

2024/25

# CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT



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# INTRODUCTION

## DESIGNATED LEAD

Deborah Fernandes, Administrator

## INTRODUCTION:

St. Joseph's Villa is pleased to share its 2024/25 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 (refreshed in 2024) that is built on three Strategic Directions: Advancing Health Beyond Boundaries, Amplify our Collective Impact and Invest in Teams of Today and Tomorrow. Along with this comes two Enablers: Innovate Together and Advance Health Equity.





# QUALITY IMPROVEMENT PLAN 2024/25 ~ 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 2024/25 and includes the objectives, targets, the strategic pillar that it aligns with.

QIP Type	Priority	Priority	Custom
<b>Aim</b>	Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.	Advancing equity, inclusion and diversity and addressing racism to reduce disparities in outcomes for residents, families, and providers is the foundation of a high-quality health system.	To enhance timely palliative care for residents, caregivers and the team who often provide end of life support. We aim to increase early identification of residents who could benefit from a palliative care approach.
<b>Outcome Measure</b>	Targets will be set differently for each initiative that will help address better experiences utilizing feedback received from residents and families (via satisfaction surveys, committees, conversations) to increase overall quality.	<ul style="list-style-type: none"> <li>% of staff (senior leadership, management, staff) who have completed relevant equity, diversity, and inclusion and anti-racism education.</li> <li>To improve our sociodemographic data collection by determining what is currently being collected, identifying gaps and implementing change through a thorough assessment and updated data collection</li> </ul>	% of staff who have participated in new education with a focus on palliative care approaches.  # of Education initiatives offered to caregivers with a focus on palliative care approaches
<b>Dimension</b>	Experience	Equitable	Experience
<b>Target</b>	5 initiatives for the 24-25 year: <ul style="list-style-type: none"> <li>New Questions will be added to our annual resident satisfaction survey: Do residents feel they can speak up without fear of consequences? Do residents feel they have a voice and are listened to by staff? Target - achieve &gt;80% "good" and "very good" positive response rate</li> <li>To enhance the aesthetic appeal of 4 resident tub/spa rooms</li> <li>To enhance the wayfinding signage at our three main entrances</li> <li>70% of all departments/programs who report to the CQI committee will implement one resident and family focused initiative.</li> <li>We will examine staffing levels on off peak hours and implement two changes that will help to address staffing support</li> </ul>	100% of staff will complete mandatory training through our Learning Management System (LMS). 20% of staff will participate in additional in person training	20% of staff will participate in additional training  4 initiatives in 2024-25 offered to caregivers with a focus on palliative care approaches.  Explore assessment tools that support early identification of palliative care needs.
<b>Target justification</b>	<ul style="list-style-type: none"> <li>HQO recommends adding listed questions (above) to our satisfaction surveys. Surveys are only implemented once per year; therefore, we have added additional initiatives that can create better experiences for Villa residents/families.</li> <li>80% positive feedback rate is our target for current satisfaction survey questions, therefore utilizing the same for new questions added.</li> <li>70% of committees/departments was chosen as there are some programs may be difficult to have resident and family involvement</li> </ul>	<ul style="list-style-type: none"> <li>Addressing EDI is currently on our SJVD strategic plan and aligns well with System goals. For 2024/25 the focus will be on education utilizing our current mandatory LMS, and in person training through resources such as Rottman EDI course, CLRI, Fred Pryor education portal and more.</li> <li>We have not reviewed our admission data collection from a EDI lens. Our goal is to review and update admission sociodemographic data collection, which will allow us to meet individual resident / family needs and reduce disparities.</li> </ul>	<ul style="list-style-type: none"> <li>To utilize internal and external resources to provide specialized training with staff including Fundamentals of Palliative Care, LEAP, CAPCE</li> <li>To increase conversation and comfort about death, dying and compassion for caregivers through education.</li> </ul>
<b>Campus Initiative</b>	Villa Long Term Care (LTC) and Adult Day Program	Campus Wide	Villa LTC & Margaret's Place Hospice
<b>Strategic Plan Alignment</b>	<b>Strategic Pillar:</b> CARING - To enhance the quality of care and services we offer to residents along with those who matter the most to them. <b>Strategic Direction:</b> Advance health beyond boundaries	<b>Strategic Pillar:</b> CARING - Provide equitable and diverse care and initiatives for residents, families and providers. <b>Strategic Direction:</b> Advance health beyond boundaries, invest in teams of today and tomorrow.	<b>Strategic Pillar:</b> CARING - Promoting specialized care and quality with residents who are at the end of life stage & providing staff with the right tools to ensure proper care is provided and support is offered to families. <b>Strategic Direction:</b> Amplify our collective impact, invest in teams of today and tomorrow.
<b>Rationale</b>	Throughout the pandemic, staffing levels were low and overall organizational priorities were different. Our present goal, is to enhance client experience and environment by utilizing new strategies that will support a resident and caregiver centered approach leading to an improvement of quality care.	Aligns with HQO priority, SJVD strategic plan priority, SJHS priority. Collecting sociodemographic information allows teams to know and meet individual resident and family needs, and provides areas of focus for team education.	Great opportunity to expand our services across the campus by unifying a palliative focused philosophy for all those receiving our services.

# 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

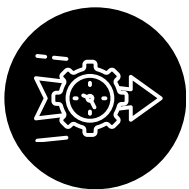
- a) Collect data on measures
- b) Analyze results (within this process stage, it is with hope that the problem has been corrected and its root causes have been eliminated).



## 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, SJHS Board of Directors, on a continual basis.

Each director is to report on activities of the CQI/Risk Management (RM) 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/Management 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
Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality	New Questions will be added to our annual resident satisfaction survey as per HQO recommendations	Do residents feel they can speak up without fear of consequences? Do residents feel they have a voice and are listened to by staff?	Surveys are conducted annually	Achieve >80% "good" and "very good" positive response rate
	To enhance the aesthetic appeal of 4 resident tub/spa rooms	To choose two RHA on each tower; create a design; colours, and repairs to create a spa area	One per quarter	4
	To enhance the wayfinding signage at our three main entrances	Work with the Foundation to find a company who will be willing to assist with this initiative OR a student who is enrolled in marketing/advertising	3 throughout the year	3
	Encourage all departments/programs who report to the CQI committee will implement one resident and family focused initiative.	Goals will be confirmed and implemented with bi-annual check ins to ensure this will be achieved.	Encourage every program/dept to implement one res./fam. Initiative per year (as per CQI committee)	>70%
	We will examine staffing levels on off peak hours and implement changes that will help to address staffing support	Reports will be pulled for a 3-6 month period to determine where the gaps are and where extra support is needed.	After reviewing reports in staffing gaps, initiatives will be determined to best address them	2
Advancing equity, inclusion and diversity and addressing racism to reduce disparities in outcomes for residents, families, and providers is the foundation of a high - quality health system	We will look at differing education opportunities through Rottman EDI, CLRI, Fred Pryor portal etc	We will assign staff accordingly to participate in these sessions	We will keep track of staff members participating in each type of education	100% mandatory training 20% of staff will participate in additional in person training
To enhance timely palliative care for residents, caregivers and the team who often provide end of life support. We aim to increase early identification of residents who could benefit from a palliative care approach.	To increase the number of staff members to become comfortable with palliative care techniques/skills	Staff will be assigned accordingly to participate in these session	HR will track how many staff participate in each education training	20 % of staff will participate in additional training
	To offer caregivers an opportunity to participate in palliative care training	Spiritual care lead and educator will plan out a schedule for the year and preplan various sessions	Once sessions are planned, advertising to family members will begin and invite them to participate	4 initiatives



# 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 during the months of July and August of 2023. The following are some of the results that were compiled. A full report is available upon request.

<b>Overall Satisfaction - If 24-hour care were needed for another family member or friend, would you recommend St. Joseph's Villa?</b>							
<b>Year</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>Resident Survey Results</b>	73.00%	84.00%	85.00%	87.00%	89.00%	82.00%	93.00%
<b>Family Survey Results</b>	73.00%	94.00%	93.00%	N/A	94.00%	83.00%	91.00%

*Based on "Yes" and "Yes Sometimes" response*

*\*\*Annual target is 80%*

<b>Overall Satisfaction – How would you rate the quality of care and services you receive here?</b>							
<b>Year</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>Resident Survey Results</b>	84.00%	75.00%	82.00%	86.00%	89.00%	82.00%	85.00%
<b>Family Survey Results</b>	73.00%	96.00%	87.00%	N/A	93.00%	83.00%	84.00%

*Based on "Good" or "Excellent" responses*

*\*\*Annual target is 80%|*

After the collection of survey responses, the results were analyzed to ensure all suggestions were taken in account especially the comments made within the open-ended questions that were available throughout the survey.

The results were further shared with the CQI team – September 7 2023 (which includes resident and family representatives), Residents' Council on September 13 2023 and Family Council on September 18 2023.

With collaboration with residents, program leads, CQI committee members, an action plan was created for areas in which we scored under target. This action plan was shared at the board level on November 30 2023 at the JBG Quality Board meeting.

With collaboration with residents, program leads, CQI committee members, an action plan was created for areas in which we scored under target. Here are some of the key areas below:

ACTION PLAN		
Identified Improvement Areas	Action / Explanation	Improvements
Are you able to participate in making decisions regarding food choices/ preferences?	<ul style="list-style-type: none"> <li>At every meal, two options are provided to the residents and they choose what they prefer</li> <li>Residents review menus and provide suggestions &amp; approve new menus at residents' council</li> <li>Taste testing program in March 2023 with different ethnic foods – 8-10 residents participated.</li> </ul>	<ul style="list-style-type: none"> <li>We will offer another resident taste testing with a few new menu options to gather feedback on what they like/dislike</li> <li>Residents will continue to provide feedback during Residents' Council and other forms of communication.</li> <li>Supervisors will be more available on the RHA</li> </ul>
Do you participate in choosing when to get up?	<ul style="list-style-type: none"> <li>For residents who choose to get up later, this is care planned.</li> <li>Units with early breakfast 7:45, may be a contributing factor to this response rate</li> </ul>	<ul style="list-style-type: none"> <li>Residents' Council does approve meal times as per the FLTCA</li> <li>If a resident prefers to get up later, they can voice this with the care team and have this care planned.</li> </ul>
Do you choose when and how to bathe?	<ul style="list-style-type: none"> <li>Bathing schedules are predetermined; however, staff will try to adjust schedule if resident is asking for this change.</li> <li>Schedules change at times due to staffing availability</li> </ul>	<ul style="list-style-type: none"> <li>Staff will be encouraged to review and report to RCM if a change is needed</li> <li>Residents/families are encouraged to speak to care team with any requests.</li> </ul>
Do the organized activities meet your interests?	<ul style="list-style-type: none"> <li>Some residents decline invites to TR programming</li> <li>TRs will ensure that they engage with these residents 1:1</li> </ul>	<ul style="list-style-type: none"> <li>TRs track which residents participate in less than 5 programs a month and less than 10. These are the residents that they conduct 1:1s with or connect with a volunteer</li> <li>We will continue to conduct quarterly home area meetings that allow residents to communicate what programs they like, ones they do not like and suggestions for new programs.</li> <li>On our strategic plan, we are focussing on the &lt;65 group and encouraging them to plan/provide feedback on programs that are applicable and of interest to them</li> <li>Outings will be planned earlier in the year</li> <li>Encouraging residents to get engaged in planning some programs with the assistance of the TR team</li> </ul>
Is there enough staff available to make sure that residents get the care and assistance they need without having to wait a long time?	<ul style="list-style-type: none"> <li>We have included staffing levels on our upcoming QIP in hopes that we will implement two new initiatives that can address staffing levels.</li> </ul>	<ul style="list-style-type: none"> <li>The Villa has increased PSW support on all units days/evenings to 3 PSW each unit instead of 2.</li> <li>Increased RCM at night – 1 to 2</li> <li>Increased SW support – 2 to 3</li> <li>Aiming to reach 4 hours of care, so this will increase as well.</li> </ul>
Have you had any missing clothing or laundry?	<ul style="list-style-type: none"> <li>Missing items are documented in PCC</li> <li>Follow up with linen supplier/home area</li> <li>Check residents' inventory(file)</li> </ul>	<ul style="list-style-type: none"> <li>We are collaborating with a new linen provider with hopes that we will see a decline in missing clothing/laundry</li> </ul>
Do you have any discomfort now with no relief? For example, pain, heaviness, burning, or hurting with no relief?	<ul style="list-style-type: none"> <li>Physicians &amp; nursing will encourage resident and family involvement even where care is provided. Working together to find a solution to pain relief</li> </ul>	<ul style="list-style-type: none"> <li>Residents are encouraged to speak to nursing staff when they are in pain so it can be addressed</li> <li>A lot of work is being done with the pain management leads and it is with hope that resident and family engagement will occur more often and there will be a better rapport to reporting any type of pain</li> </ul>

# OTHER PROJECTS COMPLETED

St. Joseph's Villa places resident and family engagement at the forefront of everything we do. We encourage feedback beyond the annual satisfaction / experience surveys as we feel that it is important that they have a strong voice and contribute to the changes that we make. Throughout the year, we have accomplished additional projects that have contributed to quality of care improvements such as:

## **Initiatives created based on the feedback received at Residents Council:**

- Residents have been invited to sit on differing committees (i.e. EDI)
- Land Acknowledgement is now said at all Residents Council
- Resident Bill of Rights are highlighted at meetings but also with all staff/families/visitors
- Golden Girls groups was created
- Outdoor signage was improved based on resident feedback.

## **Initiatives created based on the feedback received at Family Council:**

- A Grief and Loss Support Group was created for caregivers
- The re-introduction of a weekend receptionist
- Creation of a family council newsletter for all members
- Creation of a family council welcome letter – to share with all new residents/families that are moving into the Villa to encourage family council participation.
- A work order system for families to utilize when there is something that needs to be repaired / upgraded in their loved one's room

# CONCLUSION

St. Joseph's Villa will continue to commit and strive to improve quality of care including our 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.