

2023/24

# CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

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# INTRODUCTION

## DESIGNATED LEAD

Deborah Fernandes, Administrator

St. Joseph's Villa is pleased to share its 2023/24 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 winter 2023 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.

# QUALITY IMPROVEMENT PLAN 2023/24 ~ PRIORITY AREAS

St. Joseph's Villa develops QIPs as part of the annual planning, with QIPs submitted to Health Quality Ontario (HQO) every March or as needed. St. Joseph's QIP planning cycle typically begins in April of every year. The following chart indicates the three confirmed priority areas that St. Joseph's Villa has committed to for the upcoming fiscal year of 2023/24 and includes the objectives, targets, the strategic pillar that it aligns with.

QIP Type	Priority Area	Priority Area	Custom
<b>Aim/ Objective</b>	To reduce the percentage of LTC home residents without psychosis who were prescribed antipsychotic medication in the seven days preceding their resident assessment by a minimum of 3%.	Advancing equity, inclusion and diversity and addressing racism to achieve better outcomes for residents, families and providers is the foundation of a quality health system	To improve safety in the home by offering resident hand hygiene before meals.
<b>Outcome Measure</b>	Percentage of potentially inappropriate use of anti-psychotic medication	# of initiatives implemented	Percentage of successfully completed hand hygiene audits before meals
<b>Dimension</b>	Safe and Effective Care	Equitable	Safe and Effective Care
<b>Target</b>	18.3%	4 initiatives to be implemented (resident & / or staff focused)	92%
<b>Target justification</b>	As we have been successful in the past with this metric, we are confident that a decrease of 3% will be achievable.	One initiative per quarter	Utilizing the same target that was set on our 22/23 QIP for resident hand hygiene as this target was approved by Public Health.
<b>Baseline – where are we at now</b>	21.3% (Q2 - 2022/23 Villa Score) Data pulled from CIHI reports and PCC	New Initiative	New Initiative
<b>Strategic Plan Alignment</b>	CARING - Helping staff, residents and families understand that some medications that were helpful in the past may no longer be needed.	BUILDING - Provide equitable opportunities	CARING - Promoting a healthy environment
<b>Rationale</b>	St. Joseph's Villa was a system and LHIN leader for potentially inappropriate antipsychotics from 2013-2016. During the pandemic these rates have increased across the province as well as at St. Joseph's Villa Dundas. While antipsychotics are very helpful to treat psychosis, they can often be reduced or stopped when the psychosis resolves which reduces the resident's risk of side effects. -listed as a Health Quality Ontario (HQO) priority	-Identified gap and improvements are needed -Aligns with the St. Joseph's Health System priority and focus -Listed as a Health Quality Ontario (HQO) priority	-Previous non-compliance through Ministry -Increased focus on IPAC measures remain a priority as we continue our journey in this pandemic.

# OUR 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 is as follows:



## Define Opportunity for Improvement

- 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

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 process



## 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 to meet the target for improvement

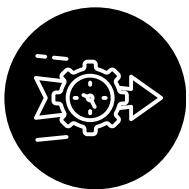
- a) Collect data on measures
- b) Analyze results (within this process stage, it is with hope that the problem has been corrected and its root causes have been eliminated).



## Standardize

Make the improvement part of daily work.

- a) Revise work process
- b) Provide training as required
- c) Establish on-going monitoring



## 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 Used to Identify Priority Areas for Quality Improvement?

The CQI Team and the appropriate stakeholders are engaged as necessary regarding outcomes through reports, newsletters, meetings, Residents' Council, Family Council, Quality Committee of the Joint Board of Governors, SJHSH 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/RM/PAC meetings based on the Annual CQI Team Work Plan and as necessary.

Collaboratively, the CQI group (including resident and family representatives) assesses the current situation and based on Health Quality of Ontario (HQO) LTC recommendations for the upcoming year, Ministry of LTC feedback and the current challenges that we face, will help determine focus areas for the upcoming year. These are then brought forward to our Residents' Council, family council and staff for feedback and approval. Furthermore, once we are ready and set on a few priorities, these are then brought forth to the Joint Board of Governors to review and provide final approval.

## Description of Process to Monitor/Measure Progress, Identify/Implement Adjustments

The following chart breaks down every quality priority area and communicates how each priority will be measured on a monthly basis. Regular reporting helps us to determine if a metric is off target before quarterly results are shared with all. If a target is off track, the CQI team, quickly reviews and confirms if adjustments or further tracking is required to reach our goals.

Measure / Indicator	Planned Improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	To complete a targeted medication review with resident groups	Identify two home areas with the highest percentage of potentially inappropriate antipsychotic usage and perform quarterly medication reviews with pharmacist, physician and nurse to identify opportunities to reduce or stop medications	Number medication reviews completed per quarter	as required
	To complete a physician audit and feedback report	Provide feedback to physicians regarding percentage of residents without psychosis who are taking antipsychotics in last seven days	Number of times feedback was provided to physicians	4
	To provide targeted education where required	Education on non pharmacological management of behavioural and psychological symptoms of dementia.	Number of Education opportunities were provided	12
Advancing equity, inclusion and diversity and addressing racism to achieve better outcomes.	To utilize the results and gaps identified from the Staff Equity, Inclusion and Diversity surveys to help address these areas for the betterment of residents, families, visitors, staff and providers.	Complete a minimum of one initiative per quarter	Number of initiatives implemented	100%
Percentage of successfully completed resident hand hygiene audits before meals to improve safety in the home.	To increase the number of hand hygiene audits before meals per month/quarter	Complete 5 hand hygiene audits before meals / per home area per month	Number of audits completed each month	90 per month
	Post monthly hand hygiene before meal compliance rates on RHA	Executive Assistant will collect and tally hand hygiene compliance rates each month and post on home areas	# of home areas where hand hygiene performance is posted	100%
	Auditors to perform huddles on home areas that do not achieve 92% hand hygiene compliance in the previous month	Monthly re-education/coaching huddles	Number of areas that receive education huddles that did not achieve 92% compliance in the previous month	100%

# QUALITY IMPROVEMENT COMMUNICATION

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
- Utilizing our Friday Flyer and/or weekly “In the Loop” 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

## RESIDENT & FAMILY/CAREGIVER EXPERIENCE SURVEY

As per the FLTCA 2021, 43 (1) states that every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

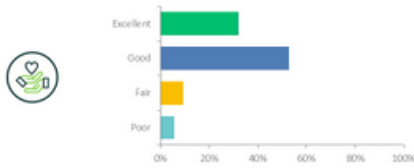
Both the resident and family / caregiver experience survey were last completed in November/ December of 2022. The following are some of the results that were compiled. A full report is available upon request.

Overall, how would you rate the quality of care and services you receive at ST. JOSEPH'S VILLA?



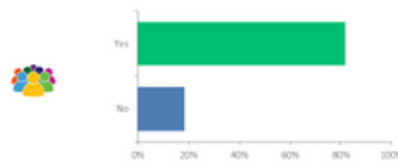
ANSWER CHOICES	RESPONSES
Excellent	36.47% 31
Good	45.88% 39
Fair	15.29% 13
Poor	2.35% 2
TOTAL	85

Overall, how would you rate the quality of care and services your loved one receives at ST. JOSEPH'S VILLA?

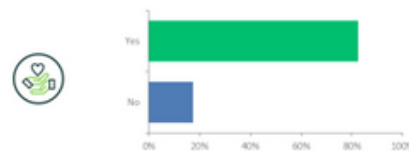


ANSWER CHOICES	RESPONSES
Excellent	32.18% 28
Good	52.87% 46
Fair	9.20% 8
Poor	5.75% 5
TOTAL	87

If 24-hour care were needed for another family member or friend, would you recommend St. Joseph's Villa?

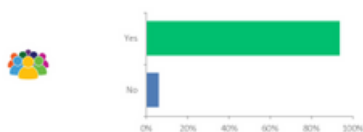


ANSWER CHOICES	RESPONSES
Yes	81.71% 67
No	18.29% 15
TOTAL	82



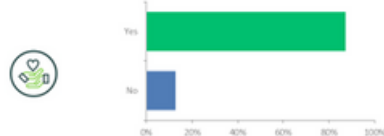
ANSWER CHOICES	RESPONSES
Yes	82.56% 71
No	17.44% 15
TOTAL	86

Do you feel that the staff treat you with respect and dignity?



ANSWER CHOICES	RESPONSES
Yes	93.90% 77
No	6.10% 5
TOTAL	82

Do you feel the staff treat you and your loved one with respect and dignity?



ANSWER CHOICES	RESPONSES
Yes	87.21% 75
No	12.79% 11
TOTAL	86

After the results were analyzed, an action plan was compiled with the assistance of Managers and lead members to ensure all suggestions were taken in account especially the comments made in the open-ended question "We always strive to improve your experience at ST. JOSEPH'S VILLA, please share one idea that you feel we could improve upon?"

The results were further shared with the CQI team (which includes resident and family representatives) on Feb 2, 2023, Residents' Council on Feb 8 2023 and Family Council on June 19 2023. With collaboration with residents, families, CQI committee members, the following action plan was created and implemented:

**We always strive to improve your experience at ST. JOSEPH'S VILLA, please share one idea that you feel we could improve upon?**

Identified Improvement Areas	Action / Explanation	Improvements
<b>Staff</b>		
Need to hire more staff (better PSW to Resident ratio)  no cell phone use	<ul style="list-style-type: none"> <li>Spoke to staffing team on the importance of scheduling consistent staff on home areas. They try their best, but at times this may be difficult due to sick calls.</li> <li>Cell phone use reminders – our policy was shared in our staff communication on Feb 26/23 and also shared during a staff town hall on March 27 2023</li> </ul>	<ul style="list-style-type: none"> <li>Feb 2023 - with increase Ministry funding to achieve 4 hours of care per resident, we have created new lines to achieve this (now 3 PSW per unit day and evening instead of 2). Lines have been filled since schedule of Feb 13 (for evenings) and Feb 28 (for days).</li> </ul>
<b>Care/Privacy</b>		
Call bell response times	<ul style="list-style-type: none"> <li>Call bell response time records reviewed and analyzed. Reminders communicated at Staff Town Hall on March 27 2023 including the importance of responding to call bells in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Call bell audits have been initiated to see if staffing are responding in a timely manner.</li> </ul>
<b>Programs</b>		
Want to have more Church services  more TR <a href="#">staff</a>  Interact with those who are younger  larger events	<ul style="list-style-type: none"> <li>Reviewed Chapel Services – schedule</li> <li>Continue to recruit for TR - difficulty doing so with low number of resumes received</li> <li>Larger events safety plan reviewed (due to the pandemic this has certainly decreased due to restrictions of combining residents from different home areas)</li> <li>Programs for younger residents – explored</li> </ul>	<ul style="list-style-type: none"> <li>Church services were increased as of Feb 13th and communicated to all staff, families and added to resident calendars</li> <li>TR Department As of Jan 2023 - successful in hiring 2 f/t TR's = more programs on the units May 2023 - Temp F/T hired TR updates shared at every resident and family council (monthly)</li> <li>Oct 2022 - The TR Department restarted special events in a safe manner as we know that this is important. We have been doing tower wide events in the auditorium, split the floors into quadrants (1 floor per quadrant) and encouraging mask wearing for all to ensure safety</li> <li>In the Spring /summer months outdoor programs will be offered weekly. Outings will continue.</li> <li>Programs for younger adults We have decided to add this into our 23-25 refreshed strategic plan, to ensure that we continue to monitor this and address this gap in care. The Villa's refreshed strategic plan was communicated to all in the following ways: <ul style="list-style-type: none"> <li>CQJ</li> <li>Staff Town Hall</li> <li>Family Council</li> <li>Residents Council</li> </ul> </li> </ul>

Identified Improvement Areas	Action / Explanation	Improvements
<b>Food and Cleanliness</b>		
Vegetables are mushy at times  Ethnic foods would be welcomed on the menu	<ul style="list-style-type: none"> <li>Food services manager – spoke with cooks and staff re: vegetables and timing to ensure not to mushy</li> </ul>	<ul style="list-style-type: none"> <li>Mushy vegetables – it was learned in our family council meeting on Jan 16 2023 that there are mixed feelings regarding this as some families were thankful for the softer vegetables as it was easier for their loved ones to eat</li> <li>An ethnic food taste testing was planned and implemented on May 8 2023 with our food services team and cook, offering 5 different ethnic food dishes for residents to taste and provide feedback. The winner will be added to our spring/summer menu. This event was communicated to everyone using our "in the loop" communication on May 19 2023</li> </ul>
<b>Environment</b>		
Wish they can control the temperature in their room  Automatic doors on home areas  Cleaner elevators	<ul style="list-style-type: none"> <li>Difficult to allow residents to control their own temperature in their room; however, we can assist if it is too hot. We do have an air-cooling system that impacts all rooms and cool zones if needed on all resident home areas.</li> <li>Quotes on installing automatic door openers have been requested and received.</li> <li>EVS notified of elevators and cleanliness; we are also doing a blitz on posters in the elevators to ensure that they look neater moving forward (CS and LD) - Feb 2023</li> </ul>	<ul style="list-style-type: none"> <li>Temperature checks will be conducted from May 15 to Sept 15. three times per day. All common areas and one resident room from each tower (every shift). This will be recorded and reviewed. Water stations have been provided on every home area.</li> <li>Automatic doors - we have been actively looking for donors to help fund the automatic door initiative on home areas and a main washroom on the first floor. Currently, we have one donor confirmed.</li> </ul>
<b>Communication</b>		
Request to have increased communication from Nursing and Physicians	<ul style="list-style-type: none"> <li>Communication will be a focus in 2023 in a variety of ways, brainstorming took place.</li> </ul>	<ul style="list-style-type: none"> <li>Medication management team has added this goal to their quality plan for 23/24.</li> <li>We have a resident and family engagement plan for 2023/24 that will help with this request.</li> </ul>

## CONCLUSION

St. Joseph's Villa will commit and continue to strive to improve quality and customer service with residents, families, visitors, staff, volunteers and other partners. We understand that if we continue to focus on quality initiatives especially with the involvement of our residents and families, this will in turn, improve quality, efficiency, productivity, teamwork and overall satisfaction.