2023 ANNUAL SUMMARY

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Venta Care Centre
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1. Executive Summary

In 2023, Venta Care Centre (VCC) transitioned from pandemic recovery to operational stabilization, system modernization, and structured quality improvement initiatives. The organization focused on strengthening clinical governance, improving resident safety systems, enhancing workforce stability, modernizing medication management processes, and advancing initiatives aligned with Alberta Continuing Care Health Service Standards.

Throughout the year, Venta Care Centre successfully managed emergency wildfire evacuee admissions, strengthened medication governance systems, improved integrated clinical documentation processes, and maintained strong regulatory compliance outcomes.

Building on improvement areas identified in 2022, leadership continued efforts to strengthen trend analysis, improve incident monitoring systems, increase education completion rates, enhance workforce engagement, and improve proactive risk management strategies.

2. Key Performance Results

Throughout 2023, VCC maintained operational stability while advancing organizational recovery and modernization initiatives.

2.1 Operational Performance Results

Documented Performance Results:

- Emergency admissions of wildfire evacuees from Valleyview and Edson successfully coordinated
- Continuity of operations maintained during emergency admissions
- Continued interdisciplinary care conferences to support resident-centered care planning
- Ongoing recreation and engagement programming maintained
- Strong audit and inspection outcomes achieved

2.2 Performance Summary

- Emergency admissions successfully coordinated without disruption to resident care
- Approximately 100 HCA performance reviews completed
- Continued participation in resident quality-of-life research initiatives
- $10,000 Resident Wellness Room Grant secured

These outcomes demonstrate improved operational capacity, organizational recovery, and strengthened system coordination.

3. Infection Prevention & Control (IPC)

Infection Prevention and Control (IPC) practices are measures used to reduce the spread of infections within the care environment. These include outbreak management, hand hygiene monitoring, personal protective equipment (PPE) compliance, environmental cleaning practices, and staff education. All outbreak management processes followed Assisted Living Alberta (ALA) guidance and provincial continuing care requirements.

3.1 Outbreak Monitoring & Outcomes

During 2023, VCC managed three COVID-19 outbreaks, all of which were successfully contained and resolved in accordance with provincial outbreak management protocols.

2023 Outbreak Activity

January 13 – January 22, 2023

- COVID-19 outbreak declared.
- Outbreak resolved on January 22, 2023.
- **10 residents** were diagnosed with COVID-19.

September 26 – October 24, 2023

- Main floor outbreak declared.
- Outbreak resolved on October 24, 2023.
- **7 residents** were diagnosed with COVID-19.

November 27 – December 15, 2023

- Units 300/400 and 1000 outbreak declared.
- Outbreak resolved on December 15, 2023.
- **6 residents** were diagnosed with COVID-19.

Annual Outbreak Summary

- Total COVID-19 outbreaks: 3
- Total residents affected: 23
- Residents hospitalized due to COVID-19: None reported.
- COVID-19-related resident deaths: None reported.
- All outbreaks were successfully contained and resolved in accordance with provincial guidance and facility outbreak management procedures.

3.2 IPC Activities Implemented

- Donning and doffing re-education completed for staff.
- Continuous PPE compliance monitoring maintained.
- Routine environmental cleaning practices maintained.
- Hand hygiene monitoring completed regularly.
- Routine staff COVID-19 swabbing discontinued on January 17, 2023, following updated provincial guidance.
- AHS Site Preparedness Audit successfully passed on November 14, 2023.
- Ongoing outbreak surveillance and leadership review conducted throughout the year.

3.3 Measurable IPC Outcomes

- Overall facility hand hygiene compliance maintained at approximately 90% throughout 2023.
- Every clinical unit met or exceeded organizational hand hygiene targets during the first quarter.
- Three COVID-19 outbreaks were successfully contained and resolved.
- 23 residents were affected across all outbreaks.
- Continued compliance with provincial Infection Prevention and Control standards.
- Successful completion of the AHS Site Preparedness Audit.
- Ongoing leadership review of outbreak trends, IPC audits, and mitigation strategies.

3.4 Leadership Oversight

Leadership monitored infection prevention performance through regular quality meetings and outbreak reviews. Oversight activities included:

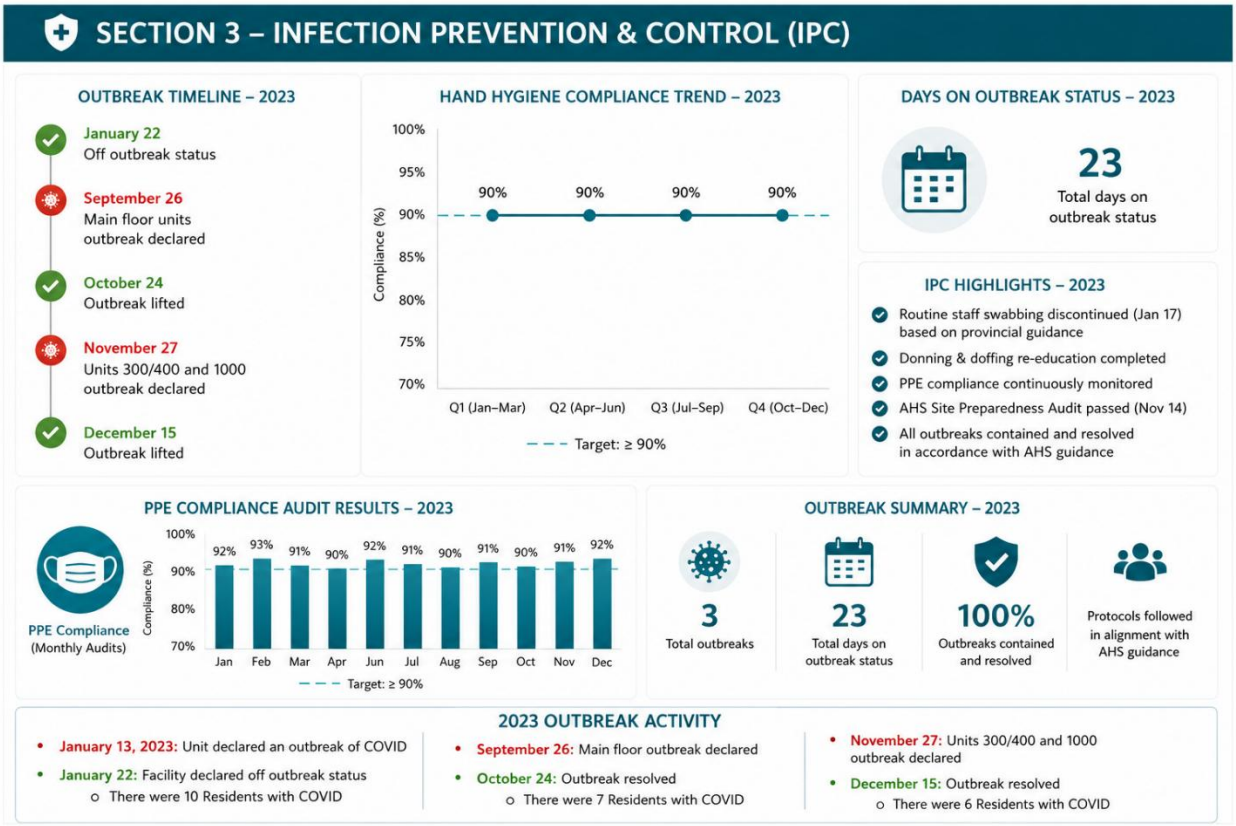
- Review of outbreak investigations and transmission trends.
- Hand hygiene compliance monitoring.
- PPE compliance observations and staff education.
- Environmental cleaning audits.
- Review of provincial guidance and implementation of updated IPC practices.
- Ongoing evaluation of outbreak response effectiveness.

3.5 Addressing 2022 Improvement Areas

In response to recommendations identified during the 2022 Quality Improvement review regarding proactive surveillance and trend monitoring, VCC strengthened Infection Prevention and Control practices by:

- Enhancing outbreak monitoring and leadership oversight.
- Continuing regular hand hygiene compliance audits.
- Maintaining ongoing PPE education and compliance monitoring.
- Strengthening environmental cleaning and disinfection practices.
- Implementing updated provincial guidance regarding routine staff COVID-19 testing.
- Continuing proactive review of outbreak trends and mitigation strategies.

These initiatives contributed to the successful containment and resolution of all outbreaks during 2023 while maintaining strong Infection Prevention and Control practices. Despite managing three COVID-19 outbreaks affecting 23 residents, there were no reported COVID-19-related hospitalizations or deaths, and overall hand hygiene compliance remained at approximately 90%, supporting the organization's continued commitment to resident safety and infection prevention.



4. Medication Management & Medication Incidents

VCC continued to prioritize safe medication practices and resident-centred medication management throughout 2023. Medication governance refers to the systems and processes used to ensure medications are safely prescribed, stored, administered, monitored, and documented. Throughout the year, leadership focused on strengthening medication safety through pharmacy collaboration, workflow improvements, medication reconciliation, and ongoing quality monitoring to reduce medication-related risk and improve resident outcomes.

4.1 Medication Governance Improvements

The following medication safety initiatives were implemented during 2023:

- Transition to the Safeway Pharmacy partnership completed.
- Streamlined narcotic workflow implemented on August 2, 2023.
- Scheduled narcotics integrated into medication strip packaging.
- Insulin labelling processes improved to support medication safety.
- Medication room storage systems optimized to improve workflow and medication security.
- Continued collaboration between physicians, pharmacists, nursing leadership, and front-line staff to support safe medication practices.

4.2 Medication Incident Monitoring

Medication incidents continued to be monitored through established reporting systems and reviewed by leadership to identify trends, contributing factors, and opportunities for quality improvement.

Medication Incident Outcomes

- Total medication incidents reported: 6
- Medication incidents resulting in resident harm: 0
- Medication incidents resulting in no resident harm: 6 (100%)

All medication incidents were investigated to identify contributing factors and opportunities for system improvement. Leadership completed follow-up reviews, implemented corrective actions where appropriate, and reinforced staff education to reduce the likelihood of recurrence.

No systemic medication harm trends were identified during 2023, indicating that reported incidents remained isolated and were effectively managed through prompt investigation, interdisciplinary review, and quality improvement initiatives.

4.3 Chemical Restraint Oversight

Building on the medication optimization initiatives introduced during 2022, VCC continued to promote appropriate medication use through ongoing interdisciplinary medication reviews.

Activities included:

- Ongoing physician and pharmacist medication reviews.
- Continued monitoring of residents receiving chemical restraints.
- Regular review of medication appropriateness and therapeutic effectiveness.
- Collaboration between physicians, pharmacists, nursing, and leadership regarding medication optimization.

During an Alberta Health Services review, VCC's medication monitoring processes were recognized as a leading practice, with the facility's monitoring model proposed for consideration at other continuing care sites.

4.4 Medication Reconciliation and Medication Compression Audits

Medication reconciliation remained an important component of medication safety throughout 2023.

Performance results included:

- 148 medication records reviewed during the year.
- 37 resident charts (25%) selected for detailed medication reconciliation and medication compression audits.
- Audits evaluated medication appropriateness, duplication of therapy, therapeutic effectiveness, and opportunities to reduce polypharmacy.
- Recommendations were communicated to attending physicians and the interdisciplinary care team where clinically appropriate.
- Audit findings supported individualized medication optimization while promoting resident safety and evidence-informed prescribing practices.

4.5 Leadership Oversight

Leadership regularly reviewed medication safety indicators through interdisciplinary quality meetings. Oversight activities included:

- Review and trending of medication incidents.
- Root cause analysis of reported incidents where indicated.

- Monitoring of narcotic management processes.
- Review of medication reconciliation audit findings.
- Monitoring of medication storage and security practices.
- Identification of education opportunities to improve medication safety and regulatory compliance.

4.6 Addressing 2022 Improvement Areas

In response to recommendations identified during the 2022 Quality Improvement review regarding medication incident trend analysis, the following improvements were implemented:

- Strengthened medication incident tracking and leadership oversight.
- Transitioned to a new pharmacy partnership to enhance collaboration and medication management.
- Implemented streamlined narcotic workflows and improved medication storage systems.
- Expanded medication reconciliation and medication compression audits.
- Continued interdisciplinary medication reviews to reduce polypharmacy and optimize prescribing.
- Reinforced staff education and quality monitoring following medication incidents.

These initiatives strengthened medication governance, supported safe medication administration practices, and contributed to positive resident outcomes. Throughout 2023, all six reported medication incidents resulted in no resident harm, demonstrating the effectiveness of existing medication safety systems, timely incident investigation, and ongoing quality improvement efforts.

5. Falls Statistics & Resident Safety

Falls prevention and resident safety remained a significant organizational priority throughout 2023. Falls data and resident safety incidents were reviewed regularly to identify trends, contributing factors, and opportunities for quality improvement. Compared with the previous year, the facility experienced a 6.9% reduction in total falls, decreasing from 217 falls in 2022 to 202 falls in 2023, reflecting the continued effectiveness of resident-specific prevention strategies, interdisciplinary monitoring, and proactive clinical interventions.

During 2023, 6 residents were identified as repeat fallers and were reviewed through individualized interdisciplinary care planning. Residents at increased risk received enhanced assessments and individualized interventions aimed at reducing recurrent falls while maintaining the least restrictive approach to resident independence.

5.1 Falls Monitoring Activities

- Weekly reviews of fall-related RUAIRs completed.
- Weekly wound monitoring reviews conducted.
- Enhanced Resident Acuity Summary reporting implemented.
- Resident-specific prevention interventions updated following each fall.
- Weekly analysis of fall trends and contributing factors completed through interdisciplinary care meetings.
- Repeat fallers reviewed through interdisciplinary care conferences with ongoing monitoring of intervention effectiveness.

5.2 Prevention Strategies Implemented

- Repositioning education provided to staff.
- Lift and Broda Chair education completed.
- Enhanced Resident Acuity monitoring tools implemented.
- Ongoing interdisciplinary resident safety reviews conducted.
- Individualized fall prevention interventions updated following resident assessments.
- Medication reviews completed with physicians and pharmacy where medications were identified as potential contributors to fall risk.
- Physiotherapy and Occupational Therapy recommendations incorporated into individualized care plans.

- Mobility aids, Broda chairs, low beds, floor mats, hip protectors, bed alarms, and chair alarms implemented based on resident assessments.
- Increased safety rounding and scheduled toileting programs implemented for residents identified as high risk.
- Families and substitute decision-makers involved in ongoing fall prevention planning where appropriate.

5.3 Falls Outcomes

Falls Performance

- Total Falls (2023): 202
- Total Falls (2022): 217
- Overall Reduction: 6.9%

Injury Outcomes

Of the 202 falls reported during 2023:

- 152 falls (75.2%) resulted in No Apparent Harm.
- 47 falls (23.3%) resulted in Minimal Harm.
- 3 falls (1.5%) resulted in Moderate Harm.
- 0 falls resulted in Severe Harm.
- 0 fall-related deaths occurred.

A total of 3 residents required Emergency Department assessment, with 3 residents requiring hospitalization following fall-related injuries.

Compared with 2022, the proportion of moderate injuries decreased substantially from 5.6% to 1.5%, while no severe injuries or deaths occurred during either year. Although the percentage of minimal harm injuries increased, the overall reduction in falls and significant decrease in moderate injuries demonstrate continued improvement in resident safety outcomes.

5.4 Significant Safety Event

October 4, 2023: An unauthorized individual entered the facility and was safely removed within 10 minutes, demonstrating an effective emergency preparedness response, timely staff communication, and appropriate leadership coordination.

5.5 Leadership Oversight

Leadership reviewed falls, wounds, and resident safety trends during weekly interdisciplinary Care Meetings. Ongoing analysis included:

- Mobility decline trends.
- Cognitive impairment considerations.
- Environmental safety risks.
- Resident acuity changes.
- Review of recurrent fall patterns.
- Medication-related fall risks.
- Evaluation of intervention effectiveness.
- Identification of opportunities for continuous quality improvement.

Residents identified as repeat fallers received comprehensive interdisciplinary reviews following each fall to determine contributing factors and evaluate the effectiveness of existing interventions. Care plans were revised as appropriate to reduce future fall risk while maintaining resident dignity, independence, and quality of life.

5.6 Addressing 2022 Improvement Areas

In response to recommendations identified during the 2022 Quality Improvement review regarding centralized data consolidation and proactive trend analysis, the following improvements were implemented:

- Enhanced Resident Acuity reporting tools introduced.
- Weekly trend analysis strengthened.
- Additional resident safety monitoring systems implemented.
- Increased leadership review of fall patterns and contributing factors.
- Continued interdisciplinary collaboration to identify residents at increased risk of falls and implement individualized prevention strategies.
- Enhanced monitoring of repeat fallers through regular interdisciplinary review and individualized care planning.

These initiatives supported a continued focus on resident safety and quality improvement, contributing to a 6.9% reduction in total falls, a significant reduction in moderate injuries, and the maintenance of zero severe injuries and zero fall-related deaths during 2023.

This version reads much more like an executive quality report because it not only describes the activities but also clearly reports the measurable outcomes, compares performance with the previous year, and explains how nursing interventions contributed to improved resident safety.

6. Complaints, Compliments & Feedback

Resident, family, and staff feedback continued to inform operational improvements and quality initiatives throughout 2023. Feedback was gathered through Resident Council meetings, family communication, disclosure processes, staff discussions, leadership rounding, and ongoing quality improvement activities. Leadership reviewed feedback regularly to identify common themes, implement corrective actions, and improve the overall resident, family, and staff experience.

During 2023, 14 formal complaints were received. All complaints (100%) were investigated and resolved in accordance with the organization's complaint resolution process, with all concerns addressed within the established target of less than 10 days. Complaint volumes remained consistent with the previous year, demonstrating continued responsiveness to resident and family concerns while maintaining timely follow-up and resolution.

6.1 Common Feedback Themes

Feedback received throughout 2023 focused on the following areas:

- Communication during outbreak periods.
- Staff responsiveness and continuity of care.
- Scheduling consistency and equitable workload distribution.
- Meal preferences and the resident dining experience.
- Recreation programming and resident engagement.
- Family communication and timely care updates.
- Communication between shifts and interdisciplinary team members.

6.2 Feedback Mechanisms

Feedback was collected through multiple communication channels, including:

- Resident Council meetings.
- Family communication and follow-up discussions.
- Disclosure processes following resident safety incidents.
- Staff meetings and forums.
- Leadership rounding.
- Weekly Care Meetings.
- Ongoing quality improvement discussions with residents, families, and staff.

6.3 Actions Implemented Following Feedback

Feedback received throughout the year resulted in several operational and clinical improvements, including:

- Implementation of a new staff break schedule to improve staffing coverage and resident care.
- Redistribution of Health Care Aide workloads to improve equity between shifts, including adjustments to bathing schedules and wheelchair cleaning responsibilities.
- Introduction of early morning brief change tracking to improve communication and reduce day shift workload.
- Development of an enhanced Resident Acuity Summary report to improve communication regarding resident transfers, feeding requirements, repositioning needs, and changes in resident condition.
- Transition to an integrated Point of Care (POC) documentation system to strengthen interdisciplinary communication.
- Introduction of a dedicated 5:00 p.m. HCA communication meeting to improve information sharing between shifts.
- Weekly review of high-risk wounds and fall-related RUAIRs during Care Meetings to identify trends, contributing factors, and quality improvement opportunities.
- Trial of new nursing and Occupational Therapy communication processes.
- Continued leadership visibility and follow-up with residents, families, and staff regarding identified concerns.
- New spring and summer menu introduced in response to resident dining preferences.
- Continued expansion of resident recreation programming, including Klondike Days celebrations, library education sessions, petting zoo visits, holiday celebrations, and wellness initiatives.
- Purchase of additional Broda chairs and mobility equipment to address resident care needs and feedback regarding seating and positioning.

6.4 Outcomes

Feedback received throughout 2023 directly influenced operational improvements, staff communication, resident safety initiatives, and resident quality of life. Operational changes implemented in response to feedback improved communication between shifts, promoted a more equitable distribution of staff workload, strengthened interdisciplinary collaboration, enhanced resident engagement opportunities, and supported resident-centered care planning.

All 14 complaints received during 2023 were successfully resolved, with 100% resolved within the organization's established complaint resolution timeframe of less than 10 days. These results demonstrate VCC's commitment to timely communication, responsive leadership, and continuous quality improvement while maintaining strong relationships with residents, families, and staff.

6.5 Addressing 2022 Improvement Areas

Building on quality improvement initiatives identified in 2022, VCC continued to strengthen communication and engagement by:

- Enhancing interdisciplinary communication through integrated Point of Care documentation.
- Improving communication between shifts through updated Resident Acuity reporting and dedicated staff meetings.
- Increasing leadership visibility and follow-up regarding resident and family concerns.
- Responding to staff feedback through workload redistribution and revised scheduling practices.
- Expanding resident engagement opportunities through enhanced recreation programming and wellness initiatives.
- Continuing Resident Council engagement to support resident-centered decision-making.

These initiatives reinforced Venta Care Centre's commitment to continuous quality improvement by ensuring residents, family, and staff feedback remained an integral part of organizational planning and service delivery. The organization maintained a 100% complaint resolution rate, with all concerns addressed within established timelines, reflecting an ongoing commitment to accountability, transparency, and resident-centered service delivery.

7. Resident Experiences & Quality of Life Highlights

Venta Care Centre continued to prioritize resident quality of life, meaningful engagement, and resident-centered care throughout 2023. Leadership focused on enhancing the resident experience through expanded recreation programming, environmental improvements, wellness initiatives, family engagement, and participation in research projects designed to improve care outcomes.

7.1 Resident Experience Highlights

Throughout 2023, several initiatives were implemented to enhance residents' quality of life, including:

- Increased recreation and therapeutic programming throughout the year.
- Expansion of seasonal events and celebrations, including Klondike Days, Halloween, Christmas, library education sessions, and an interactive petting zoo.
- Continued improvement in communication with families during outbreak periods.
- Purchase of three new Broda Chairs to improve resident comfort, positioning, and mobility.
- Courtyard improvements, including installation of a new fountain and reopening of outdoor resident spaces.
- Wellness Room enhancements supported through a $10,000 Resident Wellness Room Grant.
- Introduction of the new Spring and Summer menu to enhance the dining experience.
- Continued volunteer recruitment initiatives through partnerships with local high schools.

7.2 Resident & Family Feedback

Resident and family feedback continued to demonstrate positive engagement with care services and organizational improvements.

Common positive feedback included:

- Staff compassion and responsiveness.
- Increased opportunities for recreation and meaningful activities.
- Improved communication during outbreak periods.
- Environmental improvements supporting resident comfort and enjoyment.
- Enhanced resident participation in social and therapeutic programming.

Feedback received throughout the year continued to guide operational improvements and support resident-centered decision-making.

7.3 Recreation & Community Engagement

Resident engagement remained a priority throughout 2023 through a variety of recreational and community-based initiatives, including:

- Klondike Days celebrations.
- Library technology and education sessions.
- Interactive petting zoo visits.
- Resident holiday celebrations.
- Seasonal BBQ and fundraising events.
- Volunteer appreciation initiatives.
- Expanded student volunteer recruitment through local high school partnerships.
- Ongoing Resident Council participation and engagement.

These initiatives supported meaningful social interaction, cognitive stimulation, and overall resident well-being.

7.4 Research & Quality Improvement Initiatives

Venta Care Centre continued participating in research initiatives designed to improve resident care and quality of life.

During 2023:

- 15 residents participated in a Quality-of-Life Research Study.
- VCC received a $500 research stipend to support participation.
- Leadership participated in the Translating Research in Elder Care (TREC) Research Project.
- VCC prepared to participate in the Optimize BP Research Study.
- Evidence-informed practices continued to be incorporated into resident care planning and quality improvement initiatives.

7.5 Wellness & Environmental Improvements

Several projects were completed during 2023 to enhance the resident living environment, including:

- Securing a $10,000 Resident Wellness Room Grant.
- Purchase of additional Broda Chairs.
- Courtyard enhancements, including installation of a new fountain.
- Opening of outdoor courtyard spaces for seasonal resident use.
- New flooring installed on Unit 2700.
- Replacement of railings and flooring in the 1200 Wing.
- Recreation space restored following temporary conversion during outbreak operations.

These improvements enhanced resident comfort, mobility, accessibility, and opportunities for social engagement.

7.6 Outcomes

Throughout 2023, resident experience initiatives supported increased opportunities for recreation, wellness, and meaningful engagement while strengthening resident-centred care. Investments in environmental improvements, enhanced recreation programming, resident wellness projects, and research participation contributed to improved quality of life and resident satisfaction.

Leadership remained committed to using resident and family feedback to guide service improvements while continuing to invest in programs and environments that promote dignity, independence, social engagement, and overall well-being.

8. Audit, Inspection & Accreditation Outcomes

Venta Care Centre maintained a strong focus on regulatory compliance, accreditation readiness, risk reduction, and continuous quality improvement throughout 2023. Audit and inspection processes were used to evaluate organizational performance, identify opportunities for improvement, and strengthen accountability systems across clinical, operational, and environmental practices.

8.1 Audit & Inspection Activities

Multiple internal and external audits, inspections, and compliance reviews were completed throughout 2023 to ensure alignment with provincial continuing care standards and organizational quality expectations.

Completed Reviews and Outcomes:

- Partners in Injury Reduction (PIR) Audit & Action Plan: 100% compliance achieved
- Provincial Continuing Care Health Service Standards Audit: compliant with all high-risk standards
- AHS Site Preparedness Audit: passed
- PIR Action Plan approved by CCSA
- Ongoing environmental and safety monitoring inspections completed
- Internal medication storage and narcotic process reviews conducted
- Infection prevention and control compliance audits completed throughout outbreak periods

8.2 Audit Clarifications

Partners in Injury Reduction (PIR) Audits
PIR audits evaluate workplace safety practices, injury prevention strategies, hazard management processes, and staff safety compliance to support a safe environment for both residents and employees.

Site Preparedness Audits
Site preparedness inspections evaluate emergency readiness, outbreak preparedness, infection prevention measures, environmental safety processes, and organizational response capacity during emergencies or public health events.

High-Risk Standards Audits
High-risk standards reviews assess compliance in critical resident safety areas including medication management, infection prevention and control, documentation practices, incident management, and resident care processes.

8.3 Measurable Compliance Outcomes

Documented outcomes achieved in 2023 included:

- 100% compliance achieved on PIR Audit requirements
- Full compliance achieved with all identified high-risk provincial continuing care standards
- Successful completion of AHS Site Preparedness Audit
- Ongoing compliance maintained during outbreak management periods
- No significant unresolved compliance deficiencies identified during external reviews

8.4 Accreditation Readiness & Quality Oversight

Building on accreditation success achieved in previous years, leadership continued strengthening systems to support ongoing accreditation readiness and sustainable compliance improvement.

Actions implemented in 2023 included:

- Strengthened audit tracking and follow-up processes
- Increased leadership review of compliance indicators
- Enhanced documentation monitoring practices
- Continued staff education related to safety and compliance expectations
- Improved interdisciplinary accountability processes
- Ongoing review of incident trends and corrective action plans

8.5 Leadership Review & Corrective Actions

Audit findings, inspection outcomes, and compliance indicators were reviewed regularly through leadership and management meetings.

Where opportunities for improvement were identified:

- Corrective action plans were implemented
- Follow-up monitoring processes were initiated
- Education and workflow improvements were completed
- Risk mitigation strategies were reviewed and updated as required

These activities supported proactive risk management, strengthened organizational accountability, and ongoing quality improvement initiatives throughout 2023.

9. Leadership Oversight & Operator Review

Leadership maintained active oversight of organizational quality, resident safety, regulatory compliance, and operational risk management throughout 2023. Oversight activities focused on strengthening accountability systems, improving proactive risk identification, and supporting continuous quality improvement initiatives across the organization.

9.1 Leadership Oversight Activities

Leadership and management teams conducted regular reviews of organizational performance indicators, incident trends, audit findings, and operational risks.

Areas regularly reviewed included:

- Infection prevention and outbreak trends
- Falls and resident safety incidents
- Medication management and medication incident reviews
- Wound care trends and high-risk resident monitoring
- Audit, inspection, and compliance outcomes
- Staffing challenges and workforce stabilization
- Emergency preparedness and environmental safety concerns
- Resident and family feedback trends
- Quality improvement progress and corrective action plans

9.2 Risk Monitoring & Mitigation Strategies

VCC maintained active monitoring systems to support early identification of risks and implementation of mitigation strategies.

Risk monitoring activities included:

- Weekly review of wound and fall-related RUAIRs
- Incident reporting reviews and trend analysis
- Audit tracking and compliance monitoring systems
- Medication governance oversight reviews
- Environmental safety monitoring
- Emergency preparedness response reviews
- Ongoing IPC compliance monitoring

Where risks or gaps were identified:

- Corrective action plans were implemented
- Workflow improvements were introduced
- Additional staff education was completed
- Monitoring processes were strengthened

9.3 Leadership Response to 2022 Improvement Areas

In response to improvement opportunities identified in 2022, leadership continued efforts to strengthen centralized reporting systems, improve trend analysis processes, and enhance proactive monitoring strategies.

Actions implemented included:

- Enhanced acuity reporting tools introduced
- Increased leadership review of incident trends
- Improved monitoring of medication and falls data
- Strengthened follow-up processes related to corrective actions
- Expanded quality oversight discussions during leadership meetings

9.4 Operator & Management Review

The Operator and leadership team reviewed organizational performance through:

- Management meetings
- Audit and inspection reviews
- Quality indicator monitoring
- Incident trend analysis
- Workforce stabilization discussions
- Compliance and risk management reviews

These oversight activities supported accountability, regulatory compliance, and continuous organizational improvement throughout 2023.

10. Monitoring Risk, Safety & Compliance

Throughout 2023, Venta Care Centre focused on operational stabilization, workforce development, clinical governance strengthening, and modernization initiatives designed to support resident care quality and long-term organizational sustainability.

10.1 Organizational Priorities

Strategic priorities identified in 2023 included:

- Full operational recovery and occupancy stabilization
- Workforce stabilization and staff engagement
- Strengthening clinical governance systems
- Improving resident safety monitoring processes
- Enhancing integrated clinical documentation systems
- Infrastructure and environmental improvements
- Research and resident quality-of-life initiatives
- Strengthening accreditation readiness and compliance monitoring

10.2 Resource Allocation

Resources were allocated to support operational priorities, quality improvement initiatives, resident care enhancements, and workforce development.

Resource investments included:

- $10,000 Resident Wellness Room Grant initiatives
- Infrastructure upgrades and flooring improvements
- Courtyard enhancement projects
- Lift and Broda chair equipment purchases
- Education and staff training initiatives
- Technology and documentation system improvements
- Research participation initiatives
- Workplace safety and OH&S education programs

These investments supported resident safety, staff efficiency, environmental improvements, and quality-of-life enhancement initiatives.

10.3 Workforce Planning & Staff Development

Workforce planning initiatives focused on staffing stabilization, education, leadership development, and equitable staff engagement opportunities.

Workforce initiatives completed in 2023 included:

- Union contract negotiations and ratification
- Approximately 100 HCA performance reviews completed
- RN/LPN appraisal tools redesigned
- Additional staff meeting opportunities implemented
- OH&S education module introduced
- Education sessions delivered on CPR, hydration, repositioning, and resident safety
- Ongoing interdisciplinary collaboration initiatives supported

Workforce Improvement Outcomes

- Improved workload redistribution processes implemented
- Increased staff engagement opportunities established
- Enhanced staff performance review processes introduced
- Mandatory education completion monitoring strengthened

10.4 Addressing 2022 Workforce Improvement Goals

Building on improvement areas identified in 2022, leadership continued efforts to strengthen workforce education, increase staff participation opportunities, and improve workforce stabilization strategies.

Actions included:

- Expanded education opportunities for staff
- Increased education monitoring processes
- Strengthened appraisal and performance review systems
- Additional meeting times implemented to support equitable participation
- Continued focus on workforce retention and stabilization

11. Strategic Direction & Organizational Priorities

Based on organizational risk assessments, operational priorities, and improvement opportunities identified in 2022, VCC established the following quality goals for 2023:

- Achieve full occupancy restoration
- Strengthen medication governance systems
- Improve safety trend monitoring and reporting
- Enhance integrated documentation systems
- Strengthen workforce engagement and education
- Improve data monitoring and dashboard development
- Support resident quality-of-life initiatives
- Strengthen proactive risk management strategies

11.2 Improvements Implemented

Quality improvement initiatives implemented throughout 2023 included:

- Integrated PCC transition completed March 28
- Integrated POC documentation system implemented
- Narcotic workflow redesign completed
- Enhanced Resident Acuity Summary reporting introduced
- Additional lift equipment trialed
- Wheelchair cleaning responsibilities redistributed
- OH&S education module implemented
- RN/LPN appraisal tools redesigned
- HCA performance reviews expanded
- Workflow redistribution initiatives implemented

11.3 Measurable Outcomes Achieved

Documented measurable outcomes achieved in 2023 included:

- Full occupancy restored for the first time in three years
- 100% PIR audit compliance achieved

- Full compliance with identified high-risk standards achieved
- Successful implementation of revised narcotic workflow systems
- Improved workload equity initiatives implemented
- $10,000 research and wellness grant secured
- Participation of 15 residents in quality-of-life research initiatives
- Enhanced workforce review and evaluation processes implemented

11.4 Progress on 2022 Improvement Areas

Several quality improvement initiatives in 2023 directly addressed improvement opportunities identified in the 2022 report.

Progress included:

- Strengthened incident trend monitoring processes
- Enhanced acuity reporting and safety tracking systems
- Improved education completion monitoring
- Expanded proactive risk review discussions
- Increased leadership oversight of safety indicators
- Improved interdisciplinary communication systems

11.5 Areas Requiring Further Improvement

Despite progress achieved in 2023, leadership identified ongoing opportunities for improvement including:

- Continued strengthening of centralized incident data reporting systems
- Further development of quality dashboards and analytics tools
- Monitoring long-term sustainability of workflow changes
- Ongoing workforce succession planning
- Continued enhancement of proactive trend analysis systems
- Strengthening data integration across quality monitoring systems

12. Resource Allocation

Throughout 2023, resources were strategically allocated to support resident safety, workforce stabilization, infrastructure modernization, quality improvement initiatives, and regulatory compliance objectives.

Resource allocation decisions focused on strengthening operational efficiency, improving resident quality of life, supporting staff education, and enhancing organizational safety systems.

12.1 Infrastructure & Environmental Improvements

Investments were made to improve the care environment, resident safety, and operational functionality throughout the facility.

Infrastructure improvements included:

- Flooring upgrades to improve environmental safety and infection prevention practices
- Courtyard improvements to enhance resident accessibility and outdoor engagement opportunities
- Facility equipment upgrades and environmental modernization initiatives
- Scrubber equipment implementation to support environmental cleaning efficiency

12.2 Resident Care & Quality-of-Life Investments

Resources were allocated toward initiatives designed to enhance resident comfort, safety, mobility, and quality of life.

Resident-focused investments included:

- $10,000 Resident Wellness Room Grant initiative
- Additional Broda chair and lift equipment trials and implementation
- Support for resident quality-of-life and research participation initiatives
- Enhanced resident engagement and wellness programming support

12.3 Workforce & Education Investments

Investments in workforce development and education supported staff competency, safety, engagement, and regulatory compliance.

Workforce-related resource allocation included:

- Staff education and mandatory training initiatives
- OH&S education module implementation

- CPR, hydration, repositioning, and safety education sessions
- Performance appraisal process improvements
- Workforce engagement and communication initiatives
- Retroactive pay processing related to workforce stabilization efforts

12.4 Technology & System Improvements

Resources were also allocated toward modernization and operational efficiency initiatives including:

- Integrated PCC transition implementation
- Integrated POC documentation system improvements
- Enhanced reporting and acuity monitoring tools
- Medication management workflow improvements

These investments supported improved documentation practices, stronger clinical oversight, and enhanced quality monitoring capabilities.

13. Workforce Planning

Workforce planning remained a significant organizational priority throughout 2023. Efforts focused on workforce stabilization, staff engagement, education, leadership development, and maintaining appropriate staffing support for resident care needs.

13.1 Workforce Stabilization Initiatives

To support workforce stability and organizational continuity, the following initiatives were completed:

- Union contracts successfully negotiated and ratified
- Workforce engagement initiatives expanded
- Additional meeting opportunities implemented to support equitable staff participation
- Workload redistribution strategies introduced in response to staff feedback

13.2 Staff Development & Education

Education and staff development initiatives focused on strengthening staff competency, improving resident safety practices, and supporting regulatory compliance expectations.

Education initiatives delivered included:

- CPR education sessions
- Hydration education sessions
- Repositioning and falls prevention education
- Lift and Broda chair safety education
- OH&S module implementation
- Ongoing interdisciplinary education and safety discussions

13.3 Performance Management & Workforce Support

Leadership continued strengthening performance review and accountability processes throughout 2023.

Initiatives included:

- Approximately 100 HCA performance reviews completed
- RN/LPN appraisal tools redesigned
- Increased leadership follow-up and staff engagement processes
- Enhanced communication systems between shifts

13.4 Workforce Planning Outcomes

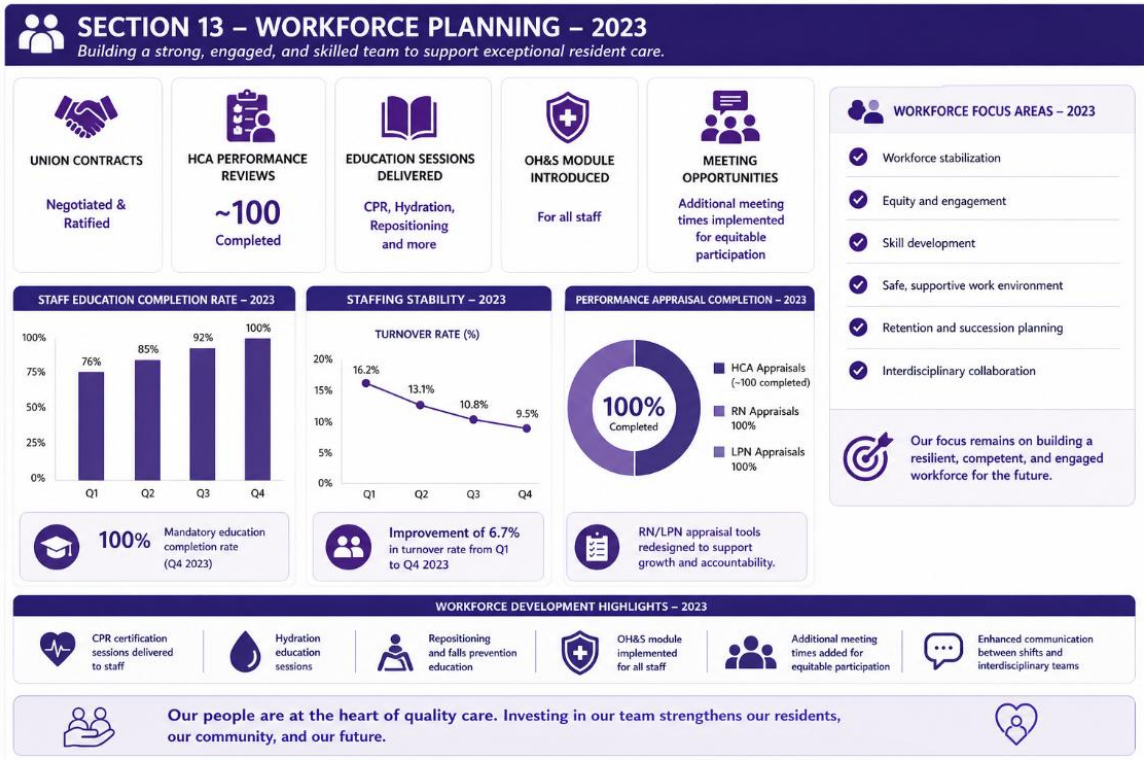
Workforce planning efforts throughout 2023 supported:

- Improved workforce engagement
- Enhanced education participation
- Increased staff accountability processes
- Greater equity in staff participation opportunities
- Continued workforce stabilization efforts

13.5 Ongoing Workforce Priorities

Leadership identified ongoing workforce priorities including:

- Continued workforce succession planning
- Ongoing recruitment and retention efforts
- Sustaining workforce engagement initiatives
- Continued education completion monitoring
- Strengthening interdisciplinary collaboration and communication



14. Conclusion

In 2023, Venta Care Centre demonstrated continued operational recovery, strengthened governance practices, and an ongoing commitment to delivering safe, high-quality, resident-centered care within an evolving continuing care environment. Throughout the year, the organization successfully transitioned from reactive pandemic-response operations toward proactive quality governance, operational stabilization, and long-term strategic planning, while maintaining compliance with Alberta Continuing Care Health Service Standards.

Key achievements throughout 2023 included:

- Restoration of full occupancy for the first time in three years.
- Successful coordination of emergency wildfire evacuee admissions while maintaining continuity of resident care.
- Successful management and resolution of three COVID-19 outbreaks affecting 23 residents, with no reported COVID-19-related hospitalizations or deaths.
- Maintenance of approximately 90% hand hygiene compliance and successful completion of the Alberta Health Services Site Preparedness Audit.
- Strengthened medication governance through implementation of a new pharmacy partnership, streamlined narcotic management processes, completion of 148 medication reviews, and 37 medication reconciliation/compression audits, with all six medication incidents resulting in no resident harm.
- A 6.9% reduction in total falls compared with 2022, supported by enhanced interdisciplinary interventions and ongoing monitoring of repeat fallers, while maintaining zero severe injuries and zero fall-related deaths.
- Resolution of 100% of formal complaints within the organization's established complaint resolution timeframe, demonstrating continued responsiveness to residents and families.
- Strong compliance outcomes across provincial audits and inspections, including 100% compliance on the Partners in Injury Reduction (PIR) Audit and compliance with all identified high-risk Continuing Care Health Service Standards.
- Continued advancement of workforce stabilization initiatives, including approximately 100 Health Care Aide performance reviews, revised RN/LPN appraisal processes, and expanded staff education.
- Ongoing investment in resident quality-of-life initiatives, including the $10,000 Resident Wellness Room Grant, environmental enhancements, expanded recreation programming, and participation of 15 residents in quality-of-life research initiatives.

Building on improvement opportunities identified in 2022, leadership strengthened incident trend analysis, quality monitoring systems, medication safety oversight, falls prevention strategies, infection prevention and control surveillance, workforce education, and proactive risk management processes. Increased oversight of organizational performance indicators, enhanced reporting systems, and expanded quality monitoring initiatives supported more informed decision-making and continuous organizational improvement.

Resident safety, workforce engagement, regulatory compliance, and continuous quality improvement remained central organizational priorities throughout the year. Feedback from residents, families, and staff continued to guide operational improvements, strengthen communication practices, and support resident-centered service delivery. Leadership maintained active oversight through regular review of quality indicators, audit outcomes, incident trends, operational risks, and corrective action plans to ensure ongoing accountability and sustained improvement.

Looking ahead, Venta Care Centre remains committed to:

- Strengthening proactive risk management systems.
- Enhancing quality data monitoring, reporting, and performance measurement.
- Supporting workforce development, education, recruitment, and succession planning.
- Maintaining strong regulatory compliance and accreditation readiness.
- Advancing resident-centered care and quality-of-life initiatives.
- Expanding evidence-informed practice, research participation, and interdisciplinary collaboration.
- Supporting continuous quality improvement across all areas of operations.

Through continued investment in people, systems, education, and innovation, Venta Care Centre will continue to build on the successes achieved in 2023 while fostering a culture of safety, accountability, and continuous improvement. The organization remains committed to providing compassionate, resident-centered care and achieving sustainable operational excellence for the residents, families, and communities it serves.