms and reduce the reliance on psychotropic medications at Exeter Villa.

Measurable: Achieve a 10% reduction in the percentage of residents receiving psychotropic medications, lowering usage from 21.6% (2024) to 19.4% or lower by Q4 2025.

Achievable: Introduce structured behavioral intervention programs, including music therapy, sensory rooms, and individualized activity plans, while enhancing staff training on de-escalation techniques and non-drug behavioral management.

Relevant: Reducing psychotropic medication use aligns with best practices in dementia care and resident-centered approaches, improving overall well-being while maintaining safety.

Time-Bound: Full implementation by Q4 2025, with quarterly progress tracking through medication audits and behavioral tracking reports.

Health and Safety

Data Analysis

Ensuring a safe and secure environment for residents, staff, and visitors remains a top priority at Exeter Villa. In 2024, the facility conducted comprehensive safety audits to identify key risks and enhance preventative measures. Fire safety drills and emergency response protocols were also reviewed. However, gaps in documentation compliance and response time efficiency were identified, necessitating targeted improvements to ensure a fully prepared workforce.

Areas for Improvement

Enhancing Safe Client Handling Practices: While the facility has made strides in falls prevention and safe lifting techniques, additional training and compliance monitoring are needed to further reduce staff injury risks.

Improving Emergency Preparedness: Although fire safety and emergency drills have high participation rates, response efficiency and documentation of emergency simulations need to be refined for greater effectiveness.

SMART Goals

Reducing Injuries from Aggressive Resident Behavior Through GPA Training

Specific: Exeter Villa will implement a comprehensive staff training program on Gentle Persuasive Approach (GPA) through Seniors Mental Health opportunities, to reduce staff injuries caused by resident aggression and responsive behaviors. The program will focus on early recognition of agitation, effective de-escalation techniques, and non-pharmacological behavior management strategies.

Measurable: The goal is to reduce staff injuries resulting from aggressive resident behaviors by 25% by Q4 2025, as tracked through workplace incident reports and safety audits. Additionally, 90% of frontline staff will complete GPA training by the end of 2025.

Achievable: This will be accomplished by having staff attend in-person GPA training sessions, implementing monthly debriefing meetings for staff to discuss challenges and strategies, and ensuring that all new hires complete GPA training as part of their onboarding process.

Relevant: With an increasing number of residents exhibiting responsive behaviors, GPA training will equip staff with the skills needed to manage aggression safely, reducing injuries while improving the overall quality of resident care.

Time-Bound: The initiative will be fully implemented over 12 months, with quarterly evaluations to assess staff participation, incident trends, and effectiveness of de-escalation strategies. 90% staff completion of GPA training will be achieved by Q4 2025.

Facility

Data Analysis

Documentation compliance trends since the implementation of the POC system have varied across shifts. Day shift compliance steadily decreased from 89.27% in 2022 to 82.66% in 2023, and further to 77.81% in 2024, highlighting a need to address factors affecting performance during this shift. In contrast, evening shift compliance improved significantly, rising from 83.2% in 2022 to 96.23% in 2023, and stabilizing at 96.89% in 2024, demonstrating sustained success. Night shift compliance remained consistently high, peaking at 99.91% in 2023 before a slight decline to 97.29% in 2024, reflecting strong overall performance with minor room for improvement. While evening and night shifts exhibit high adherence to documentation standards, the declining trend in day shift compliance calls for targeted interventions to ensure consistency across all shifts.

Areas for Improvement

Staffing and Resources for High Dependency Residents: The growing proportion of residents with high dependency, rising from 57.14% in 2022 to 78.57% in 2024, highlights the need for adequate staffing levels and specialized resources to support complex care needs.

Day Shift Documentation Compliance: Day shift compliance declined steadily from 89.27% in 2022 to 77.81% in 2024. Addressing factors impacting day shift performance is essential to ensure consistency across all shifts.

SMART Goals

Documentation compliance

Specific: Increase day shift documentation compliance from 77.81% (2024) to 85% by Q4 2025.

Measurable: Track documentation completion rates monthly through POC system audits.

Achievable: Implement targeted staff training, workflow optimizations, and accountability measures to address barriers affecting day shift compliance.

Relevant: Ensuring accurate and timely documentation is essential for quality resident care, regulatory compliance, and interdisciplinary communication.

Time-Bound: Achieve 85% compliance by Q4 2025, with quarterly progress reviews and adjustments as needed.


STAFF PARTICIPATING IN THE REVIEW


- **Anna Husarewych, Taylor O’Neil, Amy Parsons, Elly Regier, Erika King, Christine Stanlake, Deborah Hayter, Anto John, and Tamara Thompson.**

DATE OF REVIEW CONCLUSION: **March 20th, 2025.**

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