

# 2022/23 Continuous Quality Improvement Interim Report

Heritage Green Nursing Home is fully committed to the Quality Improvement Initiative. The Home will establish a dynamic CQI interdisciplinary committee dedicated to providing effective oversight and strategic direction, ensuring that our quality improvement efforts lead to exceptional care and positive outcomes for our residents, families, staff, physicians, students, volunteers, caregivers, and other stakeholders. The Heritage Green Strategic Plan aligns with our commitment to quality improvement. Our QIP (Quality Improvement Plan) will be our roadmap to achieving these objectives and navigates challenges and opportunities in long-term care environment. Please note the following departments, which guide our areas of focus at Heritage Green:

## Heritage Green Departments:

- Nursing/Pharmacy/Physio/OT Department
- Maintenance Department/Admin/Finance
- Laundry and Housekeeping Department
- IT/Health and Safety/Emergency Planning
- Dietary and Food Services Department
- Activity/Programs/Pastoral Department

## The Responsibilities of the CQI Committee:

- To monitor and report to the long-term care home licensee on quality issues, resident's quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
- To consider, identify and make recommendations to the long-term care home licensee regarding areas of priority areas for quality improvement in the home.
- To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.

The Quality Committee will be established which will include representatives from the Resident and Family Council, management, designated leads of the home and staff.

CQI Committee:        Administrator – Scott Kozachenko  
                             Assistant Administrator (Lead Designate) – Aleta Agpalo  
                             Director of Care (Co-Lead)   - Dorina Rico

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Assistant Director of Care – Winnie Emen  
Programs Manager – Janine Breukelman  
Dietary Manager – Maxine Manning  
Housekeeping/Laundry Supervisor – Xiomara Rodriguez  
Maintenance Manager – Timothy Duncan  
Financial Manager – Sonia Emerson  
IT/Health and Safety Manager – Steve Diemert  
Pharmacist (Geriatr) – Frances Grunwald  
Medical Director – Dr. Fraser  
Dietitian (Lead Dietitian) – Maria Biasutti  
RN/RPN – Charge RN Charlyn Navarro  
PSW - TBD  
Resident Council Rep – Isabela Taylor  
Family Council Rep – Judy Zarazun

This CQI Committee will:

- a) monitor and analyze/review survey data (Resident/Family Satisfaction Survey, Staff Satisfaction Survey)
- b) Set and analyze CQI Indicators for each Dept. Areas and documents in the QIA folder on the PCC database
- c) Meet quarterly and analyze data for future QIPS (Health Quality Ontario)/CIHI
- d) Review LOG DATA (Manager's Drive) quarterly Critical Incidents/complaint data quarterly (set action plans)
- e) Ensure Family Council/Resident Council reviews questions for the Resident/family satisfaction survey
- f) Ensure communication outcomes of surveys to families/residents/staff, etc.

Currently at this stage, the priority areas are as follows based on the 2022 Resident and Family Satisfaction Survey Results:

**These Top Priority areas identified from the Resident/Family Satisfaction Survey 2022/2023 were presented during the Family Council Meeting on April 13, 2023.**

**Input from Family Council Members and BPSO/RNAO Resident/Family Centred Care were attained in the development of the targets below on Sept 25/2023:**

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## SIX PRIORITY areas/objectives

### Communication

1. To ensure that a Nursing Manager attends the annual family care conferences (tracking concerns)
2. Annual Resident and Family Survey sent out by mail (to families who have no email) and email to all other families
3. To put up and develop a Resident and Family Centered Care Board (with information relevant to residents and their families, member names and invite to join and relevant follow up to R&F issues and concerns)  
Set a date to complete the survey – three (3) weeks is a reasonable timeline

### Nursing Care:

1. To review the number of Family & Resident Complaints and concerns each month with this committee
2. To review the Continence Care Project Meeting Goals

### Dietary:

1. To ensure five (5) resident and five (5) family members complete tastings (small samples) and record their findings and give to the Dietary Department

### Laundry:

1. To review missing item complaints each quarterly

### Housekeeping:

1. To perform ten (10) room audits per month

### Maintenance:

1. To review Maintenance Care Requests (provide number of Maintenance Care Requests and completed requests for each month).

## Annual Cycle for Heritage Green Nursing Home

### January to March:

- Complete Program Evaluations for the Mandatory Programs (e.g. IPAC, Skin/Wound/Fall Prevention/ Continence Care/Responsive Behaviours/Restorative Care/Zero Tolerance for Abuse/CQI/Medication Management)
- Analyze results of the Staff Satisfaction Survey AND Resident/Family Satisfaction Survey and present results to staff and resident/family council

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## **April to June:**

- Communicate Outcomes to Residents/Staff and Families
- Submit QIP program to HQO by April 1/2025
- Create Action Plans (2) for each Satisfaction Surveys (Staff Satisfaction and Resident/Family) – set SMART goals/Measures/targets – begin implementation

## **July to September:**

- The Family Council will review the Resident and Family Satisfaction Survey questions (adjustment to the survey based on feedback) – each year before launching survey
- Review the targets of ACTION PLANS (every quarter at the CQI Committee – are we meeting the targets? Do we need adjustments? Are we in compliance?)

## **October – December:**

- Start analyzing data for QIP (1 - % of potentially avoidable ED visits; 2 – Resident experience; 3 - % of LTC residents not living with Psychosis)
- Review QIA indicators on PCC (every quarter)
- Plan for continued services or new/enhanced priority areas
- Send out the Resident and Family Satisfaction Survey to all Residents/families

## **Description of Process and Procedures to monitor and measure progress, identify and implement priority areas/communicate outcomes:**

### **1. QIP Planning Cycle and Priority Setting Process**

- Heritage Green has created QIPs (Quality Improvement Plans) as part of the annual planning cycle – QIPs are submitted to Health Quality Ontario every April

### **2. PROCESS: Monitor/measure progress, identify and implement adjustments and communicate outcomes – analysis of the outcomes (smart goals targets from the Family/Resident Survey Action Plan, the Staff Satisfaction Action Plan targets (TBD), the QIA indicators on PCC and the QIP targets;) by the CQI Team will be used to identify if Heritage Green is achieving the desired outcomes not.**

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- If not reaching the desired outcomes, the team can review the process measures (s) over time to either confirm compliance with key change ideas or identify gaps in compliance that need to be addressed. Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand the gaps in compliance, etc. changes/compliance/gaps
- 3. Communication Strategies:
  - Posting on board in the education room (BPSO indicators also posted)
  - Post on PCC Home Page/Huddles to staff at change of shift (general staff meeting); monthly PSW and Registered staff meetings
  - Presentations at staff meetings, Resident Council/ eblast to families