



Continuous Quality Improvement Initiative Report Villa Colombo Seniors Centre (Vaughan) Inc.

Sam Parisi, Acting Administrator
DESIGNATED LEAD - Quality Improvement



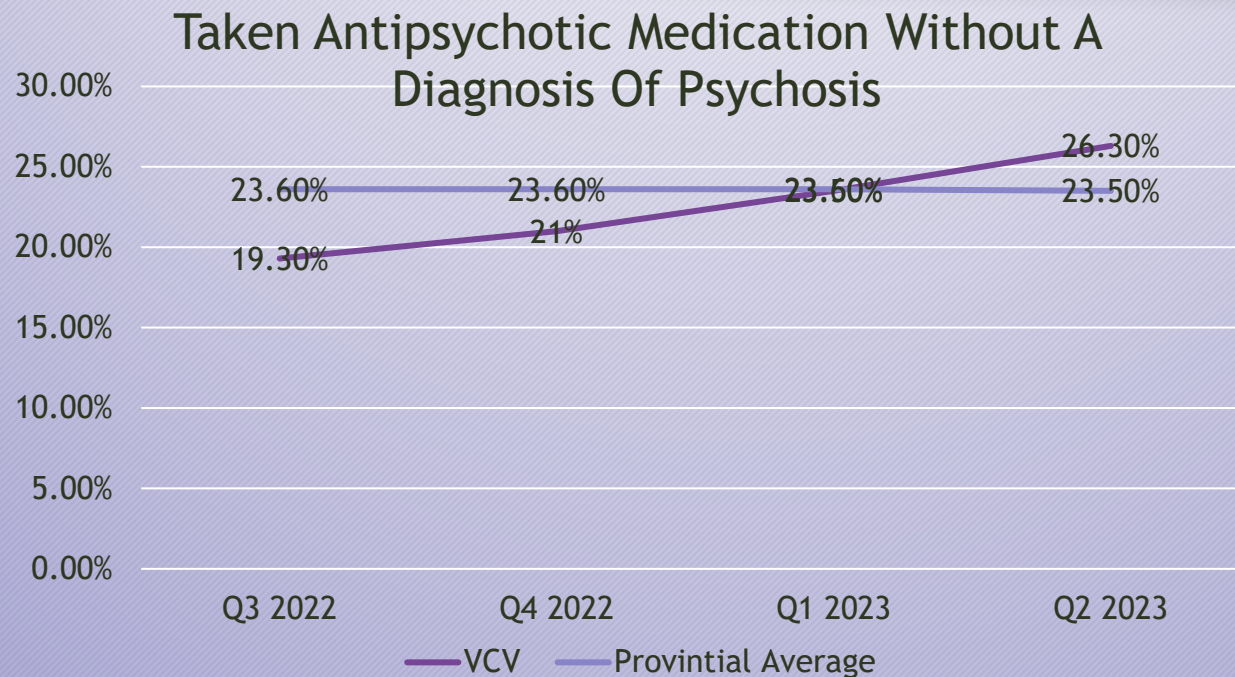
Introduction to Villa Colombo Vaughan

- Villa Colombo Seniors' Centre (Vaughan) Inc. (VCV) is an accredited 160 bed long term care home located in Kleinberg, Ontario. Our Long-Term Care Home (LTC) is split into 6 home areas that we call Casas. We are a not-for-profit home owned by Villa Charities and professionally managed by UniversalCare Canada Inc. Villa Colombo Seniors' Centre (Vaughan) Inc. aspires to provide the very best of resident centered care in order to improve the quality of life of those we serve. Our commitment to quality and the focus we place on resident choice inspire us each day to develop and implement practices that put residents first respecting their dignity, individuality, and autonomy. We strive to achieve better quality outcomes through partnering with organizations such as the Registered Nurses Association of Ontario and becoming one of the Best Practice Spotlight Organization. In 2023 we have implemented the Palliative Approach to Care and End of Life Care Best Practice Guidelines.
- In 2024 we plan to implement RNAO Preventing Falls and Reducing Injury from Falls Best Practice Guideline to better understand gaps in residents at risk for falls and implement interventions to both prevent the number of falls and reduce risk of harm to residents who may experience falls. To support our Falls Prevention and Management program we will also implement Clinical Pathways: "RNAO Falls Risk Screening, Assessment and Management and RNAO Post Fall Assessment.
- Our Quality Improvement plan is designed with the residents, their loved-ones, and our staff as we aim to improve the percentage of palliative care residents that have had an interdisciplinary, comprehensive assessment of their holistic palliative care needs; reduce the number of falls experienced by our residents; improve on equity, diversity and inclusion education within the home; and improve the resident experience through improving the results of our survey questions: "How well do staff listen to residents".

Quality Improvement Outcomes from 2023-24

Quality Indicator	Performance Identified in 2022	Performance Identified in 2023
Percentage of residents without psychosis who were given antipsychotic medication	19.3%	26.3%
Percentage of residents responding positively to: “How well the staff listen to you?”	90%	89.47%
Percentage of residents responding positively to the “I can express my opinion without fear of consequences”.	93%	94.74%

Quality Improvement Outcomes from 2023-24



VCV performance in Quality Indicator “Taken antipsychotic medication without a diagnosis of Psychosis has decreased from 19.30% to 26.3% comparing Q4 2022 to Q2 2023 and it is above provincial average of 23.50%. This area continues to be addressed within the home's interprofessional team including physicians, pharmacy consultant, RAI coordinators, BSO Lead, resident and family.

QUALITY PRIORITIES FOR 2024/25

Villa Colombo Vaughan is pleased to share its 2024/25 Continuous Quality Improvement Plan Report. Villa Colombo Vaughan is committed to quality improvement and is reflected in our mission and strategic plan. We are continuing the implementation of the Person and Family Centred Care Best Practice Guideline ensuring residents and their families are supported to achieve their personal goals for their health and quality of life. We are implementing the Palliative Approach to Care and End-of-Life Care Best Practice Guidelines concentrating on improving or sustaining comfort and quality of life for the residents and their families facing a life-limiting illness. Our Palliative care approach encompasses holistic services that meets the physical, emotional, social, cultural, spiritual and psychological needs of the resident and their family members.

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence based practices and innovation remain high priorities for Villa Colombo Vaughan. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.

The high-level priorities for Villa Colombo Vaughan's 2024 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Pre-designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction :

- Enhance Quality of Life for residents in our Home
- Enhance Resident's Comfort
- Supporting Resident's Transition in our Home
- Meeting Resident's needs, wishes and choices
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Enhance Residents' and Staff Satisfaction

QUALITY OBJECTIVES FOR 2024/25

1. Enhancing in Quality of Life for residents in our Home through the implementation of Person and Family Centered Care (PFCC) and Alternative to Restraints Best Practice Guideline and the Palliative Approach to Care Guideline
2. Enhancing Resident's Comfort through the implementation of Pain Assessment and Management Best Practice Guideline and the End-of-Life Care Guideline
3. Supporting Resident's Transition in our Home prior to admission through the process of pre-admission conference and on the day of admission through the implementation of the Admission and 24 Hours Assessment and Plan of Care Clinical Pathway
4. Meeting Resident's needs, wishes and choices through the implementation of Clinical Pathways (Person and Family Centred Care and Pain Assessment and Management) and integration of goals of care discussions during resident care conferences
5. Data Integration through the implementation of AMPLIFI for the continuous updating of resident's information in both hospital and LTC Home record with transition exchanges
6. Supporting screening, assessment, prevention of risk and point of care decision making through the implementation of Assessment Tools and Clinical Pathways that integrate with Plan of Care through Nursing Advantage Canada electronic platform for residents' assessment
7. Enhancing Resident and Staff Satisfaction through Response and Action

QUALITY IMPROVEMENT INITIATIVES CYCLE AND PRIORITY SETTING PROCESS

Villa Colombo Vaughan has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- 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
- Quality Indicators Raw Data Reports available in Point Click Care Electronic Documentation System
- Resident, family and staff experience survey results;
- Identified priorities through program evaluations and recommendations from the homes continuous quality improvement committee
- Results of care and service audits
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Input from residents, families, staff, leaders and external partners.
- Mandated provincial improvement priorities
- Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines

- Priorities are discussed within different committees and councils by interprofessional and interdisciplinary team members.
- These committees and councils include the Leadership Team, Residents' Council, Family Council, CQI Council and the Board of Directors Committee, such as Quality Care Committee. The process is interactive and engages different stakeholder groups.
- QIP targets and practice change ideas are identified and confirmed by Board of Directors.

Villa Colombo Vaughan's APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- Villa Colombo Vaughan's Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. Villa Colombo Vaughan has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Complete Trends Analysis

- Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping, 5 whys, fishbone, Plan-Do-Study-Act (PDSA) cycles, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

2. Set Improvement Aims

- Once there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family experience and satisfaction of outcomes, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.
- The aim statement includes the following parameters - "How much" (amount of improvement – e.g., 30%), "by when" (a month and year), "as measured by" (indicator or a general description of the indicator) and/or "target population" (e.g., residents, residents in specific area, etc.)

APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS CON'D)

3. Developing and Testing Practice Change(s)

- As a principal, will identify practice changes to implement current evidence based recommendations established by the published best practice guideline(s)
- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move Villa Colombo Vaughan towards meeting its aim statement (s).
- Villa Colombo Vaughan will monitor and track outcomes of practice changes through observation, auditing and data collection

4. Implementation, Dissemination, Sustainability

- Improvement teams consider the following factors when developing implementation of practice change plan:
 - Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, documentation systems etc.)
 - Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).
 - Communication required to various stakeholders, before during and after implementation
 - Approach for spread across Villa Colombo Vaughan (to residents, families, staff)
 - Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)

Measures includes the following types:

Outcome Measures:

- Measures what the team is trying to achieve (the aim)

Process Measures:

- Measures key activities, tasks, processes implemented to achieve aim

Structure Measures:

- Measures systems, and processes to provide high-quality care.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

- A key component of the sustainability plan is the collection and monitoring of the key project measures over time.
- Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or decline in performance.
- Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not.
- If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed.
- Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in adherence to compliance.

At An Organizational Level

- Villa Colombo Vaughan is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway implementation, and different analysis tools available within different programs.
- Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:
 - Posting on unit Continuous Quality Improvement and Best Practice Boards, in common areas and in staff lounges
 - Publishing stories and results via the newsletter, presenting at practice change webinars, social media
 - Direct email to staff and families and other stakeholders
 - Handouts and one: one communication with residents, families and staff
 - Presentations at staff meetings, Resident Councils, Family Council
 - Change of shift reports
 - Use of Best Practice Champions to communicate directly with peers

Resident and Family Satisfaction Survey

- Resident and Family Satisfaction Surveys are provided to Residents and their family members annually.
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and Family Council and members of the staff of the home
- Villa Colombo Vaughan completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, Family Council, CQI committee members and staff members of the home

Villa Colombo Vaughan 2023 Resident & Family Satisfaction Survey

2023 Resident and Family Satisfaction Surveys was completed on
Summary of Areas home is performing well:

- 97% satisfaction with respecting dignity
- 92.5% satisfaction with cleanliness of the home and rooms

Summary of Areas for Improvement identified:

- 89.4% Satisfaction with "How well the staff listen to residents"

Villa Columbo Vaughn Quality Improvement Priority Indicators

1. Access and Flow

Indicator	Current Performance	Target Performance
Percentage of palliative care residents that have had an interdisciplinary, comprehensive assessment of their holistic palliative care needs.	New Indicator	100%

2. Safety

Indicator	Current Performance	Target Performance
Percentage of residents who fell in the last 30 days.	13.9%	13%

3. Equity

Indicator	Current Performance	Target Performance
Percent of staff who have completed relevant equity, diversity, inclusion, and antiracism education.	New Indicator	20%

4. Resident Centred Care

Indicator	Current Performance	Target Performance
Satisfaction with "How well the staff listen to residents"	89.4%	92%

Practice Changes/ Action Items to Support Quality Improvement

1. Clinical Pathway Sustainability:

- Auditing Process for Admission Assessment, PFCC and Delirium Clinical Pathway
- Fall Prevention and Management
- Pain Assessment and Management
- Palliative Care and End of Life Care
- Feedback provided to RNAO and Point Click Care

2. Data Integration (AMPLIFI Project)

- Match of resident electronic health records between Villa Colombo Vaughan and hospital software systems

3. Safety and Technology:

- Automated Dispensing Cabinets (ADC)
- Barcode Scanning for Medication Safety
- Blood Glucose Monitoring Data Integration
- Electronic Auditing for Infection Control Program
- Diagnostic Equipment to support residents to be cared within VCV, such as Electrocardiogram and Doppler, Bladder Scanner, POC Testing, Portable Blood Analyzer

4. Improved Staff Experience:

- Supporting Point of Care Decision Making: Clinical Pathways, ADC machine, electronic Skin and Wound Program, data integration electronic programs and medication safety
- Satisfaction Survey and Outcome

5. Residents Satisfaction Survey:

- Satisfaction Survey and Outcome
- Residents' Council Feedback
- Actions for improvement

Insert Homes CQI Action Plan

2024/25 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"



Villa Columbo Vaughan, 10443 Highway 27, Kleinburg ON L0J 1C0

AIM	Aim	Measure	Change	Outcomes															
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	Date Action was Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken	Description of how and when actions taken were communicated to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any) 5) Staff of the Home
Access and Flow	Effective	New: Percentage of palliative care residents that have had an interdisciplinary, comprehensive assessment of their holistic palliative care needs.	C	% / Residents identified under palliative care.	In House raw data / collected between Oct 1-Dec 31, 2023	54650	Collecting Baseline	Collecting Baseline	This is new indicator that the home will be working on.	BSO, NLOT,	1) Education of staff regarding completion of Palliative Performance Scale (PPS) UDA in PCC. 2) Education of staff regarding criteria and content of the comprehensive "Palliative Care Assessment" UDA in PCC. 3) Completion of Palliative Care Assessments in PCC. 4) Establish auditing process to audit the completion and quality of palliative care assessments.	•Provide education to staff on PPS UDA in PCC. complete PPS for all residents on admission, annually and change in status. •Develop and implement an audit on PPC completion. •Provide education to staff on Palliative Care Assessment in PCC. •Staff complete Palliative Care Assessment (UDA) for palliative care residents, assess the cultural needs, values, beliefs, expectations and preferences about progressive life-limiting illness. •Clinical team consult with external healthcare professionals from such as MDs, Spiritual Care Coordinator, NLOT team. • Develop an audit tool and process of audit completion and implement the tool.	Percentage of staff who completed education regarding PPS in PCC. Percentage of residents who have PPS completed Percentage of staff who completed education regarding Palliative Care Assessment in PCC. Percentage of palliative residents with Palliative Care Assessment completed. Percentage of audits completed of Palliative Care Assessments.	100% of staff completed required education. 100% of residents have PPS completed. 100% of staff completed required education. 100% of palliative care residents had Palliative Care Assessment Completed. 25% of assessments completed were audited.	Apr-24	Action plan implementation in progress. Due Dec 2024.	Resident and Family Council provide feedback on the action plan and its implementation. The CQI action plan is a standing agenda item on the Resident and Family Council meetings. Regular update is provided to the RC and FC on the action plan implementation status.	Quality Council supports implementation of the action plan. Members offer recommendation for the implementation of the action plan and consistently evaluate the actions taken and sustainability process.	1) Residents-via Resident Council meeting minutes. Meeting was held on Feb 7, 2024. 2) Families-via Family Council meeting minutes. Meeting was held on Feb 20, 2024. 3) Resident's Council-Meeting held on Feb 7, 2024. 4) Family Council meeting was held on Feb 20, 2024. 5) Staff of the Home-via General Staff meeting held on March 27 2024.
Safety	Safe	New: Percentage of residents who fell in the last 30 days.	O	% / All residents who fell in last 30 days.	Complex Continuing Care Reporting System (CCRS) / Period: average of Q2 2023	54650	13.90%	13%	Our current, average percentage of residents who fell in last 30 days Q2(Jul-Sep 2023) is 13.9%. This is below provincial average of 16.6 (data extracted from CIHI). Our team is striving to lower this percentage. Our aim for 2024/2025 will be to achieve a percentage of 13%.	BSO, NLOT, RNAO	1) Identification of gaps in Falls prevention and Management program. 2) Staff re-education on Falls Prevention and Management, Use of fall kits. 3) Re-education on the Hourly Intentional Comfort Rounding. 4) Education and Implementation of Fracture Risk Score in Fracture Prevention strategies for residents'.	• Complete RNAO Gap analysis, "Preventing Falls and Reducing Injury from falls", identify areas for improvement and develop action plan. • Provide education to staff on Fall Prevention and Management and Use of Fall kits. • Provide education to staff on Intentional Comfort Rounding. •Audits of Comfort Rounding completion. • Provide education to staff on Fracture Risk Assessment and Fracture Prevention for LTC Residents decision tool.	Percentage of initiatives implemented to address identified gaps Percentage of staff who completed education on Fall Prevention and Management, and fall kits. Percentage of staff who completed education on Intentional Comfort Rounding. Percentage of audits completed on Intentional Comfort Rounding Percentage of staff who completed education on Fracture Risk Assessment and Fracture Prevention for LTC Residents decision tool.	2 or more initiatives implemented to address identified gaps 100% of staff completed education on Fall Prevention and Management, and fall kits. 100% of staff completed education on Intentional Comfort Rounding. 1 resident per Casa per week audited/visual observation on completion of comfort 100% of staff completed education on Fracture Risk Assessment and Fracture Prevention for LTC Residents decision tool.	Apr-24	Action plan implementation in progress. Due Dec 2024.	Resident and Family Council provide feedback on the action plan and its implementation. The CQI action plan is a standing agenda item on the Resident and Family Council meetings. Regular update is provided to the RC and FC on the action plan implementation status.	Quality Council supports implementation of the action plan. Members offer recommendation for the implementation of the action plan and consistently evaluate the actions taken and sustainability process.	1) Residents-via Resident Council meeting minutes. Meeting was held on Feb 7, 2024. 2) Families-via Family Council meeting minutes. Meeting was held on Feb 20, 2024. 3) Resident's Council-Meeting held on Feb 7, 2024. 4) Family Council meeting was held on Feb 20, 2024. 5) Staff of the Home-via General Staff meeting held on March 27 2024.
Equity	Equity	NEW: Percent of staff who have completed relevant equity, diversity, inclusion, and antiracism education.	O	% / All Staff	In House data collection / Period: Not Applicable	54650	Collecting Baseline	Collecting Baseline	This is new indicator that the home will be working on.	RNAO	1) Develop education plan on topics: Equity, Diversity, Inclusion and Antiracism. 2) Staff Education on Equity, Diversity, Inclusion and Antiracism.	1) Contact community agencies regarding the training (RNAO, UC HR Director) to create education plan for the year on related topics. 2) Provide education to staff on Equity, Diversity, Inclusion and Antiracism as per education plan.	Percent of education topics that were delivered to staff. Percentage of staff who completed education on Equity, Diversity, Inclusion and Antiracism.	2 or more topics delivered to staff 20% of staff completed education on Equity, Diversity, Inclusion and Antiracism.	Jul-24	Action plan implementation will start Jul 2024. Due Dec 2024.	Resident and Family Council provide feedback on the action plan and its implementation. The CQI action plan is a standing agenda item on the Resident and Family Council meetings. Regular update is provided to the RC and FC on the action plan implementation status.	Quality Council supports implementation of the action plan. Members offer recommendation for the implementation of the action plan and consistently evaluate the actions taken and sustainability process.	1) Residents-via Resident Council meeting minutes. Meeting was held on Feb 7, 2024. 2) Families-via Family Council meeting minutes. Meeting was held on Feb 20, 2024. 3) Resident's Council-Meeting held on Feb 7, 2024. 4) Family Council meeting was held on Feb 20, 2024. 5) Staff of the Home-via General Staff meeting held on March 27 2024.
Experience	Patient Centered	Satisfaction with "How well the staff listen to residents"	O	% / All residents that meet the criteria (0-2 Cognitive Performance Scale)	In House raw data / collected during annual survey Nov 2023	54650	89.40%	92%	To ensure that all residents feel that staff listen attentively to their needs, questions or concerns.	OARC	1) Identification of gaps in Resident and Family Centered Care approaches. 2) Staff Education on Residents Bill of Rights 3) Residents and Family Education on Residents Bill of Rights 4) Encourage residents to communicate their choices, preferences, needs and any concerns to staff. 5) To improve residents experience.	• Complete Gap Analysis for Person and Family Centered Care Best Practice Guideline • Develop/implement action pan to address gaps identified. • Complete the Staff Education on Residents Bill of Rights • Track the number of staff who completed the education. • Complete the Resident and Family Education on Residents Bill of Rights • Discuss residents needs and concerns during care conferences, document the information in Care Conference UDA. • Develop and implement Customer Service training for staff.	Percent of initiatives implemented to address identified gaps Percent staff who completed education Percent of family members and residents received education Percent of Care Conferences UDAs completion. Percentage of staff who completed education on Customer Service.	2 or more initiatives implemented to address identified gaps 100% of staff completed education 100% of residents and families completed education. 100% of Care Conferences UDAs completion. 50% of staff completed Customer Service Training.	Jul-24	Action plan implementation will start Jul 2024. Due Dec 2024.	Resident and Family Council provide feedback on the action plan and its implementation. The CQI action plan is a standing agenda item on the Resident and Family Council meetings. Regular update is provided to the RC and FC on the action plan implementation status.	Quality Council supports implementation of the action plan. Members offer recommendation for the implementation of the action plan and consistently evaluate the actions taken and sustainability process.	1) Residents-via Resident Council meeting minutes. Meeting was held on Feb 7, 2024. 2) Families-via Family Council meeting minutes. Meeting was held on Feb 20, 2024. 3) Resident's Council-Meeting held on Feb 7, 2024. 4) Family Council meeting was held on Feb 20, 2024. 5) Staff of the Home-via General Staff meeting held on March 27 2024.