FINAL CONTINUOUS QUALITY IMPROVEMENT REPORT

2022/2023

JUNE 29, 2023

MEMBERSHIP OF OUR QUALITY IMPROVEMENT TEAM

DESIGNATED LEAD

The designated lead for the continuous quality program at our home is the **Lisa Hiscott - Administrator**

Our Overall Quality Committee Team is comprised of many individuals who provide input into the home's Quality Improvement Processes in a variety of ways. Members of the overall Quality Team review the QIP and performance on our indicators. All members of the team are provide valued input into the development of the home's quality processes.

Membership of the Overall Quality Committee includes;

- Administrator
- Director of Resident Services
- Medical Director
- IPAC lead
- Senior Managers (Leads)
- Dietitian
- Pharmacy
- Regular nursing staff representative
- PSW
- Resident's Council
- Family Council

The Continuous Quality Improvement Committee reviews the QIP and indicators at least quarterly or more frequently at the call of the Chair.

All members of the Continuous Quality Improvement Committee provide feedback and input into the home's priority areas. The recommendations provided by all of the above mentioned Continuous Quality Improvement Committee develop the priorities.

On a quarterly basis, the home holds a Quality Sub-Committee meeting that some members of the Overall Quality Team attend to review specific indicators and quality information. The results of this sub-committee meetings are shared with all members of the Overall Quality Committee.

MINUTES

The Minutes of the Quality Sub-Committee are posted within the home for review by all staff and committee members.

PRIORITIES:

Our priorities for the upcoming year were develop upon reflection of the indicators and risk activities that occurred over the past year.

Our quality improvement committee regularly reviews our performance through these indicators and provides direction and recommendations when forming our initiatives for the upcoming year.

Over the past year, our Quality committee determined that we were successful in meeting our initiatives for last year in regards to falls and skin and wound care. In both categories we consistently outperformed the provincial performance in these areas. Based on our great success, we determined that we would continue to provide our excellent work in these areas and refocus to other priorities.

Upon analysis of the satisfaction survey results, we determined that although we had extremely high satisfaction rates on those returned, we would shift our focus to increase the number of surveys returned. The team identified that this should be added as a priority to increase the number of surveys returned to increase resident and family engagement and feedback.

We continue to work towards improvements in antipsychotic use and ED visits as demonstrated by our analysis of performance over the past year. As such, it was decided that these initiatives would remain as a quality focus for 2023/2024.

We will monitor and measure progress by regularly analyzing our performance in these indicators on a quarterly basis. We will discuss with our Quality Committee members on a regular basis to adjust as necessary as outlined our quality procedures.

As a result of our review; we have established the following priority areas for Quality Improvement for the upcoming coming 2023/2024 year.

PRIORITY AREAS AND OBJECTIVES FOR QUALITY IMPROVEMENT – March 2023 to March 2024

1.PRIORITY AREA / OBJECTIVE:

Priority Area		Unit	Source / Period	Current	Target	Objective
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	27.62	20.00	Reduction in the number of ED visits to approach the LHIN performance. NB: Based on last available Data

2.PRIORITY AREA / OBJECTIVE:

Priority Area		Unit	Source / Period	Current	Target	Objective
Percentage of completed and returned Satisfaction Surveys	C	% / LTC home residents	In house data collection / Year	4.00	25.00	Target of 25% of returned and completed surveys

3.PRIORITY AREA / OBJECTIVE:

Priority Area		Unit	Source / Period	Current	Target	Objective
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	34.18	29.00	Work towards provincial average in a realistic and safe manner for both the resident and other residents given our present client population and their needs

POLICIES, PROCEDURES AND PROTOCOLS FOR DETERMINING OUR QUALITY IMPROVEMENT INITIATIVES:

ASSESSMENT AND IDENTIFICATION OF PRIORITIES

1. Identify scope of care and service related to team purpose.
   - Who do we serve?
   - Key core processes (what do we do)
   - Desired results of care and services

2. Understanding client's needs and expectations.
   - Assess and understand clients needs through satisfaction surveys, resident interviews, Resident Council meeting minutes and direct resident needs assessment
   - Need of the client are paramount.
   - Reviewing concerns on a regular basis is vital in determining areas for focus. Concerns can be raised at Resident's council, through the home's concern process and through direct engagement with residents. Concerns should be tracked and analyzed monthly.

3. Identifying priorities
   - Take teams desired results and combine with client needs and expectations
   - Take integrated list and identify priorities for CQI for the upcoming year.

- Consider high volume, high risk activities, greater risk elements to client problem areas in the past
- Focus on client outcomes when determining priorities for the year.

4. Identifying indicators
   - What measures will tell the team whether the desired results are being achieved?
   - Focus on outcome indicators to track and establish responsibilities for tracking information.
   - Make sure that there is a numerator, denominator and time period for indicate that are rate based
   - Each priority may have more than one indicator.
   - Setup indicators in PCC to track and review by Quality Committee

PLANNING BY THE QUALITY IMPROVEMENT COMMITTEE:

1) Determine the mechanisms for data collection

   Identify and or develop audits required
   Who and how data will be collected

2) Determine thresholds

   Establish maximum and minimum levels of performance for selected indicators

3) Determine frequency of review required for each priority.

4) Assessing and monitoring indicators.

   Assess indicators for reliability and usefulness. Determine which indicators are going to be tracked and how. Establish in PCC.

5) Revise and redefine indicators and thresholds.

   Assess reliability and usefulness on an ongoing basis.
   Revise and or discontinue indicators where the needs have changed.
   Evaluate and revise threshold of performance annually and/or as outcomes improve.

IMPLEMENTATION

1) Determine frequency of audits pertinent to desired outcomes and assign through the CQI schedule.

2) Assign responsibility and time frame for audit completion. Establish CQI schedule for the upcoming year and assign audits as applicable.

3) Completed audits to include recommendations for improvement of process (es). Ensure audits are completed as per schedule.

4) Report any areas of identified risk to the Supervisor on duty.

5) Audits submitted to team by target date.

6) Establish indicators in PCC QIA module and complete at prescribed intervals.

7) Review findings, audits and indicators at Quarterly Quality Committee meetings.

EVALUATION – MEASURING PROGRESS

1) Prioritize identified outcomes resulting from audits.

2) Develop and action plan for each outcome requiring improvement / response with assigned responsibilities and time frames set.

3) Monitor the action plan implementation / revisions until desired outcomes are achieved.

4) Review indicators and findings at Quarterly Quality Committee meetings for evaluation.

COMMUNICATION

1) Share results progress on a regular basis. Establish CQI information boards within the home to share indicators and quality plan. Post quarterly indicators for review by staff, residents and family.

2) Post the home's CQI plan on the CQI Information board and update as required. Post CQI plan on home's website for review.

3) Share annual summary results with Resident Council and Family Council.

4) Post Annual Quality Plan on the provincial website. (HQO)

5) Post Annual Program and Satisfaction Reviews. Share with staff, residents and family council by posting results on CQI information board.

PROCEDURE:

1. All CQI indicators will be tracked monthly unless otherwise specified. This indicators report will be the major component of the CQI program.

2. When an indicator goes below or above the threshold level, focused audits may be used to identify the issues and problems with a view to immediately correcting the process.

3. Audits are conducted by all levels of staff, as designated by the CQI Committee and the annual audit schedule.

4. The CQI Committee will interpret the results of these audits, make recommendation, develop an action plan and follow up schedule to improve areas identified.

5. All risk management audits (falls, accidents, resident / family concerns, etc.) are completed monthly or more frequently, if necessary, as determined by the CQI Committee and CQI schedule.

6. All staff completing the CQI audits should make recommendations to the CQI Committee on educations needs, policy and program development, and recommendations for refining processes and the auditing procedure.

COMMUNICATION

6) Share results progress on a regular basis. Establish CQI information boards within the home to share indicators and quality plan. Post quarterly indicators for review by staff, residents and family.

7) Post the home's CQI plan on the CQI Information board and update as required. Post CQI plan on home's website for review.

8) Share annual summary results with Resident Council and Family Council.

9) Post Annual Quality Plan on the provincial website. (HQO)

10) Post Annual Program and Satisfaction Reviews. Share with staff, residents and family council. Post Annual Results on CQI information board.

RESULTS OF OUR ANNUAL SATISFACTION SURVEY

Parkview Nursing Centre measures resident satisfaction on a continuous basis within the home. The home employs two methods to engage residents to provide feedback. The first method is the Satisfaction Survey. The second method is through regular review of resident feedback provided at Resident Council meetings and direct engagement of analyzing resident concerns as they occur.

Dates the surveys are taken:
Surveys are sent to all residents on an ongoing basis. All residents are provided a survey within 6 weeks of admission to the home. Surveys are scheduled and mailed out on a monthly basis so that all residents receive a survey once per year. A schedule is created to ensure that all residents receive a survey at least once per calendar year.

Results of the Satisfaction Surveys taken in the previous year:

Overall, in 2022 there was a 99.8% favourable response rate to questions asked. The responses that were received on the surveys that were returned indicated the following results:

Respecting Resident's Values, Needs and Preferences
In 2022 there was a high level of agreement that:

*Residents felt that the staff let residents participate in their care needs and allow them to do the things that they would like to be able to do for themselves.
*Residents agreed that the staff allow them to participate in their own care decisions.
*Residents feel favourably that they are given the opportunity to express their desires and have their questions answered upon admission.
*Residents felt that they are provided with activities that they like to participate in.

Communication
In 2022, there was a high level of agreement that:

*Residents get adequate information from staff about their medical condition and treatment when they ask.
*Residents rated highly how well the staff listen to them and how they are treated with respect by all areas of staff.
*Residents rated highly that if they had a concern that they could bring it to administration's attention and that it would be effectively dealt with.
*Residents felt that they were given the opportunity to express their desires and have questions answered.

Examples of positive comments that were received for this dimension that include:
"Respect is accorded to residents"
"Administration is approachable"
"What is the best thing about our home? Communication".

Coordination and Integration of Services

In 2022, there was a high level of agreement that:

*The admission process was a favourable one.

*Residents and family were given adequate information about the services of the home on admission.

*There was a high level of satisfaction with the admission process.

Examples of positive comments that were received for this dimension that include:

"Seeing such low turnover in staff is positive and it is homey and inviting"

"Programming and activities have improved greatly! Weekends are improving. It is very family feeling"

Quality of Life and Activities of Daily Living

In 2022, there was a high level of agreement that:

*Respondents overall highly rated the care and services that they received at Parkview Nursing Centre

*Respondents were very satisfied overall with the medical care they were receiving.

*Respondents responded very favourably to the question that they would recommend this home to others.

Examples of positive comments that were received for this dimension that include:

"Programming and activities have improved greatly! Weekends are improving.

The Resident Satisfaction Survey Results were communicated to Resident's Council on June 27, 2023 and Family Council on June 20, 2023. Their excellent feedback was well received.

Improvements taken throughout the fiscal year to improve the long term care home, care, services and programs based on the results of the satisfaction survey include:

1. Implemented changes to our visitation areas to improve the outdoor patios so that families could visit outdoors in inclement weather. Implemented Sept 2022.
2. Improvements to the visitation policy to allow family to participate in structured programs. Implemented Feb 2023.
3. Improved information sharing with the hospital by participating in the AMPLIFII project. Initiated Feb 2023.
4. Implementing changes to increase engagement by increasing the number of returned surveys. Ongoing
5. Adding the number of returned surveys as a priority focus of our Quality Improvement Plan for 2023/2024.

Other improvements that were taken to improve the long term care home, care, services and programs based on our priority areas for quality improvement during the fiscal year included:

1. Implementation of an electronic skin and wound care assessment tool to improve assessments and follow up on all wounds. This was implemented in June 2022.
2. Education and training on falls prevention and management for all direct care staff. This was completed in December of 2022.
3. Implementation of electronic module to track and monitor infection prevention and control which was implemented in July 2022.

In addition to the above listed improvements, full Annual Program Reviews were conducted on all Programs and Services provided by Parkview Nursing Centre. All programs underwent an annual review process by the fiscal year end which included a comprehensive review and update of all policies and procedures. Following the review of the program manuals and audit and assessment was completed by various members of the interdisciplinary team. A summary of improvements to be implemented were designed and is summarized in our home's Annual Program Review Summary.

These improvements were communicated to Resident Council on June 27, 2023 and Family Council on June 20, 2023.

A copy of this report was also provided to the Resident's Council and Family Council on those dates.

Overall, we are pleased to report that a high level of satisfaction with the care and services provided at Parkview Nursing Centre continues to be one of our defining strengths.

We are pleased to report that "Caring Makes a Difference" as evidenced by the wonderful feedback we have received overall from our residents, family and team members. We look forward to increasing our engagement and input from our team by implementing our QIP priorities in 2023/2023.