



EASTHOLME, CONTINUOUS QUALITY IMPROVEMENT REPORT

CQI COMMITTEE LEADS

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CONTINUOUS QUALITY IMPROVEMENT COMMITTEE CHARTER

CONTINUOUS QUALITY IMPROVEMENT COMMITTEE (CQI) CHARTER

Collaboration & Identification of Quality Improvement Initiatives

The committee consists of individuals who are committed to ensuring the ongoing evolution of systems and processes, policies and procedures to bring enhancements and quality improvements to the residents of Eastholme. Committee members are open to feedback from all sources, and will bring the ideas forward to the committee meetings for discussion, prioritization and action where appropriate.

The committee was established with the two objectives:

- To maintain a formalized, coordinated performance management system that incorporates elements related to improving the quality of life, accommodation, care, services, programs, and goods provided to the residents.
- To utilize both process and outcome measures to evaluate organizational performance.

Eastholme's Continuous Quality Improvement Committee will:

- Promote the philosophy of Continuous quality improvement at Eastholme
- Meet on a regular basis
- Plan the Continuous Quality Improvement Program
- Develop, review and analyze audit tools, checklists and questionnaires
- Act as an advisory body to all working groups of the Home regarding Continuous Quality Improvement.
- Maintain records and minutes of meetings, actions taken and outcomes of actions.
- Communicate actions to Resident's Council, Family Council and staff.

Committee Members

The committee consists of individuals who are committed to ensuring the ongoing evolution of systems and processes, policies and procedures to bring enhancements and quality improvements to the residents of Eastholme. The committee is comprised of the following individuals:

- Chair/lead of the Committee – Assistant Director of Care
- Co-Chair/lead Director of Care
- Participant – Medical Director
- Participant – Administrator
- Participant – Assistant Administrator & Environmental Services
- Participant – Food and Nutrition Manager
- Participant – Coordinator of Resident Services
- Participant – Director of Recreation
- Participant – Dietitian
- Participant – Director of Administrative Services
- Participant - PSW
- Participant - Registered Staff
- Resident Council
- Family Council

Description of the process used to identify the home's priority areas for quality improvement:

The administrative team at Eastholme has reviewed the new FLTCA, 2021 to determine the priority areas for development based on the enhanced requirements outlined in the Act as compared to the revoked Long-Term Care Homes Act 2007. Resident and Family Council are made aware of initiatives of CQI, and provide their feedback.

Priority Areas for Quality Improvement

The committee members bring forward ideas and initiatives which are reviewed and discussed with the participants. Actioning change in initiative requires a thorough understanding of the current process, policy or procedure in place (if one exists), and the required improvement, and how that improvement will be measured. Identification of the appropriate subcommittee or individuals assigned to action the improvement and follow up reporting to the committee on progress are also part of the ongoing identification of priority areas. Members who cannot participate in every meeting are informed of the current initiatives via circulation of minutes, then are requested to provide additional feedback or comment on the areas of concern being discussed.

Description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement.

Monitoring and measuring of progress will depend on the adjustment being made. Potential sources of outcome measurement may include; review of departmental quality audits, MDS quality indicators, Canadian Institute for Health Information, Resident Satisfaction Surveys, etc.

Actions taken, dates, and outcomes for the home's priority areas for quality improvement will be shared at Resident and Family Council meetings and during departmental staff meetings.



Summary Report 2022

Priority Areas CQI report

The priority areas for quality improvement for 2022 involve redevelopment of the staff orientation and training program, and improvement of the internal environmental conditions in the home. Future considerations will be explored by the Continuous Quality Improvement Committee in the areas of Infection Prevention and Control Program, Palliative Care Program, Emergency Plans and Dietary Services and review of shift routines.

Of the initiatives identified, work is continuing towards: Palliative Care, Orientation process, Hours of Deployment and Physical Environment. Additional new initiatives such as re-establishing a Family Council and the review of internal processes of shift routines, have been added to the committee's initiative list.

SUMMARY REPORT – JANUARY 2022- DECEMBER 2022 INITIATIVES AND STATUS

The committee works to continually bring forward identified initiatives and as such this is a living document. The initiatives which are currently under review and in the process of being actioned in respect of the previous year are shown in the table below.

2022 Summary:

Initiative	Actions Taken	Resident/Family Council Role	Status	Measure
Orientation Process	<p>An enhancement for all new staff established, to ensure all processes and expectations for care are clearly shared, with a consistent outline.</p> <p>Develop a dedicated training team for general orientation.</p> <p>Develop on the floor trainers to deliver information.</p> <p>Orientation check list distributed to PSW for their collaboration and feedback.</p> <p>Orientation check list refined, edited and redistributed for PSW review.</p>	Communication to Resident Council during their meetings, for their insight and comments.	<p>Orientation team selected.</p> <p>Orientation check list refined and distributed.</p> <p>Process reviewed by PSWs with feedback received.</p> <p>Ongoing on-line training for orientation team members – PREP-LTC education.</p> <p>General Orientation Power point being developed to be presented to all new hires.</p>	<p>PSWs reviewed check list to ensure all content accounted for.</p> <p>Education for training team to ensure they feel confident to deliver onboarding information to new hires.</p> <p>Residents receiving continuity in care.</p>
Physical Environment	Several physical environment improvements such as new windows, heating & air conditioning underway.	Oversight, review and feedback for the recommendations from Resident council.	<p>¾ of windows in stalled.</p> <p>Roof repair to take place spring of 2023.</p>	Physical environmental upgrades improve temperature control.
Hours of Care Deployment	Ongoing review and considerations. Actively recruiting staff	Ongoing review and feedback	Onboarding of new hires	Staffing levels to meet hours of care deployment
Palliative Care	All in Palliative Care training.	Ongoing review and feedback.	<p>Nursing management team establish what is practical.</p> <p>Establish education and training schedule.</p>	Staff to be educated regarding palliative plan of care and end of life care.

FUTURE INITIATIVES 2023

Part of the committee's mandate is to continue to receive information from all of its members regarding the ongoing identification of initiatives including those which have already been actioned but need minor improvements.

Currently identified initiatives include:

- Training (review)
- Physical Environment
- Process review for dining room
- Palliative Care
- Hours of Deployment
- Recruitment of Nurse Practitioner
- Ongoing recruitment of Personal Support Workers and registered staff

“If there is no struggle, there is no progress.” *Fredrick Douglass*

“It does not matter how slowly you go so long as you do not stop.” Confucius.

The process of ranking currently identified future initiatives is

How do we begin to action

How do we learn about what is happening (why is it an issue)

How do we include different perspectives,

How do we measure and suggest improvements

When do we implement change(s)

How do we monitor and measure trajectory to meeting the goal

TRACK RECORD – 2022 ACHEIVEMENTS

Comments from resident council meetings that require initiative to be actioned – review transportation to dining room process.

Physical Environmental improvements are well under way with three quarters of the windows in the building being replaced by the end of 2022.



Summary Report 2023

Priority Areas CQI report

The priority areas for quality improvement for 2023 involve redevelopment of the staff orientation and training program and initiation of an “All in Palliative Care” training process. Future considerations will be explored by the Continuous Quality Improvement Committee in the areas of Infection Prevention and Control Program, Emergency Plans, Dietary Services, and review of shift routines.

Of the initiatives identified, work is continuing towards: Palliative Care, Orientation process, Hours of Deployment and Physical Environment. Additional new initiatives include re-establishing a Family Council and recruiting a Nurse Practitioner.



SUMMARY REPORT – JANUARY 2023- DECEMBER 2023 INITIATIVES AND STATUS

The committee works to continually bring forward identified initiatives and as such this is a living document. The initiatives which are currently under review and in the process of being actioned in respect of the previous year are shown in the table below.

2023 Summary:

Initiative	Actions Taken	Resident/Family Council Role	Status	Measure
Orientation Process	<p>Ongoing review, to ensure all processes and expectations for care are clearly shared with a consistent outline.</p> <p>Develop a dedicated training team for general orientation.</p> <p>Develop on floor trainers to deliver information.</p> <p>Orientation check list reviewed, refined and finalized.</p>	<p>Communication to Resident Council during their meetings, for their insight and comments.</p> <p>Family Council re-established.</p>	<p>Orientation team selected and Preceptor training provided.</p> <p>Ongoing on-line training for on-floor orientation team members – PREP-LTC education.</p> <p>General Orientation Power point for new hires initiated and under review for any required changes.</p>	<p>Education for training team to ensure they feel confident to deliver onboarding information to new hires completed for current training team.</p> <p>New staff being added as required.</p> <p>Residents receiving continuity in care.</p> <p>Positive feedback from residents on updated process.</p>
Shift routine review	Review of the process utilized to ensure residents arrive to the dining room at pre-designated times, per resident council feedback	Recommendation from Resident council	Shift routine process for transportation to dining room, reviewed and updated	Residents arrive at the dining room at pre-designated times.
Recruit Nurse Practitioner	Actively recruited a NP	Information shared with Resident council for their feedback	NP hired	Increased hours of access to medical provider.
Hours of Care Deployment	Traditional methods for recruitment expanded to increased social media presence	Reports provided to Resident/Family Council for their feedback	Ongoing review and recruiting continue.	Staffing levels to meet hours of care deployment
Palliative Care	All in Palliative Care training.	Ongoing review and feedback.	Training education available for all staff either through in home presentations or online courses.	Ongoing education for staff regarding palliative plan of care and end of life care.

FUTURE INITIATIVES - 2024

Part of the committee's mandate is to continue to receive information from all its members regarding the ongoing identification of initiatives including those which have already been actioned but need minor improvements.

Currently identified initiatives include:

- Review statistics for ER visits one year post hire of NP
- Palliative Care – ongoing education, training, and review
- Ongoing recruitment of Personal Support Workers and registered staff
- Physical Environment – Blinds for large common room and noise reduction when moving dining room chairs
- Orientation Process – ongoing monitoring and enhancements to refine the process

"A little progress every day adds up to big results." — Satya Nani

TRACK RECORD – 2023 ACHEIVEMENTS

Family Council re-established May 2023

Comments from resident council meetings – Improved process of transportation to the dining room

Recruited and hired a Nurse Practitioner

Physical Environmental improvements are ongoing with some adjustments still required.

Orientation Process – Enhancements allowed for a renewed timely follow-up with new hires, to ensure expectations for quality of care delivery being met.