

## 2023 Continuous Quality Improvement Plan Annual Evaluation Record



Date of Evaluation	NAMES OF PARTICIPANTS IN EVALUATION PROCESS	
February 15 <sup>th</sup> 2024	LTC CQI Committee	
Date of Change	SUMMARY OF CHANGES MADE 2023/2024	HOW CHANGE COMMUNICATED (residents and families, resident's council, Family Council and staff):
	<ul style="list-style-type: none"> <li>• The actions taken based on results of the survey (the outcomes of the actions)</li> <li>• Role of resident council/family council/quality Improvement committee in actions</li> </ul>	
March	UTI/CHF/COPD brochure created and added to admission package and kiosk.	Posted on the Finlandia portal; quarterly council meetings
July	Bingo restarted	Quarterly council meetings
January	EDOS vs ED visits added to registered staff orientation checklist	Quarterly council meetings
January	Anti- gravity treadmill purchased for use in NH	Quarterly council meetings
February	New carpeting in Chapel	Quarterly council meetings
March/may	UTI brochure created in March; added to admission package and kiosks in May	Cliniconex, email, sign up sheets
March	Special Care team fully staffed and operational	Quarterly council meetings
	Entertainers back in NH	Quarterly council meetings

	In person Care conferences	Quarterly council meetings
	<b>SUMMARY OF CHANGES MADE</b>	
	<ul style="list-style-type: none"> <li>• Other actions taken to improve the home's priority areas for quality improvement during the fiscal year and the outcomes of the actions</li> <li>• Role of resident council/family council/quality Improvement committee in actions</li> </ul>	
January	End of life and wound care CST implemented	Quarterly council meetings
All year	New blinds installed in all home areas	Quarterly council meetings
December	Recruitment of wound care lead to CQI committee	Cliniconex, email, sign up sheets
August	NP hired	Family council meeting September
ongoing	3 new RN full time positions created and staffed. 2 new RPN positions created and staffed. 4 new full time PSW positions created and staffed. Above required care hours from MOHLTC.	Mail out, admission packages, staff meetings, email
February	Supportive Care aid positions added	Email/quarterly council meetings
September	Created Quality newsletter (includes infection control updates)	Quarterly council meetings, mail out, email
October	Tub rooms- new ceiling lifts installed in new tub rooms	
<b>RELEVANCE TO Fixing Long Term Care Act 2021</b>		

Continuous quality improvement initiative report

168. (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

(2) The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.
2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.
4. A written 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 in the next fiscal year.
5. A written record of,
  - i. the date the survey required under section 43 of the Act was taken during the fiscal year,
  - ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
  - iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.
6. A written record of,
  - i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
  - ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
  - iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
  - iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
  - v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

(3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

(4) The first report under this section shall be for the fiscal year ending March 31, 2023.

(5) Every licensee of a long-term care home shall, within three months of the coming into force of this section, prepare an interim report for the 2022-2023 fiscal year.

(6) The interim report prepared under subsection (5) must,

(a) be published on the home's website, subject to section 271;

- (b) be provided to the Residents’ Council and Family Council, if any; and
- (c) include,
  - i. the name and position of the designated lead for the continuous quality improvement initiative,
  - ii. a written description of the home’s priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative,
  - iii. a written description of the process used to identify the home’s priority areas for quality improvement, and
  - iv. a written 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.

**PROGRAM EFFICIENCY/PROGRESS: Resident satisfaction survey results:**

i. the date the survey was taken during the fiscal year:	Throughout the year
ii. the results of the survey taken during the fiscal year:	See survey results

**EFFECTIVENESS OF POLICIES AND PROCEDURES:**

All policies and procedures are reviewed as required as needed, revised and updated minimum on an annual basis.  
 NM-S-3 LTC CQI Team (skin, wound care, continence, falls, pain management, restraints).  
 Quality Improvement Committee Meeting meet quarterly  
 Program evaluation completed annually.

**PROGRAM GOALS for 2024/2025:**

A written description of the home’s priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for this fiscal year	Answer: See <b>2023/24 Quality Improvement Plan</b> for Ontario long Term Care Homes “Improvement targets and Initiatives” posted on Finlandia Village website.
A written description of the process used to identify the home’s priority areas for quality improvement for this fiscal year and how the home’s priority areas for quality improvement year are based on the recommendations of the home’s continuous quality improvement committee.	Answer: A culture of quality is foundational to Finlandia Village. Annually, Ontario Health selects Quality Improvement Plan (QIP) priorities which must be included in our annual QIP workplan. These priorities are integrated with Finlandia specific issues to create our annual QIP that focuses on the health and well being of Finlandia staff, residents and families.

	<p>Finlandia Quality Improvement priorities are generated from several sources:</p> <ol style="list-style-type: none"> <li>1. Ontario Health annual QIP priorities</li> <li>2. Resident satisfaction surveys. These surveys are presented annually and used to capture feedback on the resident’s experience living at Finlandia. Survey results are collected annually and made available to staff, residents and families. The Continuous Quality Improvement (CQI) Committee disseminates these results to help guide areas for improvement within the home.</li> <li>3. Canadian Institute for Health Information (CIHI): this organisation is an independent, not-for-profit organization that provides information on Canada’s health system and the health of Canadians. CIHI provides comparable data from Long Term Care Homes across Ontario. All Long-Term Care homes in Ontario submit data for nine CIHI Quality Indicators quarterly. This information is gathered and made comparable so that homes are able to focus on areas for improvement in relation to the performance of other LTC homes. These indicators are: worsening depression, falls, antipsychotic usage (without a diagnosis of psychosis), worsening pressure ulcers, restraints, worsening pain, pain, improved physical function, worsened physical function.</li> <li>4. Continuous Quality Improvement Committee: this committee is interdisciplinary and focused on quality improvement within the nursing home. This group meets quarterly to review quality improvement areas such as CIHI data, monthly resident indicators, surveys, complaints and concerns and any other quality related initiatives or ideas. The CQI committee then makes recommendations for the homes Quality improvement Plan.</li> </ol>
<p>A written 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 in this fiscal year</p>	<ol style="list-style-type: none"> <li>1. Progress is measured through our quality improvement indicators, our comparable CIHI data and our residents survey results. These are reviewed with the LTC committee, family and resident council, department managers, staff, families and</li> </ol>

	<p>leadership team annually.</p> <p>2. Adjustments are communicated and identified through our Quality Improvement quarterly meetings.</p> <p>3. Outcomes are communicated through email, mail, pamphlets in kiosks, presentation at family and resident council meetings, CQI committee meetings, staff meetings and leadership meetings.</p>

**cc: Resident Council, Family Council, Hoivakoti Board of Directors, Hoivakoti family night, Hoivakoti team members, Finlandia Website**