Continuous Quality Improvement – Interim Report

July 18, 2022

PRE-AMBE:
UMH has been in outbreak and heightened surveillance situations from early March – May 6, 2022. Management attention was in managing and safeguarding residents during this time Simultaneously, 4 variations to the MLTC's COVID -19 guidelines, Minister's Directive, and the CMOH easing of provincial restrictions were implemented as a priority. The changes to the MLTC Pandemic Response required management team to implement ever changing policies while managing the outbreaks. The introduction of the FLTCA (2021) and O. Reg. 246/22 during this time period in the province is questionable. Many of the regulations could not be properly assessed and implemented.

CURRENT CQI PROGRAM:
Since 2017, UMH has established a Continuous Quality Improvement (CQI) Program that aligned with Health Quality Ontario's (now Ontario Health) Quality Improvement Plan (QIP) for Health Care facilities in Ontario. Quality improvement plans were formulated from comparative indicator results provincially and also from internal monitoring of key performance and clinical indicators, audits, and surveys. Each department head devises an annual plan for CQI activities based on the above, that reflect on achievement of CQI objectives found in the CQI policy, 1.1 of the CQI manual (appendix A). responsibility levels are also defined in policy as found in policy 1.2 of the CQI manual.

Progress is reported through Management Committee meetings and monthly report as well as through the Professional Advisory Committee of the Home.

REQUIREMENTS UNDER O. Reg 246/22, Part III, section 168:
The following interim report complies with O. Reg. 246/22, Part III, section 168.

Designated Lead:
The Executive Director and Director of Care are co-leads for the CQI Program.

QUALITY PRIORITIES FOR 2022/23

The overall objectives of the Home's CQI program are:

1. Ensuring the delivery of resident care at the maximum achievable level of quality in a safe and cost-effective manner.
2. Utilizing internal as well as externally standards (e.g. accreditation agencies) and benchmarks to measure and improve practices.
3. Designing effective mechanisms for identifying, assessing, improving and evaluating professional competency.
4. Developing effective systems for the collecting, documenting, and disseminating of CQI Program findings to appropriate persons and/or committees.
5. Enabling mechanisms for cross-function/service/department CQI activities for the improvement of resident care and professional practice.
6. Maintaining effective linkages with external providers in identifying opportunities for change and improvement.
7. Active participation in Health Quality Ontario's Quality Improvement Planning.

Priority #1: Due to the COVID-19 emergency pandemic restrictions that have now eased (e.g. Directive #3 from the CMOH ceased), our first priority is to ensure the CQI program is implemented fully in the Home as per policy.

Priority #2: The second quality priority for 2022/23 is carried over from the Health Quality Ontario, UMH priorities identified prior to the COVID-19 pandemic and subsequent emergency preparations and public health restrictions. These are identified in appendix 3 and include, but are not limited to:

Quality Dimension	Measure/Indicator
Patient-Centered	Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days.
	Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

Effective	Proportion of long-term care home residents with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.

Appendix 3, as a workplan, also outlines the initiatives and changes ideas associated with each identified Measure or Indicator. The Home will continue to use the same to address the priority #2 as described below.

Priority #3: CQI Committee.
The CQI Committee as defined in regulation will be formalized and evolve from the current Professional Advisory Committee format/ Terms of reference will be devised and implemented in keeping with the provisions of the regulation.

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

UMH will adhere to already established processes used in completing HQO Quality Improvement Plans. The QIP planning cycle typically begins in August, and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- resident, family and staff experience survey results;
- emergent issues identified internally (trends in critical incidents) and/or externally;
- input from residents, families, staff, leaders and external partners, including the MLTC.
- mandated provincial improvement priorities (e.g. HQO)

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. These forums include the management leadership team, Resident Councils, Family Council, and the Professional Advisory Committee (PAC). This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP targets and high-level change ideas are identified and confirmed.

ATTACHMENTS:
Appendix 1 – Policy 1.1, UMH CQI Manual, , CQI Program Policy
Appendix 2 – Policy 1.2 UMH CQI Manual, Responsibility Levels
Appendix 3 – UMH Submission to HQO, 2019/20 Quality Improvement Plan for Ontario Long Term Care Homes (Workplan).

APPENDIX 1

United Mennonite Home

Continuous Quality Improvement Manual

Topic:	1.0 Administration	**Date:**	April 3, 2017
Subject:	1.1 CQI Program Policy		

STATEMENT:

United Mennonite Home is committed to the process of continuous quality improvement (CQI) in all aspects of its operations and interactions with internal and external stakeholders, i.e. residents, families and the community. This is in keeping with Section 84 of the new Long Term Care Homes Act, (2007) and regulation 79, section 228

CQI integrates quality, risk, and utilization management systems as part of a Balanced Scorecard approach to meeting its responsibilities as a provider of long term care services and seniors housing options. CQI encompasses achieving a level of measured excellence in the following components:

- governance,
- management leadership,
- clinical, and administrative best practices.

The Executive Director along with the Home's Management Team is responsible and accountable for the implementation and evaluation of the CQI Program. Management Team staff share this responsibility with all employees and medical staff by designating each department and service the responsibility for CQI.

Management shall use the expertise of employees by encouraging their participation in empowered multidisciplinary teams. These teams are responsible and accountable for the CQI process within their area. Management will enable multidisciplinary teams to identify, act upon and follow-up on issues to ensure effectiveness of CQI program projects and initiatives.

OBJECTIVES:

The overriding objectives of the CQI Program include, but are not limited to:

1. Ensuring the delivery of resident care at the maximum achievable level of quality in a safe and cost-effective manner.

2. Utilizing internal as well as externally standards (e.g. accreditation agencies) and benchmarks to measure and improve practices.

3. Designing effective mechanisms for identifying, assessing, improving and evaluating professional competency.

4. Developing effective systems for the collecting, documenting, and disseminating of CQI Program findings to appropriate persons and/or committees.

5. Enabling mechanisms for cross-function/service/department CQI activities for the improvement of resident care and professional practice.

5. Maintaining effective linkages with external providers in identifying opportunities for change and improvement.

6. Active participation in Health Quality Ontario's Quality Improvement Planning.

PROCESS

1. Monitoring and evaluation play an important role in the CQI Program.

2. Each Department Head/Manager is responsible for actively participating in the program by completing scheduled audits and monitoring and evaluating their department's operations.

3. The program initiates by staff identifying important aspects of care and service through audits and reviews. These are usually those which are high-risk, high volume and/or problem-prone. The focus is on these activities which have the greatest impact on quality and outcomes of resident care and satisfaction.

4. The next step for each department head is to monitor indicators. Indicators of quality or performance measures each important aspect of care and service. An indicator is a measure that will be used as a guide to monitor and evaluate the quality of important resident care and service activities.

5. When opportunities to improve are identified, action plans must be developed, approved where appropriate and enacted to improve care and service.

United Mennonite Home

Continuous Quality Improvement Manual

Topic:	1.0 Administration	**Date:**	April 3, 2017
Subject:	1.3 CQI Program Policy		

6. The effectiveness of any actions taken shall be assessed and documented. If further actions are necessary to improve care and service, they shall be taken and their effectiveness assessed.

7. Findings from and conclusions of monitoring and evaluation, as well as actions taken to improve care shall be documented and forwarded to the Executive Director and reviewed monthly at the CQI Committee.

8. Records of audits, performance indicators, action plans, and minutes of meetings will be maintained in accordance with the records retention policy.

Approval Signature ______________________ Date of Origin:

Review Dates

DATE					
INITIALS					

APPENDIX 2

United Mennonite Home

Continuous Quality Improvement Manual

Topic:	1.0 Administration	**Date:**	April 3, 2017
Subject:	1.2 Responsibility Levels		

POLICY: There are three (3) responsibility levels in relation to the CQI Program.

1. Supervisors,
2. Department Heads/Managers
2. Executive Director

PURPOSE: To delineate the responsibilities of staff with regard to CQI Program.

PROCEDURE:

1. The responsibilities of staff members in these levels in relation to the CQI Program are as follows:

   The Executive Director, through direction and authority conferred by the Home's governance, is responsible to residents, the public and the appropriate regulatory authorities to:

   1.1 Provide and maintain appropriate and adequate human, physical and financial resources within the facility to meet stated standards.
   1.2 Formulating and approving policies and procedures relating to standards of care and service delivery with the input from the various operational areas.
   1.3 Identify operating priorities.
   1.4 Ensure that mechanisms exist which monitor resident care and service delivery to satisfy operating standards.

2. The Homes staff, under the direction of the Executive Director and Department Heads, are responsible for:

   2.1 Being aware of community and resident needs; planning/initiating program developments accordingly.
   2.2 Providing resident care and facility services in accordance with standards, associated policies and procedures and stated operating priorities.
   2.3 Advising on resource requirements and ensuring their optimal use.

2.4 Participating in a systematic and ongoing process of operational reviews, including utilization and risk management, to assure that stated standards are attained and maintained and that documentation supports this.

3. At all levels of the organization, the emphasis is on individual responsibility for quality practice and on a team approach to resolving quality.

4. CQI is an accountability system and a way of working to achieve operational standards, with its stated plan of review and documentation provides evidence of this fact.

THE TEAM APPROACH:

The team approach is critical to ongoing quality improvement. The team approach will be multidisciplinary and include individuals from all levels of the organization. It is those who work most closely with customers who can actually improve the quality of the services provided.

Continuous Quality Improvement teams can address specific opportunities or problems identified by the team and/or other external/internal sources (i.e. Accreditation, Ministry of Health and Long Term Care). These teams should meet regularly and will take place of the established committee structure. All team members and all staff should have a clear understanding of the improvement process, for without a concerted effort and sound comprehension of the process, improvement cannot occur on a continuous basis. The individual teams will report to the home's CQI committee that will then review and act on recommendations for improvement. Teams could be assembled in an ad-hoc fashion or are considered part of the statutory committees of the Home.

Approval Signature ____________________________ Date of Origin:

Review Dates

DATE					
INITIALS					

APPENDIX 3

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

United Mennonite Home 4024 23rd STREET

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days.	P	% / LTC home residents	Local data collection / Most recent 12-month period	54511*	CB	100.00	United Mennonite Home receives and acknowledges all complaints within the mandatory 10 day period as per policy.		1)Continue to implement policy regarding receiving complaints and concerns	Through communication in Resident Handbook, Employee Handbook, reminders to staff, and signage in building	Number of complaints received per month and per year	100 percent of complaints will be acknowledged within 10dats	Indicator is Ambiguous in LTC as the definition of Complaint is not describe (e.g. verbal, written, residents council, family council, etc). At UMH all written complaints verbal
		Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	54511*	CB	93.10	This is the actual results from our latest survey (August 2018)		1)1)1)We will continue to provide the best care we can and fulfill our Mission Statement to "provide quality care with compassion", in thereof the ability to express one's opinion is an important aspect.	Continue to promote UMH as a Long term Care Home that provides the best care and encourage residents to convey that message	Will hand out and collect satisfaction surveys annually in the year	Will hand out and collect satisfaction surveys annually in the year	
		Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	54511*	CB	78.00	To be in line with current satisfaction survey question		1)Continue with both electronic satisfaction survey and paper based survey as required	Electronic survey made available to residents and family members. Pper survery available in-house should first method not be feasible	percentage of respondants	50% response rate	
		Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS)	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	54511*	56.67	78.00	This is the current performance from the most recent satisfaction survey (August 2018)		1)Continue with distribution of the survey questionnaire both electronically and paper based	Semi annually, electronic satisfaction survey is made available to residents and family members. If it is not feasible, then a paper survey questionnaire is made available for completion.	Survey questionnaire distributed or made available to 100% of residents. from that we expect a 50% response rate.	The benchmark established for a positive rating in this indicator is 85% or greater.	
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	54511*	CB	78.00	This is the actual results from the latest survey which asks a similar question (August 2018)		1)1)Continue with survey questionnaires to residents/family members/POA's as per CQI program requirements	Internal Resident/Family Satisfaction Questionnaire	Percentage of positive responses in the range of 66 and 85 on the questionnaires.	The benchmark set for relative satisfaction with this indicator is 85% or above.	
Theme III: Safe and Effective Care	Effective	Proportion of long term care home residents with a progressive, life threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	54511*	CB	75.00	This target is aspirational		1)Review current care assessment and care planning process (RAI MDA) with emphasis on early identification of new and current residents that might be part of the palliative care program.	Review assessments (RAI MDS) and Care Planning documentation in each resident, with particular attention to diagnoses, medication use, risk factors, behaviour, and set a definition that better describes progressive, life-threatening illnesses. Review with nursing team and provide education as appropriate. Review with UMH Medical Director for discussion, clarification, and approval	Number of resident assessments reviewed. Number of changes made to care plans Number of residents classified as requiring palliative care.	100% of all new admissions. 50% of current residents by September 30, 2019 and 100% by December 31, 2019	We currently have 25 residents on our palliative care program who have life threatening progressive illnesses. Through our resident assessment and care planning process, we identify and plan