



# Continuous Quality Improvement Initiative Report

## March 2024

### **Designated Lead**

Korry MacLeod,  
Coordinator, Quality Improvement and Risk Management

### **Strategic Framework 2022 – 2026**

After more than 150 years of community service, we at St. Patrick's Home understand quality of life means something different for everyone. That's why we build unique, individual relationships with each of the residents of our Home: to appreciate what they value so we can meet their needs and respect their choices.

We know from experience that providing quality care and support is a collective effort. When staff, volunteers, residents, families and friends work together, our mission-driven non-profit organization is empowered to make a real difference in people's lives and throughout our community.

### **OUR MISSION**

Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

### **OUR FOUNDATION**

A Catholic organization inspired by Christ's ministry and the legacy of the Grey Sisters of the Immaculate Conception.

### **OUR PURPOSE**

Quality, person-directed long-term care and support for people in our community.

### **OUR VISION**

A welcoming and inclusive home where each person feels cared for, supported and engaged.

### **OUR VALUES**

Together as residents, families, friends, staff, volunteers and Board members, we embrace and live the values of St. Patrick's Home in all we do:

**Respect** – See every person for who they are, honouring their preferences and their individuality.

**Compassion** – Be kind, ease suffering, share joy.

**Spirituality** – Nurture each person’s own spiritual beliefs and practices.

**Integrity** – Be honest, transparent and accountable, even when it is difficult.

**Excellence** – Strive always to do and be our best, knowing there’s no finish line in the pursuit of excellence.

**Collaboration** – Communicate openly and actively so we can work as a team toward common goals.

## OUR STRATEGIC PRIORITIES

### Strategic Priority 1

#### The best possible quality of life for every resident

##### Outcomes

Our care is guided by residents’ preferences and needs for physical, emotional, social, spiritual, and psychological wellbeing.

Our flexible processes and ways of working accommodate different and changing needs.

Everyone in our St. Patrick’s Home family has greater opportunities to engage with each other and with the wider community.

---

### Strategic Priority 2

#### Consistent, person-directed, quality care and support

##### Outcomes

We match our level of care to residents’ individual needs and strive to always provide the best-quality care possible.

Staff feel equipped and empowered to provide quality person-directed care.

Our systems, processes and equipment support consistent, person-directed quality care and the safety of residents and staff.

Everyone works together in each resident’s best interest — families, friends, staff, volunteers, residents themselves and/or their substitute decision-makers.

---

### Strategic Priority 3

#### A purposeful partner in the health system

##### Outcomes

All of us involved in St. Patrick’s Home — residents, families, friends, volunteers and staff — share an understanding of critical health system gaps, identify opportunities and present a strong, collective voice for positive change.

We strive to foster greater coordination and connection among health and social service partners, engaging effectively and drawing on our day-to-day understanding of long-term care realities.

---

### Strategic Priority 4

#### Supportive affordable housing and services to meet community needs

##### Outcomes

Plans to expand housing and services that defer or provide an alternative to long-term care have broad support throughout the St. Patrick’s Home community.

We develop our expanded campus thoughtfully, minimizing disruptions and creating new benefits for our Home and the broader community.

We secure the funding needed to fulfill our housing plans and provide associated supports.

## Quality Improvement Plan (QIP) Planning Cycle and Priority Setting Process

In addition to performing and evaluating our Resident Satisfaction Survey and following Ontario Health's recommended areas of quality, we also look at the following factors when developing our Quality Improvement Plans (QIP):

- Our goals and objectives from the previous years as well as our overall Home's strategic priorities;
- Ongoing analysis of our performance indicators that are available from the Canadian Institute for Health Information (CIHI). These indicators allow us to analyze our trends over time but also compare to the provincial average;
- Family and Friends feedback survey;
- Ongoing analysis of our internal complaints and feedback from families, designated caregivers, staff, and residents;
- Ongoing analysis of critical incidents;
- Areas of risk as identified through the HIROC Insurance Risk Management Program.

This year's QIP focuses on increasing Resident's quality of life and aligns with Ontario Health's identified priority issues of Access and Flow, Equity, Experience and Safety.

- Increasing Resident's comfort with their ability to express their opinion without fear of consequences. Our goal is to move from a Resident satisfaction score of 64.36%, back to 66%.
- Our goal is to increase this by 5% by including a favourite food question on the new admission assessment and providing this meal choice to residents on their birthday.
- Increase the number of Residents who feel the staff respect what they like and dislike. We are aiming to return to our 2019 score of 78% from our 2023 score of 74%. A "Value Shield" exercise will be completed with all staff through both Mandatory Education and Orientation to gain a deeper understanding of how our own values relate to person-directed care.
- Decrease the number of Residents with new stage 2-4 pressure ulcers. This RAI-MDS indicator sits at 5.2% presently and we would like to be at provincial average of 1.9%.
- Increase the percentage of residents who responded positively to the statement "If I want, I can participate in religious activities that have meaning to me." The 2023 score was 33% and the goal is to reach a positive response rate of 56% which was our 2019 result.
- Examining reasons for hospital visits with a goal of collecting audit data on 50% of hospital transfers. This data will be used by the clinical team and Nurse Practitioner to aim to reduce hospital visits by 10%.
- EDI Committee to develop a Terms of Reference that includes an education plan. The EDI Committee, as well as the Leadership Team, will complete CLRIs EDI Assessment Tool to develop an action plan to move forward EDI awareness and initiatives within the Home.
- Both EDI and Indigenous Cultural training will be expanded to all staff with a goal of 15% of staff completing education sessions in both areas of focus this year.

## St. Patrick's Home of Ottawa's Approach to Continuous Quality Improvement

In addition to our QIP, St. Pat's has an Implementation Plan for our Strategic Priorities that is aimed at advancing them in a systematic way spread over the lifetime of our Strategic Framework. The Implementation Plan is updated annually based on the priorities and what is achievable. A Status Report of the 2024 Implementation

Plan will be reviewed by the Board of Directors quarterly and is also posted in the Home as a communication tool for residents, staff and families. This Status Report will also be posted on our website.

The Quality Committee oversees all quality improvement activity in the Home. The committee receives updates from the Home’s committees, reviews program evaluations and provides feedback where required.

Internal challenges are looked at as opportunities to improve. When an area is identified as something we need to focus on, we use the A3 process of quality improvement.



Kabanazie, 2022

The A3 tool is part of the greater LEAN methodology that has been used across many healthcare and non-healthcare organizations. This allows us to work through the problem in a methodical manner. One of the pivotal pieces of this method is the idea of Plan-Do-Study-Act (PDSA). The concept is that we trial a solution, measure its success (or failure), and try again until we get it right. It is expected that a successful improvement will go through several PDSA cycles before implementation.

## **Resident Quality of Life Survey**

St. Patrick's Home of Ottawa started using the International Resident Assessment Instrument (interRAI) Long Term Care (LTC) Quality of Life (QOL) Instrument in 2019 to survey residents on their quality of life. The survey is a standardized tool used to better understand how the people who live at the home experience life. Using this survey enables St. Pat's to compare the quality-of-life ratings from our residents to benchmark from other LTC homes across North American and Europe. In addition, the QIP uses questions from the survey as a measurement of quality improvement work outcomes.

In 2023 we decided to do the survey on a rolling, monthly basis. The survey opened on February 1, 2023 and closed on October 31, 2023. In years past, we would do the survey over a two-week period, which only allowed us to talk to a certain amount of residents over a short period of time. The results assisted us in identifying areas of improvement for both our 2024-25 QIP and 2024 Implementation Plan. These areas will be further explored using a targeted approach by having discussions with small groups of residents on the home areas that scored the lowest on those questions.

The summary report for both the Resident QOL Survey and Family Feedback Survey will be reviewed by the Board of Directors in March 2024 and then shared with Residents' and Family and Friends Councils in April 2024. Once finalized they will be posted on our website and in the Home for staff, residents and families.

## **Partnering and Relations**

We are committed to ensuring that staff, residents and caregivers have a voice and input into everything we do in the Home. We are doing this by ensuring there is a Residents' and Family and Friends Council representative on all committees and quality improvement project working groups. They are pivotal in not only providing feedback, but driving new initiatives and building new ideas from the ground up.

In 2023 we reported on four Home wide Quality Improvement initiatives:

**The Linen Project:** This project, aimed at the team having access to the linen in the right place and at the right time, has been successfully implemented after seven PDSA cycles. The delivery of linen moved from nursing to laundry.

**The Medication Safety Project:** This initiative is almost completed. In 2023, we purchased nine new electronic access medication carts, secured the entry to the medication rooms with keyless entry, implemented an online medication incident tracking system and integrated the EMAR system with the pharmacy system to improve physician orders/medication tracking. In 2024 we are implementing bar coding for medication administration and automated dispensing medication cabinet for emergency medications.

**I-Care Plans Project:** This initiative changed the language of the interventions to resident voice rather than third person. This project was implemented successfully and we were able to complete the entire PCC library.

**The Signage Project:** This project created a template for signs that are easily read by residents and located in specific areas of the home.

We are actively working on three organization wide projects, all with Resident and Family Council involvement. These include:

Recreation and Leisure Programs Project: One of the home wide QI projects is to use LEAN Methodology to make a deep dive into the satisfaction of residents in the Recreation and Leisure programs. This project will involve residents, families, BSO, recreation, nursing and integration of Activity Pro and Point Click Care.

The creation of a Recruitment, Retention and Mentoring Committee has led us to the QI initiative to improve onboarding to improve retention. This is a home wide project that will involve the interdisciplinary team, residents, families and volunteers.

Falls Project: The home achieved below the provincial average for falls indicators and continues to monitor the program for continued improvements. In 2024/25 the Falls, Restraints, Restorative Team is focusing their action plan on "Standard Work" processes after completing three process maps on Falls, Falls Prevention and Restraints.