

2023/2024 Continuous Quality Improvement Annual Report

Heritage Green Commitment:

Heritage Green Nursing Home is fully committed to the Quality Improvement Initiative and we are excited to share our first Annual Quality Improvement Report.

The Home has established 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.

Ongoing 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 includes representatives from the Resident and Family Council, management, designated leads of the home and staff. We started meeting May 2022 and created terms of reference clarify roles. The Committee meets quarterly to review the Quality Indicators and annual satisfaction surveys (Resident/Family & Staff); set quality priorities for our QIP and supports the creation of this report.

CQI Committee:

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

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IT/Health and Safety Manager – Steve Diemert

Pharmacist (Geriatr) – Frances Grunwald

Medical Director – Dr. Fraser

Dietitian (Lead Dietitian) – Michele Huang

RN/RPN – Charge RN Charlyn Navarro

PSW – Teresa Albay

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.

SHARING AND COMMUNICATING RESULTS:

- a) Sharing Resident/Family Survey (2022) Results:
 - Quality Committee (July 11th, 2023)
 - Family Council/Resident (April 13, 2023)
 - PSW Meeting (April 27, 2023)
 - Nurse Practice Committee (NPC) Monthly Meetings (April 12th, 2023)
 - Posted visually on the Family Council Board

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

PLEASE NOTE: Input from Resident/Family Council Members and BPSO/RNAO Resident/Family Centred Care were attained in the development of the priority areas below on Sept 25/2023; CQI Council provided input on the targets.

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RESULTS:

SIX PRIORITY areas (along with objectives)

Communication

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

Nursing Care:

1. To review the number of Family & Resident Complaints and concerns each month with this committee (2024 Results)

Complaints	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
# of complaints from Resident Council Meetings		3	5	4	6	3	4	6	3	2	2	2	0	3

2. To review the Continence Care Project Meeting Goals (2024 Results)

14. Incontinence Indicators	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
# of Audit on re-sizing of brief													
10/month		14	15	10	12	8	5	10	10	10	10	10	15
# of TENA audit monthly to ensure proper brief application													
10/month		24	25	30	5	14	15	10	10	10	10	12	12

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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 (2024 audits)

2. Dietary Indicators	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
# of Resident food/meal service audits	2 audits/year (3 residents)							3				3	

Laundry:

1. To review missing item complaints each quarterly (2024 Results)

8. Laundry Indicators	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
# of lost clothing													
	6	10	12	15	8	8	5	5	6	4	5	4	5

Housekeeping:

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

5. Housekeeping Indicators	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
# of deep cleaning in a month													
	51	33	25	14	25	35	40	48	46	52	46	48	50

Maintenance:

1. To review Maintenance Care Requests on the request system which are completed on time – within 3 days (target 80% of requests).

% of Maintenance Requests completed on time on Maintenance Care System													
	80%	100	100	100	100	100	100	100	100	100	100	100	100

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Emergency Transfers:

12. Emergency Dept Transfer Indicators	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Nursing	6/month	4	1	4	2	10	3	7	16	11	10	8	8

IPAC Indicators

6. IPAC Indicators	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
# of hand hygiene audits every month	100	106	149	276	204	158	177	122	189	159	280	125	131
# of infections per month	10	11	24	21	17	9	10	6	8	10	6	5	15

At Heritage Green, infection prevention and control (IPAC) remain a top priority. Recognizing that hand hygiene is the most effective method to prevent many healthcare-associated infections, our team, supported by our IPAC Lead, is dedicated to monitoring and enhancing hand hygiene practices through regular audits and education.

Annual Cycle for Heritage Green Nursing Home

January to March:

- Complete Program Evaluations for the Mandatory Programs (e.g. IPAC, Skin/Wound/Fall Prevention/ Continance 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

April to June:

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- Communicate Outcomes to Residents/Staff and Families
- Submit QIP program to HQO by April 1st each year
- 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 (e. g. smart goals targets from the Family/Resident Survey Action Plan, the Staff Satisfaction Action Plan targets, the QIA indicators on PCC and the QIP targets); also, the CQI Team will be tasked to identify IF Heritage Green is achieving the desired outcomes, or not.
 - If not reaching the desired outcomes, the CQI team can review the process measures (s) & make recommendations, 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

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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)
- monthly PSW and Registered staff meetings
- Presentations at staff meetings, Resident Council

Highlights

1. Heritage Green Nursing Home received a 3-year Accreditation with CARF (Commission on Accreditation of Rehabilitation Facilities)
2. Initiated a new project entitled: Best Practice Spotlight Organization (BPSO) Project which started (May 12, 2023): a partnership with Heritage Green Nursing Home and the Ontario Registered Nurses Association of Ontario (RNAO) – aims to improve resident quality care in 3 main focus areas/teams. Note, there is family/resident representation on Team #1 below:

1. Resident and Family Centred Care

2. Prevention of Pressure Injuries

3. Prevention of Falls