

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 3, 2023



## **OVERVIEW**

Kristus Darzs Latvian Home is a charitable, not for profit Long Term Care Home located in a rural setting in Woodbridge, Ontario. Quality Improvement principles are woven into the fabric of the Home's operations and embraced by the multidisciplinary team.

While the Home continues to improve on clinical indicators during daily operations, the formal Quality Improvement Plan for 2023/24 focuses on quality of life indicators, including excellence in communication and meaningful programming for all residents.

## **PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING**

In determining our annual QI goals, the Quality Committee considers input from residents, families and staff along with guidance from the Board of Directors Quality Committee. The results from the Annual Resident and Family Satisfaction Survey alert us of areas needing attention.

To further promote our resident engagement, our Programs Manager holds monthly Program Planning Meetings where residents have an opportunity to voice their feedback about the activities provided during the previous month and share ideas for new programming for the upcoming month. Similarly, during Resident Food Committee meetings, which are held twice a year, residents provide their input regarding their seasonal menu. The Home has an active Residents Council. During the Residents Council meetings the Home's leadership team gathers feedback on what's working well and current opportunities for improvement.

## PROVIDER EXPERIENCE

Over the past few years, our team has experienced unprecedented stressors. In an effort to lift the team's spirits, Employee Wellness Program was introduced in 2022. The Home's Dietary Manager, Programs Manager and Resident Support Services Coordinator lead the program. The goal of the program is to promote employee well-being through exercise, nutrition, mindfulness and simply fun.

## CONTACT INFORMATION/DESIGNATED LEAD

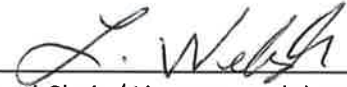
Mandeep Gill, RN, Quality Lead  
905 832 3300 ext. 235  
mgill@kdatvianhome.com

## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

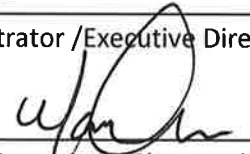
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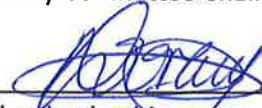
Board Chair / Licensee or delegate



Administrator / Executive Director



Quality Committee Chair or delegate



Other leadership as appropriate

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## Theme I: Timely and Efficient Transitions

### Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	30.83	25.00	the Home will continue to focus on this indicator outside of the formal QIP	

### Change Ideas

Change Idea #1 the Home will continue to focus on this indicator outside of the formal QIP

Methods	Process measures	Target for process measure	Comments
the Home will continue to focus on this indicator outside of the formal QIP	the Home will continue to focus on this indicator outside of the formal QIP	the Home will continue to focus on this indicator outside of the formal QIP	the Home will continue to focus on this indicator outside of the formal QIP

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "There are opportunities for me to participate in activities."	C	% / LTC home residents	In house data collection / Annual Resident Satisfaction Survey 2023	48.00	86.00	1) programs calendar is designed based on resident feedback and input 2) there is a strong possibility that the low satisfaction score was due to the residents misunderstanding the survey question rather than them being dissatisfied with the activities	external entertainers (music, live stage shows, impersonators, dancers), faith leaders

### Change Ideas

Change Idea #1 Offer a variety of programs in the different domains based on residents likes and expectations

Methods	Process measures	Target for process measure	Comments
1) Continue with the monthly Resident Program Planning Meetings to obtain residents feedback and suggestions about what they would like to see on the programs calendar. 2) Programs Manager will design the monthly calendar based on resident input. 3) continue with the program staff meeting with program manager to discuss new or continued program ideas.	number of meetings held; new programs implemented based on resident feedback; programs updated or revised based on resident feedback	one meeting every month ( residents and staff meetings)	

Change Idea #2 The individual facilitating the Annual Satisfaction Survey will know how to effectively conduct the survey

Methods	Process measures	Target for process measure	Comments
1) Resident Support Services Coordinator will train the person taking the survey on effective ways to read the question to the resident while ensuring the resident fully understands the intent of the question before recording their answer. As it relates to question: "There are opportunities for me to participate in activities", it is critical that resident fully understands the intent of the question and the difference between "opportunity to attend" and "choosing to attend or not".	number of questions on the survey which may be misinterpreted and may need further explanation	100% of questions reviewed with the person conducting the survey	Based on resident feedback, it is likely that the survey results for 2022 showed low satisfaction due to the question being misunderstood by the residents

**Measure**      **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "There are activities that support my religious/spiritual beliefs."	C	% / LTC home residents	In house data collection / Annual Resident Satisfaction Survey 2023	51.00	66.00	It has been a challenge to establish new relationships with faith leaders during the pandemic. Therefore, this goal is set for a period of 2 years	faith leaders from different faith communities

**Change Ideas**

Change Idea #1 We will have a record in PCC of each resident's faith and/or spiritual stance.

Methods	Process measures	Target for process measure	Comments
1) Programs Manager and Activation Aid will interview residents regarding their faith and spiritual needs. 2) Resident Support Services Coordinator will ensure this information is updated for all new residents. 3) Program manager will include the topic of spirituality in the monthly program planning meeting with residents.	number of resident records updated in PCC	100 resident profiles updated by April 30th 2023	

Change Idea #2 Connect KD residents with their faith community

Methods	Process measures	Target for process measure	Comments
1) Programs Manager will contact faith leaders in the community 2) Based on the number of residents with specific religious beliefs, Programs Manager will schedule faith based services or one-on-one visits for residents if requested by resident or POA.	number of resident records updated in PCC	1) by the end of 2023 and ongoing 2) by the end of 2024 and ongoing	If resident interest is not there, then program will not be offered on a regular basis.

Change Idea #3 Understand and define "spirituality" and "spiritual needs" as they relate to KD residents

Methods	Process measures	Target for process measure	Comments
1) Programs Manager will interview those residents who don't subscribe to a specific faith but rather identify themselves as "spiritual". Programs Manager will gain insights into what "spirituality" and "spiritual needs" mean to our residents 2) Based on her learnings, Programs Manager will implement appropriate programming.	number of specific programming to meet spiritual needs	Ongoing - Starting April 2023, the topic of introducing a variety of spiritual programming will be initiated both with the residents and program staff meetings.	This topic will be based on the residents' interest.

## Theme III: Safe and Effective Care

### Measure Dimension: Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "Has the home provided ongoing communication to you during the ongoing COVID-19 pandemic?"	C	% / LTC home residents	In house data collection / Annual Resident Satisfaction Survey 2023	56.00	71.00	The Home has been able to identify specific processes needing improvement.	

### Change Ideas

Change Idea #1 Provide timely updates to residents in relation to the ongoing pandemic.

Methods	Process measures	Target for process measure	Comments
1) RNs will continue inform residents of their test results in a timely manner 2) IPAC Lead will provide daily visit residents placed on isolation and inform them of their health status, potential isolation end date, etc. 3) ED, DOC or delegate will provide written updates to residents as they relate to outbreaks or other pandemic related matters before notifying families.	1) residents on isolation during a current month surveyed by IPAC lead 2) documented visits in progress notes by IPAC lead 3) number of communications sent to residents	1) monthly 2) monthly 3) ongoing	



**Measure**      Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I receive updates about my health."	C	% / LTC home residents	In-house survey / Annual Resident Satisfaction Survey 2023	41.00	56.00	Significant improvements have already been made in this area in 2022.	

**Change Ideas**

Change Idea #1 Facilitate effective and inclusive shift reports.

Methods	Process measures	Target for process measure	Comments
1) DOC & ADOC will create a template for effective communication to follow during shift report. 2)DOC & ADOC will train the RPNs how to facilitate an effective shift report using the created template. 3) DOC & ADOC will conduct weekly audits observing shift reports for three months after implementation and monthly thereafter. 4) Involve all departments in shift change reports.	1) template designed yes/no 2) number of RPNs trained 3) audit results 4) departments present during shift report	1) by Apr 30 2) by end of May 3) Jun-Aug and ongoing 4) starting Oct 2023	

**Measure**      Dimension: Effective

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "Staff are available to me within a reasonable time when I need them."	C	% / LTC home residents	In house data collection / Annual Resident Satisfaction Survey 2023	65.00	75.00	With the upgraded tools (phone system, computer for RN, and audit) the Home will be able to achieve this target.	

**Change Ideas**

Change Idea #1 Ensure timely response to call bells

Methods	Process measures	Target for process measure	Comments
1) DOC & ADOC will monitor night shift report in SARA systems and follow up on all call bell responses exceeding 8 minutes. 2) Assess and replace defective phones to improve the battery lives. 3) Add extra computer for RNs to monitor call bell responses 24/7.	1) number of call bell responses reviewed and addressed with staff. 2) number of phones replaced 3) computer provided - yes/no	1) on going 2) by September of 2023 3) by the end of June 2023	

**Measure**      Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	23.55	20.00	the Home will continue to focus on this indicator outside of the formal QIP	

**Change Ideas**

Change Idea #1 the Home will continue to focus on this indicator outside of the formal QIP

Methods	Process measures	Target for process measure	Comments
the Home will continue to focus on this indicator outside of the formal QIP	the Home will continue to focus on this indicator outside of the formal QIP	the Home will continue to focus on this indicator outside of the formal QIP	the Home will continue to focus on this indicator outside of the formal QIP