

Community Demographics

Community Name: Seniors' Health Centre

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Quality Lead: Kathy Metcalfe, Administrator

Continuous Quality Improvement Initiative Report

2022-23 Quality Improvement Initiative

In 2022/23, Seniors' Health Centre chose to focus on the number of ED visits for a modified list of ambulatory care-sensitive conditions, per 100 LTC residents for its CQI initiative. Seniors' Health Centre set maintenance target remain below 15.3% from a previous performance of 11.51%. Seniors' Health Centre's current performance on this indicator is 19.26%. A detailed summary of our change ideas and lessons learned is available on the Ontario Health's Quality Improvement Plan (QIP) publicly accessible pages.

2023-24 Priority Areas for Quality Improvement

Seniors' Health Centre priority areas for quality improvement for the year are:

1. Resident and Family Satisfaction
2. Our Ontario Health QIP Indicators: ED Transfers, Resident and Family Satisfaction, Antipsychotic Usage, and Falls

Seniors' Health Centre strives to continuously monitor and improve resident and family satisfaction and staff engagement year over year. In response to feedback, specific action plans are developed and shared with residents, families, and staff. Seniors' Health Centre completed the annual resident and family satisfaction surveys from September 14-28, 2022. Seniors' Health Centre achieved 74% for overall resident satisfaction and 85% for overall family satisfaction. The results were shared with our resident council on Feb 9, 2023, and family council on Feb 19, 2023, and their feedback was sought in the development of the strategies to improve overall satisfaction (see Table 2).

North York General Hospital and Seniors' Health Centre use QIPs to help us prioritize our improvement projects and this year the quality committee has chosen ED Transfers, Resident and Family Satisfaction, Antipsychotic Usage, and Falls for its CQI initiative (see tables 1-4). In addition to the QIP, our community uses our internal operational plan to help prioritize and plan improvements for key indicators.

Policies, Procedures and Protocols That Guide Continuous Quality Improvement

Quality Improvement Policy, Planning, Monitoring, and Reporting

There is a robust Quality & Risk Management Manual that guides our communities through continuous quality improvement activities with a focus on enhancing resident care and achieving positive resident outcomes. The Quality Committee identifies improvement opportunities and sets improvement objectives for the year by considering input from annual program evaluations, operating plan development, review of performance and outcomes using provincial and local data sources, and review of priority indicators released from Ontario Health, and the results of the resident and family satisfaction surveys.

Continuous Quality Improvement Committee

The Quality Committee oversees all aspects of our continuous quality improvement initiatives and identifies change ideas that will be tested and implemented in collaboration with the interdisciplinary team. CQI initiatives use Plan-Do-Study-Act (PDSA) cycles (rapid implementation, evaluation, and implementation cycles) in line with the Model for Improvement. The Continuous Quality Improvement Committee meets at a routine frequency to monitor key indicators and elicits feedback from key stakeholders including residents and families. Selected change ideas are based on best practices, which are informed by research/literature. Through regular meetings and data review, the organization can confirm whether the changes resulted in improvement and adjust if and where required.

Accreditation

In the fall of 2022, Seniors' Health Centre participated in an external quality review for Accreditation. The accreditation process involves self-assessments of quality practices, engagement of our residents, families, and other stakeholders, and an on-site assessment conducted by peer surveyors. Seniors' Health Centre was successful in receiving the highest-level award of a 3-year Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

Sharing and Reporting

A copy of this Continuous Quality Improvement Initiative Report and the QIP, including the progress report from the 2022/23 QIP, and the workplan for 2023/24, will be shared with the Resident Council on July 13, 2023, and Family Council on July 23, 2023. As part of our quarterly reporting schedule, the committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

Planned Quality Improvement Initiatives for 2023-24

Table 1: Number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents.

Seniors' Health Centre has set a 6.5% improvement target to achieve a performance of 18.0% on this indicator, from 19.26%.

Change Ideas	Process Measure	Target for 2023-24
Goal of Care Planning and the Resident Health Care Wishes assessment will be completed within 6 weeks of a resident's admission	<ol style="list-style-type: none"> 1. Percentage of new admissions (within 6-8 weeks,) with completed "Goals of Care" care planning 2. Percentage of new admissions (within 6-8 weeks) with completed "Resident Health Care Wishes" assessments. 	<ol style="list-style-type: none"> 1. 100% completion rate every 6-8 weeks for appropriate residents 2. 100% completion rate every 6-8 weeks for applicable residents
Call to the NP or MD before sending resident to the ED to get their professional opinion on whether the resident can be treated within the home	Percentage of residents with a call before being transferred to the hospital (excluding emergency cases)	100 % of residents transferred to hospital (excluding emergency cases) will have an order

Table 2: Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" and the percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

Seniors' Health Centre is currently collecting the baseline data for this indicator.

Change Ideas	Process Measure	Target for 2023-24
Actively involve the residents in performance reviews of the staff	Number of performance reviews held & percentage feedback shared with staff	12 performance reviews to be held by Q4; 100% of feedback from the resident will be shared with the staff member
Member of the Leadership Team to meet with resident group monthly with invitation	Number of meetings held with a member of Leadership Team for residents to provide areas for	3 meetings to be held by Q4; 100% of concerns or opportunities brought forward will be addressed and followed up with

Change Ideas	Process Measure	Target for 2023-24
	improvements in the home & percentage of concerns addressed	

Table 3: Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment

Seniors' Health Centre has set a 1.3% improvement target to achieve a performance of 21.40%% on this indicator, from 21.68%.

Change Ideas	Process Measure	Target for 2023-24
Pharmacist and MRP to work collaboratively to review each resident on an antipsychotic without a diagnosis	Percentage of resident medication reviewed with a decrease in dose/or actual discontinuation of medication	100% of residents reviewed, will have a decrease or discontinuation
Pharmacist to provide monthly progress audits	Number of audits completed per month	Minimum of 5 audits per month to be completed.
Gentle Persuasive Approach	Percentage of staff participating in GPA training	10% of staff on all shifts will have GPA Training by December 31, 2023

Table 4: Percentage of long-term care home residents who fell during the 30 days preceding their resident assessment

Seniors' Health Centre has set a 2.8% improvement target to achieve a performance of 13.80%% on this indicator, from 14.20%.

Change Ideas	Process Measure	Target for 2023-24
Minimize risk of injury associated with falls	<ol style="list-style-type: none"> 1. Percentage of residents with fall prevention equipment 2. Percentage of residence with a fall's focus in their Plan of Care using an interdisciplinary approach 	<ol style="list-style-type: none"> 1. 100% of residents who have fallen/identified at risk of falling to have appropriate fall prevention equipment by Q4 2. 100% of residents who have fallen/identified at risk of falling to have a fall's focus in their Plan of Care by Q4

Change Ideas	Process Measure	Target for 2023-24
Identify high risk residents and implement appropriate interventions within 14 days of admission	Percentage of documented care plans focused on "Risk of Falls" on admission day for high-risk residents	100% of high-risk residents to have care plans focused on "Risk of Falls" within 14 days of admission
High Risk Falls huddles to take place with staff post fall	Number of falls huddles matching the number of falls	All of residents that have fallen have had a falls huddle documented