

# Continuous Quality Improvement – Interim Report

## DESIGNATED LEAD

Deborah Fernandes, Administrator

## INTERDISCIPLINARY TEAM MEMBERS

The members of our St. Joseph's Villa CQI Team include, but is not limited to:

Administrator

Director of Care

Assistant Director of Care

Resident Care Managers

Medical Director

Designated Program Leads

Registered Dietitian

Pharmacy Provider

An employee who is a member of the regular nursing staff of the home.


An employee (hired as a personal support worker)

Member of the home's Residents' Council

Member of the home's Family Council

## QUALITY PRIORITIES FOR 2022/23

St. Joseph's Villa is pleased to share its 2022/23 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our vision "on behalf of those we are privileged to serve, ***we will deliver an integrated high-quality***




*care experience*, pursue and share knowledge, respect our rich diversity, always remaining faithful to our Roman Catholic Values and traditions.” We are fortunate to be part of the St. Joseph’s Health System where we share the same strategic plan structure that is built on four pillars: **Leading, Learning, Building, and Caring**. Our five-year plan was refreshed in the summer of 2021 in response to the several unprecedented factors which resulted in a fundamentally changed healthcare landscape. These factors included, amongst others, the ongoing impacts of the COVID-19 pandemic, persistent healthcare worker shortage and burnout, increased public attention on long-term care, and increased regulation of an already highly regulated environment. The core pillars of the long-term strategy remain relevant, and are reflected in the refreshed strategy which outlines focus areas within each pillar.

St. Joseph’s Villa’s 22/23 QIP focuses on areas which were felt to be of great interest especially as we continue to live through the current pandemic. The two areas of focus are based on *SAFETY* as determined by our CQI and executive team members. These include:

- Increased compliance with hand hygiene
- Maintain resident COVID-19 Vaccination Rates (per MLTC definition)

The primary goal of these areas of focus is to enhance safety and mitigate the risk of COVID and other illnesses from entering the home.





## QUALITY OBJECTIVES FOR 2022/23

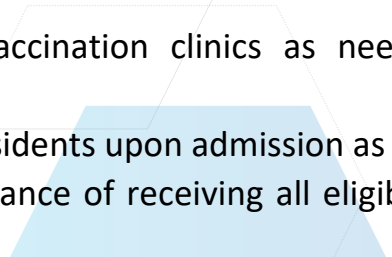

### Focused Action:

1. Maintain Staff Hand Hygiene Compliance
2. Maintain Resident COVID-19 Vaccination Rates

### Target/Outcome Goals:

1. To achieve a minimum of a 92% Hand Hygiene Compliance amongst staff (Strategic Pillar – CARING)
2. To maintain a minimum of 94% of residents fully vaccinated (Strategic Pillar – LEADING)

### How will we reach our Goals:

1. Hand Hygiene Compliance
    - a. Educate the Staff on the importance of hand hygiene especially use the “4 Moments of Hand Hygiene”
    - b. Conduct Hand Hygiene Audits and collecting data on a monthly basis (minimum of 400 audits done per month)
    - c. If staff are non – compliant, education is provided on the spot.
  2. Maintain Vaccination Rates
    - a. We will offer onsite vaccination clinics as needed for our residents
    - b. Offer vaccines to new residents upon admission as needed
    - c. Education on the importance of receiving all eligible COVID-19 doses
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## QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

St. Joseph's Villa develops QIPs as part of the annual planning, with QIPs submitted to Health Quality Ontario (HQP) every April or as needed. St. Joseph's QIP planning cycle typically begins in April of every year.

### St. JOSEPH'S VILLA APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

St. Joseph's Villa has a policy in place that explains our approach to CQI including our procedures and protocols as explained below:

**POLICY:** All departments will consider the nine attributes of a high-quality health organization when planning a CQI initiative to improve care and service to residents of the Villa. The nine attributes are as follows:

Attributes of Quality	Outcomes
Accessible	People should be able to get the right care at the right time in the right setting by the right healthcare provider.
Effective	People should receive care that works and is based on the best available scientific information.
Safe	People should not be harmed by an accident or mistakes when they receive care.
Patient-centred	Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.
Equitable	People should get the same quality of care regardless of whom they are and where they live.
Efficient	The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas and information.
Appropriately Resourced	The health organization should have enough qualified providers, equipment, supplies and facilities to look after people's health needs.
Integrated	All parts of the organization should be organized, connected and work with one another to provide high-quality care.
Focused on Population Health	The health organization should work to prevent sickness and improve the health of the people in the community (Ontario)

## PROCEDURE/PROTOCOLS:

The general steps involved in implementing a Quality Improvement Process are as follows:

- **Define Opportunity for Improvement** — write a clear problem statement.
  - a) Describe the current process
  - b) Identify additional problems or opportunities and select a problem to be addressed
  - c) Gather data to better understand the problem
  - d) Develop a problem statement and goals
  - e) Review team composition
  
- **Establish a Team** v  
Form a team that represents all groups affected by the opportunity.
  - a) Select a leader
  - b) Identify members based on preliminary understanding of the involved processTips: Use a high-level flowchart that identifies only major steps.
  
- **Analyze**  
Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping, an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines. In brief:
  - a) Analyze the problem
  - b) Determine the root causes
  - c) Collect data on identified root causes



➤ **Select and Implement Solutions**

Once teams have a better understanding of the current system they aim to improve as well as an understanding of what is important to the resident, an overall improvement aim is identified. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

Define and implement an action plan to selected proposed solutions.

- a) Identify anticipated results
- b) Brainstorm alternative solutions
- c) Prioritize solutions
- d) Identify sources of resistance
- e) Select solutions
- f) Define an action plan
- g) Identify measures and methods of measurement

➤ **Evaluate Results**


Evaluate results to meet the target for improvement.

- a) Collect data on measures
- b) Analyze results

Within this process stage, it is with hope that the problem has been corrected and its root causes have been eliminated.

➤ **Standardize**

Make the improvement part of daily work.

- a) Revise work process
  - b) Provide training as required
  - c) Establish on-going monitoring
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➤ **Plan for the Future**

Plan what to do about any remaining problems. Evaluate and celebrate team effectiveness.

- a) Analyze any remaining problems
- b) Plan further actions if required
- c) Evaluate “lessons learned”
- d) Communicate findings and recommendations

**PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES**


The CQI Team and the appropriate stakeholders will be engaged as necessary regarding outcomes through reports, newsletters, meetings, Residents' Council, Family Council, SJHH Quality Committee of the JBG, SJHH Board of Directors, on a continual basis.

Each director is to report on activities of the CQI/RM/PAC Team and bring forward any activities that require review and/or prioritization to the Committee.

Reports, priority indicators, program evaluations, resident/family satisfaction survey outcomes, Accreditation matters, Incidents, Complaints, Infection Control and other priorities are to be reviewed at the CQI meetings based on the Annual CQI Team Work Plan and as necessary.

Quality Improvement is communicated utilizing different strategies that are tailored to the specific improvement initiative and outcomes. These include, but are not limited to:

- Posting on unit communication boards, in common areas and in staff lounges
- Publishing stories and results on the website or on social media

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- Utilizing our Friday Flyer and/or weekly “In the Know” communications with staff and/or caregivers/families
  - Direct email to staff and families and other stakeholders
  - Handouts and one to one communication with residents
  - Presentations at staff meetings, townhalls, Residents’ Council, Family Council
  - Huddles at change of shift
  - Use of Champions/educator to communicate directly with peers

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