

Continuous Quality Improvement (CQI) Interim Report 2022/2023

DESIGNATED LEAD

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QUALITY PRIORITIES

Shepherd Lodge is happy to share our Interim Continuous Quality Improvement Interim Report. We embody quality in our Vision, Mission and Values of the Organization.

Our Vision

To be a continuum of care within a Christian community, where seniors find peace.

Our Mission

Recognizing our origins and shared common creed and values with the Pentecostal Assemblies of Canada, we meet the changing physical, spiritual, and social needs of seniors through quality care and compassionate service”.

Our Values

Compassionate Care

We, as a team, are genuinely concerned about the well-being of those we serve

Accountability

We hold ourselves to a higher standard being responsible to our residents, co-workers, partners and our community.

Respect

We treat everyone equally with integrity to earn their trust.

Excellence

We are quality driven to exceed the expectations of those we serve.

Commission of Accreditation of Rehabilitation Facilities (CARF) Canada

In 2020 Shepherd Village was please to engage in CARF Canada Survey of which we were issued a 3 year accreditation with no recommendations. We will be ready to complete our next survey in 2023.

Canadian Institute for Health Information

There are several areas that Shepherd Lodge continues to do better than the provincial average. Some of these areas include:

<u>Key Performance Indicator</u>	<u>Ontario</u>	<u>Shepherd Lodge</u>
Incidence of falls	16.2%	8.4%
Taken antipsychotics without a diagnosis of psychosis	20.7%	14.2%
Has pain	4.8%	2.1%
Has a stage 2 to 4 pressure ulcer	4.6%	3.3%

PROCESS TO DETERMINE PRIORITY AREAS

When looking at the possible opportunities for improvement we review the following data:

- Resident & Family Satisfaction surveys
- Staff Satisfaction surveys
- Resident & Family Council feedback
- Canadian Institute for Health Information data
- Key Performance Indicators (KP's)
- Internal and external audit outcomes
- Program evaluation outcomes

The interdisciplinary team meets several times a year to review data from several data sources and determine as a team what the improvement priorities are. We may use a quality improvement tool called a Priority Calculator to assist with this determination.

We also review the data at the Board Quality Committee Meetings whose members which include Board Members, the Medical Director and the President and CEO, provide input as to the priorities as well.

PRIORITY AREAS

The high level priorities for this year include:

- Increase resident and family experience
- Reduce the use of restraints
- Improve snack menu options

QUALITY OBJECTIVES

Focused Action:

1. Increase the Resident and Family overall satisfaction rate from 83% to 84%.
2. Reduce the percentage of residents who use daily restraints from 4.2% to 3.5%
3. Improve resident satisfaction with the overall quality of food and drink from 68% to 70%

Moderate Action:

4. Reduce the percentage of residents who have worsened locomotion from 18.1% to 17%.
5. Reduce the percentage of residents whose mood from symptoms of depression worsened from 23% to 22%.

OUR APPROACH TO CQI (Policies and Procedures)

Our Quality Improvement Manual which consists of policies and procedures guides us in determining when to utilize a DMAIC process for improvement. As an interdisciplinary team soon to include a family member and resident will work through the priority projects using this model:

DMAIC Quality Improvement Cycle

DMAIC (Define, Measure, Analyze, Improve, and Control) is a quality Improvement Cycle used by the Residents First Initiative (HQO). This model has five phases. This model is available for the team(s) to use as part of the quality improvement or initiative.

- 1. Define:** Identify a situation or problem
 - Seek to understand a process
- 2. Measure: Review or collect baseline data**
 - Collect baseline data to verify what the problem is and allows us to compare before and after the change
- 3. Analyze – The current problem**
 - What story does it tell us about the system?
- 4. Improve**
 - The team starts developing change ideas and starts implementing these changes.
- 5. Control**
 - The team creates an action plan to sustain the changes that have been made with clear lines of accountability

MONITORING AND MESURING PROGRESS

A key component of the sustainability plan is the collection and monitoring of the key project measures over time. Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not. If not achieving the desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) 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 gaps in compliance, etc.

COMMUNICATION OF INITIATIVES

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Posting on unit quality boards, in common areas
- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Handouts and one to one communication with residents
- Presentations at staff meetings, town hall meetings, Resident and Family Council meetings
- Huddles at change of shift