

Continuous Quality Improvement Report 2023/2024

MISSION:

"A Caring Community Which Values and Fosters the Worth and Lifestyle of All"

BACKGROUND:

Trinity Village shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates, and improves the quality of the accommodation, care services, programs, and goods provided to staff, residents, family, volunteers, partners, and service and suppliers.

Quality Improvement is a systematic approach to making changes that lead to better resident outcomes (health), more robust system performance (care), and enhanced professional development. It draws on the combined and continuous efforts of all departments and stakeholders, including residents and their families, to make better and sustained improvements.




Attributes of a High-Quality Health System share the common vision of a high-performing health system that is accessible, effective, safe, resident-centered, equitable, efficient, appropriately resourced, integrated, and focused on resident health.

Online Web: www.hqontario.ca/quality-improvement

Ontario Ministry of Health and Long-Term Care recognizes the Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation for long-term care homes. Achieving accreditation requires a service provider to commit to quality improvement, focus on the unique needs of each person the provider serves, and monitor the results of the services. In 2022 we were awarded a 3-year Accreditation for Person-Centered Long-Term Care Community, Dementia Care Specialty, and Governance programs.

Continuous Quality Improvement (CQI) at Trinity Village is every employee's responsibility, and improving service is paramount to our residents.

Foremost, the CQI Team must consider governance such as:

-  Ministry of Health and Long-Term Care (MOHLTC)
-  Health Quality Ontario (HQO)
-  Commission on Accreditation of Rehabilitation Facilities (CARF)

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- ✦ Home and Community Care Services Waterloo Wellington, Ontario Health LSAA Agreement as it relates to the mission.
- ✦ Health Standard Organization (HSO) National Long-Term Care Standards

The "Quality Improvement Program" shall focus on ensuring optimal care and service delivery for Residents, Staff, and Families.

Continuous Quality Improvement Designated Lead: Debby Riepert, COO

PROGRAM:

Model for Improvement

- ✦ AIM – What are we trying to accomplish?
- ✦ MEASURE- How will we know that the change is an improvement?
- ✦ CHANGE- What changes can we make that will result in an improvement?

Annually each department, team, and committee completes an Annual Review as follows:

1. Are the number and duration of meetings sufficient
2. What went well this year?
3. What can be improved upon?
4. Are there surveys that occurred this year?
5. Were stats reviewed and analyzed annually?
6. How were the stats shared with the department/committee/team, residents council, and family council?
7. Which of the following Continuous Quality Improvement Tools were used? (PDSA, 5Whys, FISH)
8. What support or education would be helpful for the Coming Year?
9. Did the SMART Goals require new or revised policies?
10. Did the SMART Goals require a review of job descriptions/duties?
11. CQI Indicators:
 - ✦ Completed
 - ✦ 3-year comparison
 - ✦ Identify indicators of significant change / outside benchmark
12. CQI Indicator change request: Add
Delete
Revise
13. SMART GOAL Categories:
 - ✦ Finance (cost savings)
 - ✦ Health & Safety

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- ✳ Strategic Plan
- ✳ Staff Wellness Survey
- ✳ NEW 2024 Staff Orientation/Probation Check-In Survey
- ✳ Resident/Family/Staff Well-being Survey
- ✳ NEW 2024 Family Orientation Survey
- ✳ Risk
- ✳ Complaints
- ✳ Ministry of Health Critical Incident System
- ✳ CARF Quality Improvement Plan
- ✳ Ministry of Health Resident Quality Inspection
- ✳ Health Quality Ontario; Quality Improvement Plan

The manager and committee lead recommend improvement items from the gathered data and areas identified. Departmental goals are not to exceed 200 hours annually (based on 1950 hours / full time) and to allow for job duties and daily changes within the healthcare sector.

Facility goals are reviewed and determined by all managers and recommended to the Board for approval and to residents, staff, and resident and family councils for feedback.

The Goals Report Card is distributed quarterly through the Virtual Town Hall Meeting, Board, Monthly Resident Meeting, and Resident and Family Councils, posted in each home area, then moved to the Public Communication Binder at reception.

The Continuous Quality Improvement Committee reviews the Goals at the TVCC Management Meeting on the 4th Tuesday of the month. Quality Improvements are not limited to annual reviews but as needed.

- ✳ 2023 Goals Report Card available on the Trinity Village website.
- ✳ 2023/24 Health Quality Ontario Annual Narrative available on the Trinity Village website.

2023 Quality Improvements to Processes

STAFF ORIENTATION – in response to Staff Experience Survey.

- ✳ Staff Orientation from 3 to 4 days – Managers orient new hires to their department and worker responsibility.
- ✳ Additional touch base meeting with the manager before completing orientation.

STAFF EDUCATION - in response to the Resident and Staff's Well-Being and Experience Survey.

- ✳ The mandatory In-person education day we trialed in 2022 is now standard.
- ✳ In-person Gentle Persuasive Approach training.

RESIDENT ADMISSION – in response to Critical Incident Review.

- ✳ Managers review new resident Care Plan 4 weeks after admission.
- ✳ Resident/Family Orientation Meet and Greet.
- ✳ Health Quality Ontario – Quality Improvement Plan.

VISITOR EXPERIENCE

- ✳ Visitor Handbook.
- ✳ Visitor Orientation and Survey.

Health Quality Ontario Quality Improvement Plans

#1 ED Visits - Reduce Potential Avoidable Visits

- ✳ To best plan for targeted systemic areas of improvement, obtain baseline data for potentially avoidable transfers by December 31, 2023.

#2 Antipsychotic Rate

- ✳ Trinity Village Care Centre has seen an increase in antipsychotic rate due to admitted residents from the community with ordered Antipsychotic medications. We are committed to ensuring resident safety and improving quality of life; antipsychotics must be tapered off safely and correctly after a period of adjustment at Trinity Village Care Centre.

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- ✿ To reduce instances of ordered antipsychotic medications without a diagnosis of psychosis from the increased percentage of 19.3% to 14.00% by March 31, 2024. This Goal would bring Trinity Village beneath the current provincial average of 21.4% and the Waterloo Wellington average of 18.3%.

#3 Skin and Wound

- ✿ Trinity Village has seen an increase in worsened wounds due to increased monitoring and methods of capturing data. New software and data analysis implementation has allowed for better data capturing and new protocols to improve wound care within the home.
- ✿ To decrease the percentage from 4.5% for worsening pressure injuries to the provincial average of 3% by December 31, 2023.

On behalf of the residents and staff,
Respectfully yours,



Debby Riepert, COO