



The Osgoode Care Centre

Continuous Quality Improvement (CQI)

July 2022-Interim Report

Designated Lead:

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The Osgoode Care Centre is dedicated to providing the best care and service possible to those who live here. Our continuous quality improvement (CQI) initiatives are developed through resident, family and staff feedback/recommendations, implementation of best practices, evaluation of quality indicators, in addition to legislative requirements.

Continuous Quality Improvement (CQI) is a team approach and it requires the skills and expertise of all team members to help in the CQI process. It also needs to involve our residents and their family members to ensure that CQI projects are designed to meet their goals and expectations for care and service. All project leads report to the Quality Committee.

The Osgoode Care Centre's 2022-2023 Continuous Quality Improvement Plan is divided into 4 quality dimensions areas, as defined in the Accreditation Canada Quality framework:

- Safety – Keeping people safe
- Effectiveness- Doing the right thing to achieve the best results
- Worklife – Supporting wellness in the work environment
- Resident/Family Centred- Putting residents and families first.

Safety – Keeping People Safe

❖ Infection Prevention And Control (IPAC) knowledge and policies:

Goal

1. To improve accessibility to and knowledge of department specific IPAC protocols for all staff members.

Objectives

- a) To transfer department specific IPAC policies into department manuals from the IPAC policy manual.
 - b) To update department specific IPAC policies to reflect best practices.
- Target date for completion: September 2022
 - Responsibility: IPAC RN, Director of Quality and Resident Experience and Department Managers

❖ Dunks Safety group

Goal:

1. To enhance our Occupational Health and Safety Program by working with Dunks and Associates, an approved provider with WSIB, committing to improve 4 elements of safety in 2022

Objectives:

- a) To focus on the following 4 elements of safety:
 - i. Risk Assessment
 - ii. Injury, Illness and Accident reporting
 - iii. Recognition of Hazards
 - iv. Incident Investigation and Analysis
- Target date for completion: December 2022
- Responsibility: HR Manager, Director of Quality and Resident Experience and Occupational Health and Safety Committee
- ❖ **Canadian Patient Safety Culture Survey – To follow up on results from the Canadian Patient Safety Survey , conducted in 2021 for our 2022 Accreditation Canada Survey**

Goal:

1. To adopt a “just culture” whereby a balance is struck between a punitive culture and blame free culture

Objectives:

- a) To have a work culture whereby employees do not feel alone, unsupported or ashamed when mistake happen
- b) To develop teams that hold each other accountable and who identify and fix problems before harm/error occurs
- c) To address at-risk behaviours and provide coaching before errors/harm occurs.
- Target date for completion: June 2023
- Responsibility: Leadership Team

Effectiveness – Doing the Right Thing to Achieve the Best Results

- ❖ **The “Fixing Long Term Care Act” and implementation of new/revised regulations**

Goal:

1. To ensure the home is in compliance with the “Fixing Long Term Care” Act and its regulations

Objective:

- a) To review and revise the home's policies and procedures to ensure they reflect the new Act and its regulations, in the timelines set forth by the Ministry of Long Term Care
 - Target date for completion: To meet Ministry timelines for completion
 - Responsibility: Leadership Team

❖ **Falls**

Goal:

1. To reduce the number of falls per month by 25%. Target is to reach the reach the provincial benchmark of 9 falls per month.

Objectives:

- a) To reduce the # of rolls out of bed
 - b) To reduce the # of falls that occur in a resident's room
 - c) To reduce the # of falls in common areas
- Target date for completion: December 2022
 - Responsibility; Interdisciplinary Falls Committee

❖ **Worsening Depression**

Goal:

1. To improve the life of those who live in the home who are experiencing depression.

Objectives:

- a) To decrease the % of residents experience worsening depression from 28% to 13% to reach the provincial benchmark.
 - b) To improve the overall quality of life of those experiencing depression through an interdisciplinary approach
- Target date for completion: June 2023
 - Responsibility: BSO Interdisciplinary Team

❖ **Implementation of ThinkResearch Clinical Support Tools**

Goal:

1. To integrate the suite of ThinkResearch Clinical Support Tools into the home's nursing assessment protocols.

Objectives:

- a) To integrate the following Clinical Support Tools (CST) into Point Click Care (PCC)
 - i. Wound Assessment – completed
 - ii. Responsive Behaviours –completed
 - iii. Palliative Care and End of Life- in progress
 - iv. Continence, constipation and UTI's
- b) To review and revise Clinical Care policies and procedures to incorporate use of the identified CST tools.
 - Target date for completion: December 2022
 - Responsibility: Director of Quality and Resident Experience, Director of Care, Wound Care Specialist, End of Life Committee, BSO Interdisciplinary Committee

Worklife- Supporting Wellness in the Work Environment

Goal:

1. To improve the work life culture of employees at the Osgoode Care Centre. Long term care has been a stressful health care sector to work in during the pandemic and the current staffing shortage. The risk of staff burn out is high.

Objectives:

1. To identify two areas for improvement indicated from the PULSE Quality of Worklife Survey conducted in 2021.
2. To engage staff through the Wellness committee to develop QI projects to address the two areas identified.
 - Target date for completion: December 2022
 - Responsibility: Wellness Committee

Resident/Family Centred – Putting Resident and Family First

- ❖ Behaviour Supports Ontario (BSO) Interdisciplinary Team development

Goal:

1. To improve the life of those who live in the home with unmet needs/responsive behaviours due to their dementia – how can we give them “a good day”?

Objectives:

1. To develop an BSO interdisciplinary team to support those living in the home with personal unmet needs/responsible behaviours
 2. To develop and implement non-pharmacological interventions to help support these people.
- Target date for completion: Completed. Team began meeting bi-monthly in April 2022.
 - Responsibility: BSO interdisciplinary team

❖ **Pleasureable Dining**

Goal:

1. To ensure the dining experience for those who live in the home is pleasurable and meets their needs and expectations

Objectives:

1. To identify dining improvements through monthly Resident Council meetings
 2. To conduct monthly audits of the dining experience and develop QI projects to address areas for improvement
- Target date for completion: ongoing
 - Responsibility: Osgoode Care Centre Resident Council, Director of Quality and Resident Experience, Nutrition Manager

❖ **Admission (Move In) Process**

Goal:

1. To evaluate our admission process so that is seamless, efficient and welcoming for residents and their families

Objectives:

1. To review current admission policies and protocols for all departments involved i.e. Nursing, Dietary, Recreation, Administration, and Maintenance.
2. To identify areas for improved efficiencies from staff, residents and families
3. To develop QI projects to implement and evaluate areas for improvements.