



## **Annual Continuous Quality Improvement Report**

**June 2023**

## **Statement of Compliance**

In compliance with the regulations set forth within the Ontario's Fixing Long-Term Care Act (2021), Victoria Gardens has prepared an annual report on the Home's continuous quality improvement initiatives.

## **Report Distribution**

In accordance with Section 271 of the Regulation, Victoria Gardens shall publish a copy of each Quality Improvement Report on the Home's website. Each report shall also be shared with the Home's Resident and Family Councils.

## **Quality Improvement Program Overview**

Victoria Gardens has a Quality Improvement Plan in place that monitors, analyzes, evaluates, and improves the quality of the accommodation, care, services, programs, and goods provided to the residents of the Home.

The Quality Improvement Plan is geared towards the prompt identification and correction of existing and potential operational gaps. As part of the Home's Quality Improvement Program, Victoria Gardens selects and monitors a series of key performance indicators to ensure continuous quality improvement is maintained. Victoria Gardens uses an incident monitoring system that identifies adverse and sentinel events to develop and implement both preventive and corrective operating processes.

Victoria Gardens ensures all programs, services, and activities are monitored, audited, and evaluated to continually improve the quality of care provided. On an annual basis, Victoria Gardens examines the Home's Quality Improvement Plan as part of its strategic planning process and sets goals and objectives to achieve its priorities. Through the Quality Improvement Plan, Victoria Gardens actively pursues feedback from residents, staff, stakeholders, and other organizations involved in the delivery of services. In the provision of its services and programs, Victoria Gardens utilizes a resident centered approach to care to ensure resources are organized and based on needs. The Quality Improvement Plan meets Accreditation and Health Quality Ontario requirements.

The Continuous Quality Improvement Initiative is led by the Home's Administrator, Cindy Coyle.

## Quality Improvement Objectives

Victoria Gardens has seven (7) main objectives of its Continuous Quality Improvement Program.

1. To promote the philosophy of continuous quality improvement, providing staff with the necessary knowledge and skills to implement the process.
2. To monitor community health status and social service needs, establishing priorities for programs and services.
3. To ensure appropriate indicators of performance are identified and monitored for all aspects of service provision.
4. To ensure optimal service through the auditing of established criteria and standards.
5. To ensure compliance with applicable legislation and service agreements including externally required standards.
6. To identify and reduce risks and increase the safety of the environment for residents, staff, and members of the public.
7. To provide assurance to the staff and public that the quality of programs and services is being continually monitored and deficiencies are identified and corrected.

## Quality Improvement Priority Areas

As part of the Home's Continuous Quality Improvement Program, Victoria Gardens performs a series of internal reviews and risk assessments to establish a set of annual priority areas. The Continuous Quality Committee collects data from various sources (emerging trends, resident and family feedback, program evaluations, and key performance indicators) to identify areas for quality improvement.

**Internal Reviews** refers to the analysis of program evaluations and audit results, resident and community feedback, and key indicator data to target areas for improvement.

**Risk Assessment** refers to the Home's formal, multilayered process through which risks are identified and prioritized. The Risk Management Program is a four-step process that includes classification, identification, analysis, and corrective action planning.

**Key Performance Indicators (KPIs):** Victoria Gardens tracks a variety of Key Performance Indicators (KPIs) to monitor the quality of care and services provided by the Home. Each of the following categories are evaluated using a unique set of KPIs.

1. Dietary Department
2. Environmental Support
3. Health & Safety
4. Management & Human Resources
5. Resident Care Services
6. Safety Incidents & Medication Errors
7. Infections
8. Restraints
9. Skin Integrity
10. Dietitian
11. Recreation
12. Volunteers

*\*See Appendix for Complete KPI listing*

**Program Evaluations & Specialized Audits:** Victoria Gardens conducts annual Program Evaluations and specialized audits to ensure care programs continue to meet the needs of its resident population. Programs are evaluated based on the following eight (8) quality care indicators:

**Acceptability**

- Resident focused partnership based on dignity and respect for the individual
- Informed treatment and care preferences
- Meet needs and expectations of the resident while recognizing limitations

**Safety**

- Ensures a safe, secure environment, physically, psychologically and emotionally.

**Competence**

- Providers are caring, ethical, well-trained individuals with high professional standards.
- Providers communicate treatment and care options to the residents/families to ensure informed decisions are made.
- Providers meet predefined standards and are subject to ongoing assessment.

**Accessibility**

- Care is readily available when and where it is needed.
- People know how to access services.

**Effectiveness**

- Service, interventions or actions achieve optimal results
- Overall quality of life is enhanced with defined, measurable results.

**Appropriateness**

- Residents and providers agree on the most appropriate care to meet the needs of the individual.

**Efficiency**

- Using the fewest resources (i.e., time, tests, equipment) to achieve the optimal results.

**Balance**

- The system is "seamless" in that it allows no gaps or duplication of effort. A balance is achieved between resources and quality care.

**Quality Improvement Priority Monitoring**

The Home monitors the progress of its established quality improvement initiatives through its Quality Improvement Goals Monitoring Tool. The document tracks the main implementation objectives of each quality improvement goal/priority, resource allocation considerations and completion timelines. Components of the monitoring tool are reviewed by the Quality Improvement Committee on a quarterly basis and shared at scheduled Resident & Family Councils.

*\*See Appendix for QI Goals Monitoring Tool*

**Priority Areas for Upcoming Fiscal Year**

Victoria Gardens will focus on the following priority areas for the upcoming year, as outlined in the Home's Operational Plan 2023:

- Staff Retention and Capacity Building

- Fulfilling Requirements as Outlined in the *Fixing Long Term Care Act, 2021*
- Improving Medication and Resident Safety
- Improving Building Maintenance, Technology and Access
- Supporting Work/Life Balance for Staff
- Updating the Home's Palliative Care and Responsive Behaviour Programs
- Prioritizing and Incorporating Suggestions from Family and Resident Satisfaction Surveys
- Implementing Accreditation Standards

*\*See Appendix for Operational Plan 2023*

## **Process to Identify Priority Areas**

Victoria Gardens reviews its Operational Plan, at a minimum, on a quarterly basis during the Home's Continuous Quality Improvement Committee meetings. The progress in meeting the Home's goals are discussed and improvements and strategies are reviewed in order to meet the goals. The Operational Plan is updated when goals are completed or revised. It is a working document that is continuously being updated.

Towards the end of the fiscal year, the Operational Plan is reviewed and continuing goals for the upcoming year are discussed with the Continuous Quality Improvement Committee. This committee is involved in the creation of the Operational Plan, and any recommendations that are received are incorporated into the Plan. Program Evaluations, Key Performance Indicators and the Quality Improvement Plan submitted to Ontario Health are all reviewed. Improvements and suggestions based on this review are then incorporated into the Operational Plan. This is the process that identifies the Home's priority areas for quality improvement for the upcoming fiscal year.

Resident and Family Council, staff, families, and other committees are also involved in the identification of priority areas for the upcoming year.

## **Monitoring, Measuring, Identifying, Implementing and Communicating Outcomes**

Key Performance Indicators are collected and entered in the Home's database on Point Click Care on a monthly basis. These indicators are collected by all departments within the Home, including Nursing, Dietary, Recreation, and Human Resources.

Every quarter, several KPIs, such as falls, infections and medication errors, are measured and analyzed. Comparisons are made to previous performances and to any future goals that have been set. These results are then shared and communicated throughout the Home, during Continuous Quality Improvement Committee meetings, IPAC Committee meetings, Family Council, Resident Council and staff meetings. Any adjustments or suggestions to improve outcomes are discussed and implemented. The relation of the KPIs to the Home's Operational Plan are discussed and improvements are made. These changes are also discussed through various meetings and email updates.

## **Resident and Family/Caregiver Experience Survey Results**

Victoria Gardens distributed their 2022 Satisfaction Survey to residents and family members via email or paper copy. Responses from the survey were collected for eight weeks, between October 2-December 2, 2022. Questions that formed the survey were approved by both the Resident and Family Councils. Surveys were anonymous but participants had the opportunity to include their name if they wished. 28 resident and 22 family surveys were returned.

Ninety-six percent of the respondents said they would recommend Victoria Gardens to their family or friends. There were 9 different categories that contained a total of 36 multiple choice questions. These categories included COVID-19 Management, Choice, Privacy/Respect, Food Services, Support Services, Interaction with Others, Care, Abuse and Overall Satisfaction.

*\*See Appendix for Satisfaction Survey Report*

Results of the Satisfaction Survey were communicated to the Family Council during the January 30th, 2023 meeting. Results were also communicated to the Resident Council during the January 24th 2023 meeting. An email blast that included these final results and analysis were shared with residents, families, staff, and stakeholders on February 1, 2023. These results were posted in the Home on the first floor. During a quarterly general staff meeting on June 9th 2023, results of the survey were reviewed and discussed with staff.

## Actions Taken to Improve the Home

While the majority of the responses were positive towards the Home within the Satisfaction Survey, there were a few suggestions and comments received:

- A comment was made regarding the shortage of staff. The provincial average benchmark for direct care (RN, RPN, PSW) was to be 3 hours and 15 minutes by March 31, 2023. As per the Home's staffing report completed on March 31, 2023, the Home had an average of 3 hours and 37 minutes of direct care, surpassing the provincial benchmark.
- Another comment was made regarding information about external services, such as optometry, that could be available for residents. In December 2022, the Home procured a mobile optometrist that came to the Home and completed eye exams. This service remains available to the residents annually. The residents and families were informed of the new service via email and during the Resident and Family Council meetings. Residents and families who are newly admitted to the Home are informed of the service during the admission process.
- Finally, a comment was made regarding end of life care when accommodation is shared with a roommate. A suggestion was made to provide an option for privacy for both residents involved. The Home has revised its' Palliative Care Program. A space within the Home has been designated as the "Hummingbird Room," allowing for an optional private space for a resident and their family during end of life.

The Home has undertaken several actions to improve the accommodation, care, services, programs, and goods provided to the residents as outlined in the Home's Operational Plan 2022.

- Improved accommodation in the Home, including elevator renovations, new handrails in the hallways, fresh paint in resident bedrooms, new baseboards, new wardrobes in resident rooms and new privacy curtains.
- IPAC Lead in the Home obtained CBIC Certification in Infection Control, meeting Ministry of Health requirements for an IPAC Lead in long-term care.
- Updated the Palliative Care Program within the Home, which was nominated for the Dr. Anthony Kerigan Award for Leadership in Integrating Palliative Care in a Long Term Care Home. This award is from the division of Palliative Care at McMaster University that



recognizes large scale integration of the palliative care approach in a long-term care home. Leadership is demonstrated by, among others, training the majority of the staff on the palliative care approach, regular access to a specialist palliative care team for support, and quality improvement activities and policies that support the integration of early and timely palliative care. The nomination was provided by the Home's Palliative Care Consultant.

The residents within the Home were given the opportunity to review and provide input for the new privacy curtains (colour and style), paint colours and elevator styles. These suggestions were then discussed and reviewed during Resident Council meetings and Family Council meetings. The palliative care program was reviewed with the Family Council. The Palliative Care Program Lead attended a meeting in January to discuss the revisions to the program and the work done with the Home's palliative care consultant. As well, any changes and updates were discussed with the Continuous Quality Improvement Committee. No suggestions were received during meetings.

Any improvements or changes within the Home are communicated during quarterly Family Council meetings, monthly Resident Council meetings, quarterly staff meetings, and during regular email blasts to residents, staff, stakeholders and family members. Information is also shared through memos, postings in the Home and during shift exchange reports for staff.

## References

Particulars regarding the Home's Quality Improvement Program were obtained from the Home's Quality Improvement Policy Manual.

*\*See Appendix for Policies and Procedures*

## Report Prepared By

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