



## KRISTUS DARZS LATVIAN HOME

### Continuous Quality Improvement Initiative Report for Fiscal Year 2024/25

As part of our commitment to providing exceptional care and maintaining the highest standards of quality, Kristus Darzs Latvian Home has developed a comprehensive Quality Improvement Plan for the fiscal year 2024/25. This plan outlines our priority areas for improvement, along with corresponding objectives, policies, procedures, and protocols to ensure continuous enhancement of the care and services we provide to our residents. The designated lead for the Continuous Quality Improvement Initiative is Parneet Kaur.

<p><b>Kristus Darzs Latvian Home’s priority areas for quality improvement, objectives, policies, procedures, and protocols for the continuous quality improvement initiative for 2024/25 fiscal year.</b></p>	<p>Through the implementation of this Quality Improvement Plan for fiscal year 2024/25, we aim to enhance staff responsiveness, listening skills as well as resident privacy and overall organizational effectiveness by increasing understanding and awareness of health equity. By adhering to our objectives, policies, procedures, and protocols, we will ensure that our residents receive the compassionate, personalized care they deserve.</p> <p>Priority Areas for Quality Improvement:</p> <ol style="list-style-type: none"><li><b>1. Enhance resident privacy</b></li></ol> <p><u>Objective:</u> To ensure resident privacy is respected when entering resident rooms and providing care</p> <p><u>Policies and Procedures:</u></p> <p>Respecting Resident Privacy Policy: This policy outlines the procedures and guidelines for respecting resident privacy when entering resident rooms and providing care at Kristus</p>
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Darzs Latvian Home. We aim to uphold the dignity and autonomy of each resident while ensuring they receive the necessary care and support in a respectful manner.

Protocols:

- Privacy Audits: Regular audits will be conducted to assess compliance with privacy policies and procedures. Any areas of non-compliance will be addressed promptly; in case of continued non-compliance, corrective discipline process will be initiated.
- Resident Feedback Mechanism: Residents and their families will be encouraged to provide feedback on privacy-related matters. This feedback will be used to identify areas for improvement and inform future initiatives.

**2. Improve staff listening skills and meaningful engagement with residents.**

Objective: This initiative aims to enhance communication between staff and residents, fostering active listening, meaningful connections, empathy, and person-centered care.

Policies and Procedures:

- Respectful and Empathetic Communication and Active Listening Policy: All staff members are required to communicate with residents and colleagues in a respectful, empathetic, and attentive manner. Active listening is emphasized as a fundamental component of effective communication.
- Person-Centered Care Policy: Our LTC Home is committed to providing person-centered care, which prioritizes the preferences, needs, and values of each resident. Staff members must actively listen to residents to understand their individual preferences and tailor care accordingly.

Protocols:

- Communication Guidelines: Clear guidelines will be established for staff interactions with residents, including expectations for listening, responding to



resident cues, and addressing concerns or requests promptly and empathetically.

- Role Modeling: Leadership and senior staff members will serve as role models for effective communication and listening skills. Regular observation and feedback sessions will be conducted to reinforce positive communication behaviors.
- Throughout the fiscal year, the Home will continuously monitor staff interactions and solicit feedback from residents and families regarding communication experiences. This feedback will be used to identify areas for improvement and inform ongoing training initiatives.
- Staff will be encouraged to participate in reflective practice sessions to discuss communication challenges, share best practices, and support each other in enhancing listening skills and interactions.

### **3. Improve staff responsiveness and availability to respond to resident needs:**

#### Objective:

- Improve Response Time: Decrease the time taken for staff to respond to resident requests or emergencies.
- Increase Staff Availability: Ensure adequate staffing levels and optimize scheduling to maximize availability during peak times
- Empower Staff: Provide training and support to empower staff members to proactively anticipate and address resident needs.

#### Policies and Procedures:

- Mandatory Training, Orientation and Education policy: provide ongoing training opportunities for staff members to enhance their skills in areas such as customer



service, problem-solving, and communication.

- Offer specialized training in recognizing and addressing the unique needs of residents with dementia, mobility limitations, or other specific requirements.
- Call bells, Bed Alarms, Chair Alarms, and Nighttime Safety policy: All staff are required to comply with the policy and procedures related to responding to all alarms.
- Respectful and Empathetic Communication and Active Listening Policy: Establish clear protocols for communication between staff members fostering teamwork.
- Staff Scheduling Procedure: Review and adjust staffing schedules to ensure adequate coverage.

Protocols:

- Resident Needs Assessment Protocol: Conduct regular assessments of resident needs and preferences to anticipate potential requests or requirements. Utilize resident care plans as a guide for prioritizing and addressing individual resident needs in a timely manner.
- Staff Availability Monitoring Protocol: consider utilizing scheduling software to make the process of replacing staff more efficient and to ensure adequate coverage. Implement mechanisms for staff members to communicate their availability or schedule preferences to the scheduler more effectively.
- Feedback and Continuous Improvement Protocol: Solicit feedback from residents, families, and staff members regarding responsiveness and availability. Use feedback to identify areas for improvement and implement changes to enhance staff responsiveness and availability continuously.



	<p><b>4. Equity, diversity, inclusion, and anti-racism education for leaders</b></p> <p><u>Objective:</u> to increase understanding and awareness of health equity through education and continuous learning</p> <p><u>Policies and Procedures:</u></p> <ul style="list-style-type: none"><li>• Mandatory Training, Orientation and Education policy: continue capacity-building through knowledge transfer, education, and training about health equity in Ontario.</li></ul> <p><u>Protocols:</u></p> <ul style="list-style-type: none"><li>• Demonstrate that at a minimum, the management team completes relevant equity, inclusion, diversity, and anti-racism education by September of 2024.</li></ul>
<p><b>The process used to identify the Home’s priority areas for quality improvement for 2024/25 fiscal year and how the Home’s priority areas for quality improvement for the 2024/25 fiscal year are based on the recommendations of the Home’s continuous quality improvement committee.</b></p>	<p>Identifying priority areas for quality improvement in a home setting requires a comprehensive process that involves various stakeholders and thorough analysis. For the 2024/25 fiscal year, the home's continuous quality improvement committee played a central role in this process. Here's an overview of the steps involved:</p> <p><b>Data Collection and Analysis:</b> The first step is to gather relevant data on the home's performance in various aspects of care delivery. This includes data on resident outcomes from CIHI, safety incidents, resident feedback, and any other metrics deemed important for quality assessment. Data analysis tools and techniques are utilized to identify trends, patterns, and areas of concern.</p> <p><b>Continuous Quality Improvement (CQI) Committee Review:</b> The CQI committee, comprised of representatives from different departments within the home (such as nursing, administration, activation, etc.), convenes to review the collected data. The committee discusses findings, identifies strengths, and opportunities for improvement, and considers previous improvement initiatives and their outcomes.</p>



**Benchmarking and Best Practices Research:** The committee conducts benchmarking against provincial averages and best practices. This involves researching how similar homes are addressing similar challenges and what strategies have been effective elsewhere. Benchmarking provides valuable insights into areas where the home may need improvement or where it's performing well compared to peers. One such example is our call bell system. The Executive Director and ADOC visited another Home to learn about their approach to call bell management and the installation of the call bell system. We are currently in the process of applying and implementing the learnings at Kristus Darzs.

**Stakeholder Input:** Input from various stakeholders, including residents and the Board, is solicited and considered. Feedback from these groups helps prioritize areas that directly impact the quality of life and care provided to residents. Surveys, focus groups, and individual interviews are conducted to gather this input. For instance, after gathering the data from the Annual Resident Satisfaction Survey, the Programs Manager and the QI Lead meet with the Residents' Council focus group to further understand the survey results and identify the areas for the Quality Improvement Plan (QIP). Similarly, the Board Quality Committee contributes to the overall strategy of the QIP.

**Prioritization Criteria:** The committee establishes criteria for prioritizing improvement areas. These criteria may include factors such as the potential impact on resident outcomes, regulatory compliance requirements, alignment with the home's mission and values, feasibility of implementation, and resource availability.

**Ranking and Consensus Building:** Based on the data analysis, benchmarking results, stakeholder input, and prioritization criteria, the committee ranks potential improvement areas. Consensus-building techniques are employed to ensure that all committee members agree on the final list of priority areas.

**Development of Improvement Plans:** Once priority areas are identified, the committee collaboratively develops improvement plans for each area. These plans outline specific goals, objectives, strategies, timelines, responsible parties, and metrics for measuring progress. Plans are tailored to address the unique needs and challenges of each priority



	<p>area.</p> <p><b>Monitoring and Evaluation:</b> Throughout the fiscal year, the CQI committee monitors the implementation of improvement plans and evaluates their effectiveness. Regular progress reviews are conducted to identify any barriers or challenges and make necessary adjustments to ensure goals are met.</p> <p>By following this systematic process, the home can effectively identify priority areas for quality improvement for the 2024/25 fiscal year. The recommendations of the continuous quality improvement committee serve as the foundation for these priority areas, ensuring that improvement efforts are evidence-based, targeted, and aligned with the home's overarching goal of providing high-quality care and services to its residents.</p>
<p><b>The process by which we monitor and measure progress, identify and implement adjustments, and communicate outcomes for the Home’s priority areas for quality improvement in the 2024/25 fiscal year.</b></p>	<p>Monitoring progress, implementing adjustments, and communicating outcomes for priority areas involves a structured and iterative approach. Here's how the process unfolds:</p> <p><b>Establish Clear Metrics and Targets:</b> Each priority area identified for quality improvement have specific metrics and targets associated with it. These metrics include things like % reduction of... , improvement in resident satisfaction scores in ... , decrease in..., etc. Targets are realistic, measurable, and time-bound.</p> <p><b>Regular Monitoring and Data Collection:</b> Regular data collection is essential to monitor progress toward the established metrics and targets. Data is collected through various sources such as incident reports, resident assessments, surveys, and quality audits. The frequency of data collection may vary depending on the nature of the improvement initiative, but it is frequent enough to provide timely feedback on progress.</p> <p><b>Analysis and Reporting:</b> Collected data is analyzed to track progress against the established metrics and targets. The analysis identify trends, patterns, areas of improvement, and any deviations from expected outcomes. Reports are generated to communicate this information to relevant stakeholders, including the CQI committee, the Board Quality Committee, management team, frontline staff, residents, and families.</p> <p><b>Identify and Implement Adjustments:</b> As data is analyzed, any areas where progress is not</p>



meeting expectations or where new challenges arise are identified. The CQI committee collaborates to determine appropriate adjustments to the improvement plans. This may involve revising strategies, reallocating resources, providing additional training or support to staff, or addressing underlying issues that may be hindering progress.

**Continuous Communication:** Transparent and ongoing communication is vital throughout the process. Stakeholders need to be kept informed about progress, challenges, adjustments, and outcomes. Regular meetings, newsletters, bulletin boards, and other communication channels are used to share updates and solicit feedback.

**Celebrate Achievements and Successes:** It's important to recognize and celebrate achievements along the way. When milestones are reached or significant improvements are made, it boosts morale and reinforces the importance of quality improvement efforts.

**Documentation:** Throughout the process, detailed documentation is maintained to track all aspects of quality improvement initiatives. This includes documentation of data collection, analysis reports, meeting minutes, adjustment plans, communication materials, and outcomes achieved. Documentation ensures accountability, facilitates learning, and provides a record of progress over time.

**Evaluation and Reflection:** At the end of the fiscal year, a comprehensive evaluation is conducted to assess the overall impact of quality improvement efforts. This evaluation involves reviewing the original goals and targets, analyzing final outcomes, and reflecting on lessons learned. The findings of this evaluation inform future quality improvement planning and initiatives.

By following this structured process of monitoring, adjusting, and communicating outcomes, to ensure the Home can effectively drive continuous improvement in quality of care and services for its residents throughout the 2024/25 fiscal year.





## Annual Resident and Family Experience Survey

<p><b>The date Annual Resident and Family Experience Survey was taken during the fiscal year</b></p>	<p>The most recent Annual Resident and Family Experience Survey was taken between October 4 and 18, 2023.</p>
	<p><u>Overall Satisfaction:</u></p> <p>Overall Satisfaction is determined in 2 key questions in the survey:</p> <ol style="list-style-type: none"><li>1) “How would you rate our home overall?”</li><li>2) “Would you recommend Kristus Darzs to a family member or friend needing long term care?”.</li></ol> <p><u>Residents:</u></p> <ul style="list-style-type: none"><li>• Ninety-one percent (91%) of resident respondents rated the home overall in the excellent/very good/good categories, similar to ninety percent (90%) in 2022.</li><li>• Ninety-one percent (91%) of respondents would positively (definitely/probably yes)” recommend Kristus Darzs to a family member or friend needing long term care similar to ninety-three percent (93%) in 2022.</li></ul> <p><u>Families:</u></p> <ul style="list-style-type: none"><li>• One hundred percent (100%) of families responding to the survey, rated the home overall in the excellent/very good/good categories, and improvement, compared to eighty-four percent (84%) in 2022</li><li>• Ninety-two percent (92%) of families responded they would (definitely/probably yes)”</li></ul>



	<p>recommend Kristus Darzs to a family member or friend needing long term care, an increase from eighty-one percent (81%) in 2022.</p> <p><u>Overall</u></p> <p>Resident and Family respondents have a high level of satisfaction with the care and services provided by Kristus Darzs. Resident satisfaction remained stable and family satisfaction rates increased compared to 2022. Detailed account of the survey results can be found in the binder by the main office at Kristus Darzs.</p>
<p><b>How, and the dates when, the results of the survey taken during the fiscal year were communicated to the residents and their families, Residents' Council, and members of the staff of the home.</b></p>	<p>Residents and Residents' Council: January 30, 2024 during a survey review and discussion meeting</p> <p>Families: March 14, 2024 during a Family Zoom Meeting followed by a memo via email</p> <p>Management: December 5, 2023</p> <p>Staff: December 12, 2023 during the staff huddle</p>

### Actions Taken

(This report is updated every quarter as progress is made)

<p><b>The actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year, the dates the actions were implemented and the outcomes of the actions</b></p>	<ol style="list-style-type: none"> <li>1. eMessenger. The call bell system upgrade to eMessenger has been initiated and will be tested on floor 2. Eight iPhones were purchased in March 4, 2024. The server upgrade was completed on March 25, 2024. Cell phone update is planned for April 1, 2024 and training has been scheduled for</li> </ol>
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	<p>April 2, 2024.</p> <ol style="list-style-type: none"> <li>2. LED wall Boards. Electrical work for the LED wall board installation was completed the first week of March , 2024.</li> </ol>
<p><b>Any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home’s priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions</b></p>	<ol style="list-style-type: none"> <li>1. We are in the process of replacing the chairs in the main lobby. The chairs were tested by staff and residents during the week of March 18 – 22, 2024. Based on resident and staff recommendations and feedback, a style of chair was selected and ordered on March 28, 2024.</li> </ol>
<p><b>The role of the Residents’ Council in actions taken</b></p>	<ol style="list-style-type: none"> <li>1. The Chair of the Residents Council will be involved in the roll-out of the upgraded eMessenger call bell system and will be providing feedback on his observations and service delivery.</li> </ol>
<p><b>the role of the continuous quality improvement committee in actions taken</b></p>	<ol style="list-style-type: none"> <li>1. The Lead of the QI in the Home is part of the project roll out each step of the way and will be facilitating the phone set up and leading the roll-out of the project.</li> </ol>
<p><b>how, and the dates when, the actions taken were communicated to residents and their families, the Residents’ Council, and members of the staff of the home</b></p>	<ol style="list-style-type: none"> <li>1. Residents were informed of the new call bell system upgrade during the last Residents Council Meeting on March 12, 2024. Families were informed of the call bell upgrade on March 14, 2024 during family zoom meeting and via email memo. Staff of the Home have been kept informed of the eMessenger project since December of 2023 during Tuesday huddles.</li> </ol>