



DATE: July 11 2022

CONTINUOUS QUALITY IMPROVEMENT – INTERIM REPORT

DESIGNATED LEAD NAME: Director of Care, Beata Malizia RN

QUALITY FOCUS FOR 2022/2023

The following is our Home's commitment to pursue continuous quality improvement focused on the heart of our mission statement and seeks to better the lives of our residents, their families and our staff. With the interruption of annual QIP submissions in relation to the COVID-19 pandemic, this interim report will use previous QIP themes as a starting point for continuous quality improvement, recognizing the fundamental requirements of the new act and regulations contained in FLTCA, 2021 in broadening our commitment to CQI.

Our priorities continue to be aligned with Ontario Health's Priority Indicators with additional emphasis on the Resident Experience and Safe & Effective Care. Focusing on those areas that are identified in FLTCA, 2021 as programs that define quality for the lives of the persons, we provide care for and support. These include:

- **A holistic approach to Palliative Care**
- **Avoidable emergency department visits**
- **IPAC protocols and standards that protect all**
- **Ongoing commitment to health - related quality of life indicators as realized through MDS quarterly reporting statistics**
- **Best possible experience for residents and families**

As indicated in the ***CONTINUOUS QUALITY IMPROVEMENT COMMITTEE TERMS OF REFERENCE*** (see attached), the priority areas indicated in the attached **CQI Plan** will be tracked monthly unless otherwise indicated such as MDS quarterly statistics. Deviation or variants observed in the monthly stats will result in audit applications to determine possible root causes and influencing trends. Corrections to these will be adapted and the CQI plan updated to reflect the actions to correct or improve the outcome.

CQI Process will implement the following:

Assessment & Identification of Priorities:

Identify key process that impact on the identified priorities and establish goals for improvement

Understand the individualized needs of the residents/families/staff

Identify & rank the identified priorities based on knowledge of resident/family/staff expectation and/or high volume and/or high-risk activities



Identify/establish indicators and measures to track effectiveness of actions

Plan:

Determine what mechanism(s) will be used for data collection – for example satisfaction surveys; MDS statistics; Infections Surveillance tools etc

Implement/develop audit tools that will help to identify success or shortfalls of actions

Implement and establish reasonable levels of performance for priority indicators

Continuously review the plan to determine if priority indicators identified continue to be relevant, useful, and reliable.

Implement:

Establish frequency of review, audit applications and desired outcome time frames

Assign responsible categories/persons/schedules for CQI actions and outcomes

Utilize available QIA client management systems where available to maximize data collection

Evaluate:

Measure progress of CQI actions and progress

Adjust plan according to measured outcomes – are they being realized, exceeded, shortfalls

Add to the plan if new priority indicators evolve that meet the threshold for impacting on quality of life for residents/families/staff

Communicate:

Keep up to date CQI plan(s) and relevant communication posted on established CQI boards

Communicate results at least annually to Resident Council and Family Council

Post annual QIP on the provincial website (HQO) as defined by Health Ontario and relevant legislation

Implement and post annual program & satisfaction results

The Home commits to a continuous quality improvement approach that seeks to implement, spread, and sustain excellence in a person directed and inter-professional approach.