SHEPHERD VILLAGE
A Caring Christian Seniors' Community

Continuous Quality Improvement (CQI) Report 2023/2024

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DESIGNATED LEAD

Michelle Defante
Manager, Quality and Clinical Education

QUALITY PRIORITIES

Shepherd Lodge is happy to share our Continuous Quality Improvement 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 pleased to engage in CARF Canada Survey, of which we were issued a 3-year accreditation with no recommendations. We are ready to complete our following survey in the Summer of 2023.

Great Place to Work® Canada

Many business leaders, research institutions, and the public rely on the Great Place To Work® Canada Trust Model© as the definitive standard of being a great workplace. Shepherd Village has adopted this methodology and is proud to say that our staff has voted us as a Great Place to Work.

Canadian Institute for Health Information (CIHI)

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

Key Performance Indicator	Ontario	Shepherd Lodge
Incidence of falls	16.6%	12.5%
Taken antipsychotics without a diagnosis of psychosis	21.4%	9.6%
Has pain	4.5%	1.6%
Has a stage 2 to 4 pressure ulcer	4.6%	2.9%

PROCESS TO DETERMINE PRIORITY AREAS

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

- Resident and Family satisfaction surveys
- Staff satisfaction and engagement surveys
- Resident & Family Council feedback
- Canadian Institute for Health Information data
- Internal key performance indicators
- Internal and external audit/inspection outcomes
- Program evaluation outcomes

The interdisciplinary team meets several times a year to review data and feedback from our stakeholders to determine what the improvement priorities are. We also refer to resources such as Health Quality Ontario for our quality improvement journey.

The Board Quality Committee also provides input into the annual plan.

PRIORITY AREA OUTCOMES FOR 2022/2023

Increase resident and family experience	Overall satisfaction has improved from 83% in 2021 to 89% in 2022.
Reduce the use of restraints	Restraint utilization has decreased (improved) from 2.2% Q3/2021 to 1.9% Q3/2022.
Improve snack menu options	Snack offering now includes a variety of options, including fresh fruit and yogurt.
Reduce the percentage of residents who have worsened locomotion	Residents whose locomotion had worsened improved from 18.1% Q3/2021 to 10.9% Q3/2022
Improve resident satisfaction with the overall quality of food and drink.	Overall satisfaction with food and drink improved from 72% in 2021 to 73.5% in 2022

PRIORITY AREAS FOR 2023/2024

The high-level priorities for 2023/2024 include:

1. Improve worsened mood from symptoms of depression.
2. Transition from Advanced Directives to Goals of Care and the Prevention of Error-based Transfers (PoET Project).
3. Reduce the # of new internally acquired pressure injuries.
4. Improve the positive response to “I can express my opinion without fear of consequence

QUALITY OBJECTIVES

Focused Action:

1. Decrease worsened mood from symptoms of depression from 23.7% to 22%
2. Transition from Advanced Directives to Goals of Care (PoET Program) 100%
3. Reduce the # of new internally acquired pressure injuries from 13 to 12
4. Improve the positive response to “I can express my opinion without fear of consequence from” 73% to 80%”

Moderate Action:

1. Improve resident satisfaction with the overall quality of food and drink from 75% to 77%
2. Improve staff overall satisfaction and engagement from 75% to 78%
3. Increase weekend and evening recreation programming by 20%

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. An interdisciplinary team, including family and resident representatives, 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 allow 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 MEASURING 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 home area quality boards in common areas
- Publishing stories and results on the website, on social media, or via a 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, and Resident and Family Council meetings
- Home area staff huddles

THE RESIDENT AND FAMILY EXPERIENCE SURVEY and the QUALITY TEAM

At Shepherd Lodge, the Resident Council (RC) Lead and the Family Council (FC) Chair participate in the Quality Team meetings. This interdisciplinary team is responsible for identifying and supporting opportunities for improvement for Shepherd Lodge. The Resident and Family Experience Survey results and the action plans are reviewed for input at this meeting.

Summary of the 2022 Resident and Family Experience Survey

Action	Date
Date draft survey taken to council for input	RC - October 11, 2022 FC - October 4, 2022
Distribution start date	RC - October 25, 2022 FC - October 13, 2022
Date the results shared and input for action with the council	RC - March 14, 2023 FC - March 9, 2023

The Director of Client Care Services shared the results with both Councils via presentation format and highlighted the following outcomes of the survey:

Response Rate

- 100% of eligible residents
- 29% of families
- Most respondents are the children of the residents
- % of resident respondents is highest from RHAs 5/6/7
- % of family respondents is similar across all RHAs

2022 Results	2021 Results
How would you rate SL overall?	
Resident: 88% Family: 91%	71% 89%
Would you recommend SL?	
Resident: 85% Family: 94%	74% 88%
Staff treat me with respect?	
Resident: 86% Family: 84%	86% 78%
I can express my opinion without fear of consequence	
Resident: 73% Family: 55%	73% 47%
The staff listen to me.	
Resident: 78% Family: 60%	62% 56%
I am given the opportunity to make decisions for my care.	
Resident: 81% Family: 87%	58% 84%
Good variety of food and drink was offered to me	
Resident: 73% Family: 65%	72% 64%
I have access to do enjoyable things on the weekend.	
Resident: 81% Family: 54%	72% 30%
Has the home provided ongoing communication through COVID-19 pandemic?	
Resident: 60% Family: 91%	55% 84%
Resident or Family specific questions as requested by Councils	
Do you like the atmosphere at mealtime?	
Resident 80%	
Is the temperature in the spa room to your liking?	
Resident 60%	
Do you feel welcome when you visit?	
Family: 87%	
Screening at entry is effective?	
Family: 83%	
I am updated on the resident's well-being either by phone or in person.	
Family: 82%	

It is easy to reach staff for an update by phone.
Family: 32% (52% said sometimes)
Care is consistent regardless of the staff on shift.
Family: 53% (34% said sometimes)

Shepherd Lodge creates an action plan each year with input from the Family and Resident Councils.

In 2023, we will focus on the following areas to improve:

- Privacy
- Process to raise concerns
- Residents' involvement in their care decisions
- Pleasurable mealtime
- Quality of food and drink
- Evening programming
- Personal clothing management
- Providing general health updates