



# Continuous Quality Improvement – Interim Report

## DESIGNATED LEAD

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## QUALITY PRIORITIES FOR 2022/23

Deep River & District Health, consisting of the Deep River & District Hospital, the North Renfrew Family Health Team, and the Four Seasons Lodge Long-Term Care Home, identifies as strategic priorities for the organization, a commitment to quality improvement, safety, and person (resident, patient and client) and family centered care. These concepts are identified as foundational supports to ensure strategic goals are achieved and as guiding principles for the organization.

Our ongoing commitment to quality is reflected in our mission, vision and values as well as in our strategic plan, which identifies both *People: continuing to provide excellent, compassionate services* and *Seniors: we will seek opportunities to support our aging population as it grows over the coming years* as two of the organizations four key strategic pillars.

The 2022/2023 Quality Improvement plan (QIP) supports the ongoing integration of services across the sectors, as well as engagement in promoting quality of services overall. Items addressed in the QIP have been identified based on risk assessment, legislative compliance, patient and resident feedback, collaborative quality improvement initiatives with OHT partners and anticipated future needs.

## ORGANIZATIONAL CONTINUOUS QUALITY IMPROVEMENT

The organization has *Quality Improvement Plan* and *Quality, Risk and Safety Framework* policies in place which outline a comprehensive, coordinated, facility-wide program for monitoring, evaluating and improving the quality of care, services, programs, accommodation and goods provided to patients, residents and clients.

An annual Organizational Quality Improvement Plan, inclusive of all departments and areas of the organization is developed and includes:

1. Strategic Areas of Improvement
2. Specific Topics for Improvement
3. Outcome and baseline measures used to determine progress of improvement activities
4. Goal for each improvement activity, along with timeframes for achievement / completion
5. Attribute of Quality the project relates to

## 6. Provincial mandatory or priority indicators as identified and appropriate

The Organizational Quality Improvement Plan is updated at least quarterly. Reports are provided to the Resident and Family Council, Patient and Family Advisory Committee as well as the Quality, Risk and Safety Committee of the Board quarterly.

Mechanisms used by the organization to identify, monitor, report and improve quality, risk and safety included:

- Patient Safety Plan
  - To ensure that there are effective internal safety processes and initiatives in place to address both patient, resident and staff safety concerns
- Risk Management: Identification and Mitigation
  - To ensure a systematic process is in place for risk identification, assessment and mitigation throughout all of its operations
  - Regulatory compliance is addressed within the risk management framework
  - Investigations and incident reviews follow an established procedure and support a Just Culture, allowing for a thorough systems analysis
- Quality Management and Improvement
  - To ensure that clinical/operational practices and procedures are based on, and benchmarked against, best practice guidelines
  - Departmental dashboards provide an overview of quality performance in each operational area and highlight areas for improvement
  - The annual Quality Improvement Plan provides guidance and metrics to monitor strategic initiatives
  - Supports work/life balance strategies that address staff engagement, safety, retention, and recruitment
- Communication, Reporting and Education
  - Fostering a Just Culture that is supportive of individuals who report and will ensure that such reports lead to a constructive response
  - A standardized reporting system for all events and near misses will facilitate timely communication and learning
  - Transparency is ensured through proactive communication and education to all stakeholders on procedures to follow during adverse events which include full disclosure of harm.
  - Quality, risk and safety information will be communicated to the Board, staff, and the public on a regular basis

A system to monitor the quality of service delivery and program outputs is maintained throughout the organization, consisting of:

- Corporate and Departmental Dashboards
  - Quality indicator and outcome measure monitoring is maintained through dashboards to ensure reliable information and evidence is available for decision-making and trigger analysis and action when outputs are identified outside of thresholds.
  - Indicators and thresholds tracked on dashboards are identified and linked as deliverables under the strategic pillars. Thresholds and targets are determined via internal or external benchmarking, or to indicate completion of action items.
  - Dashboards are reported and reviewed through appropriate organizational and governance committee structure. Departmental dashboards are displayed publically on

departmental quality boards and the Corporate Scorecard on the organizational quality board.

- Patient / Resident / Client Satisfaction Surveys
  - Annually a survey to measure the satisfaction of Residents and Family is completed in long-term care, in accordance with the *Fixing Long-Term Care Act, 2021 (FLTCA 2021)*. Survey development and results are shared with the Residents' and Family Council, as well as with leadership and governance.
  - Program specific experience surveys are completed regularly, on at least an annual basis, to measure experience. Results of experience surveys are shared with patients, residents, leaders and governance.
- Annual Program Evaluations
  - Annual program evaluations are completed for all identified programs under the *FLTCA 2021* and any others as identified by the organization to evaluate services, identify goals for improvement and measure compliance to legislation.
  - Evaluation of related Long-Term Care Inspection Protocols will take place in coordination with annual evaluations to ensure quality services are being provided according to the *FLTCA 2021*
- Program and Service Evaluation:
  - Program and Service Evaluations are completed to support efficient use of organizational resources and effective delivery of programs and services to clients, patients and residents.
  - A Program and Service Evaluation is completed prior to implementation of new programs or services, periodically when there is a change in service or program delivery, and at least once every two years upon the completion of a program or service or as determined by the program manager. Program and Service Evaluations may be initiated outside of predefined timeframes by the manager or executive lead of any program or service.
  - Program development and delivery is based on assessed need, including but not limited to:
    - Population demographics, target population
    - Stakeholder surveys/interviews/focus group – perceived need and value
    - Legislative / legal prescience

The Executive Leadership Team reviews all program evaluations for alignment to strategic objectives, organizational priorities and program deliverables.

Stakeholder involvement and input is included throughout the quality monitoring and evaluation process and includes input from patients, residents, clients, staff and clinical providers.

Stakeholder input is included when developing goals, conducting needs assessments, program development, monitoring and evaluation of services. The organization continues to have an active Patient and Family Advisory Council and Resident and Family Council that participates in review and development of policies and procedures

### **PRIORITY AREAS FOR QUALITY IMPROVEMENT FOR 2022/2023**

As the organization continues its recovery from the COVID-19 pandemic, patients, residents and families have helped identify priority initiatives within the organization as members of the Patient and Family Advisory Council (PFAC) and Resident and Family Council (RAFC).

The priority items have been identified as below:

### 1. Relaunch of the annual QIP

Throughout the pandemic, the annual submission of the QIP was placed on hold by Health Quality Ontario so that organizations could shift focus on pandemic response and recovery. In 2022/23 its submission of the annual QIP was voluntary.

In June, 2022 the organization submitted the 2022/23 QIP that focused on organizational initiatives as well as sector specific initiatives.

The Long-Term Care QIP items included for 2022/23 are:

- Positive response to the questions “What number would you use to rate how well the staff listen to you?”
  - In 2022/23 the Home will be collecting a baseline for this indicator, as this data has been collected with a non-numeric scale on previous surveys
  - Resident satisfaction survey to be provided to residents over the summer of 2022
- Number of Workplace violence incidents reported by workers
  - Goal to decrease workplace violence incidents by 10% from previous year
    - Build staff capacity & knowledge to avoid/minimize workplace violence through providing LTC staff with Gentle Persuasive Approach (GPA) education
    - Develop Emergency Response procedures and education for violence related emergencies through building Code White response capabilities- perform regular mock code white drills
    - Improve awareness and recognition workplace violence incidents through creation of a specific workplace violence debriefing tool

### 2. Relaunch of Corporate and Departmental quality indicator dashboards

Quality indicator and outcome measure monitoring was adapted throughout the COVID-19 pandemic to focus on high-risk and governance items.

In July 2022, relaunch of the departmental quality indicator dashboards was completed to publically share data related to departmental deliverables under the four strategic pillars.

Indicators tracked on dashboards have been aligned to external partners in our regional, the province and our OHT. Thresholds and targets are determined via internal or external benchmarking, or to indicate completion of action items.

### 3. Program evaluations

As the organization and health system recovers from the COVID-19 pandemic, Long-Term Care program evaluations will focus the impacts the pandemic has had on program delivery and resident needs as well as the impacts of the implementation of the *Fixing Long-Term Care Act, 2021*.

A multi-disciplinary approach to program evaluations allows for identification of priority goals to achieve the purpose of the program and identification of indicators to monitor.

#### 4. Refresh of Strategic Priorities

A refresh of the organization's current strategic plan, covering 2018-2022, will begin in 2022/23. The strategic plan sets the high level direction of the organization and will set the strategic directions which will collectively focus and steer organizational efforts for the coming years.

Through consultation with patients, residents, employees, physicians, the Board of Directors and external partner organizations the strategic plan will drive quality and patient and resident safety through ensuring that the organization's mission, vision and values are aligned with current provincial and national health care directions as well as the needs of the community.