

APPROVED BY CQI COMMITTEE: APRIL 24, 2024

APPROVED BY RESIDENT COUNCIL: MARCH 26, 2024

APPROVED BY FAMILY COUNCIL: MAY 21, 2024



**FINAL CONTINUOUS QUALITY IMPROVEMENT
REPORT
2023/2024**

POSTED JUNE 27, 2024

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 and differing input. Members of the overall Quality Team review the QIP targets and performance on our indicators and provide feedback. All members of the team provide valued input into the development of the home's quality processes.

Membership of the Overall Quality Committee includes;

- Administrator
- Director of Resident Services
- Assistant Director of Care
- 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 outlined in the QIP. 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 select 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 but that we would like to continue this momentum by continuing to focus on these important priorities.

Upon analysis of the satisfaction survey results, we determined that although we had extremely high satisfaction rates on those surveys returned, in 2023 we would shift our focus to increase the number of surveys returned. We are very pleased to report that we have seen an increase in the number of surveys returned but in 2024 we will continue our work on this to ensure that we focused on the resident experience and ensuring that residents feel they have a voice and are listened to by staff.

We continue to work towards improvements in antipsychotic use and ED visits as demonstrated by our analysis of performance over the past year. We have seen a tremendous improvement in the utilization of antipsychotic use in 2023/2024. As such, it was decided that these initiatives would remain as a quality focus for 2024/2025 to continue our excellent work in this safety priority.

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 2024/2025 year.

**PRIORITY AREAS AND OBJECTIVES FOR QUALITY IMPROVEMENT –
March 2024 to March 2025**

1.PRIORITY AREA

OBJECTIVE:

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	16.22	15.00	Continue on reducing transfers where possible, depending upon resident wishes and clinical status.

2.PRIORITY AREA

OBJECTIVE:

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification
Percentage of completed and returned satisfaction surveys	C	% / LTC home residents	In house data collection / 2024	11.00	25.00	One quarter of all surveys to be returned completed

3.PRIORITY AREA

OBJECTIVE:

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	31.72	25.00	Reduce use to safe percentage at a rate that is safe to do so

PROCESS: POLICIES, PROCEDURES AND PROTOCOLS FOR DETERMINING OUR QUALITY IMPROVEMENT PRIORITIES AND INITIATIVES:
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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 AND MONITORING 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.

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- 8) Share annual summary results with Resident Council and Family Council.
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RESULTS OF OUR ANNUAL SATISFACTION SURVEY

Overall, in 2023 there was a 97.6% favourable response rate to questions asked.

Respecting Resident's Values, Needs and Preferences

In 2023 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.

A common comment in this domain was to greater encourage residents to choose their own clothing. This will be added as a focus for staff in 2024 to review the importance of ensuring those residents that can, are able to choose their outfit they would like to wear.

Communication

In 2023, 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.

When any issues have arisen, there were positive comments that the home's management stepped in to resolve the issue.

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

"I have always been pleased with the communication."

Coordination and Integration of Services

In 2023, 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.

Quality of Life and Activities of Daily Living

In 2023, 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:

“The home provides a lot of things to participate in (eg. Entertainment)”

“Friendly place”.

“I think the care my mom receives is excellent! Very happy!”

“Staff is very caring”

“Good staff!”

“What is the best thing about our home? The Staff”.

Comments to focus on for 2024: Some concerns from residents were raised regarding noise that other residents make. Our Behaviour Management Committee is focusing on strategies to mitigate for all residents.

The Resident Satisfaction Survey Results were reviewed with Resident’s Council on March 26, 2024 and Family Council on May 31, 2024. Their excellent feedback was well received.

Improvements and actions 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. Improvements to the visitation policy to allow family to participate in structured programs. Implemented Feb 2023.
2. Improved information sharing with the hospital by participating in the AMPLIFII project. Initiated Feb 2023.

3. Implementing changes to increase engagement by increasing the number of returned surveys. Ongoing
4. Adding the number of returned surveys as a priority focus of our Quality Improvement Plan for 2024/2025.
5. Implementing changes to the Satisfaction Survey being used, with input from Resident's Council, to simplify and shorten the survey.

Other improvements and actions 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.
2. Education and training on falls prevention and management for all direct care staff.
3. Implementation of electronic module to track and monitor infection prevention and control.

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 March 26, 2024 and Family Council on May 21, 2024.

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

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 2024/2025.