

# Interim Report - Continuous Quality Improvement (CQI) Initiative for 2022-23



Retirement Lodge • Long Term Care Home  
481 Victoria Street East • Alliston, Ontario • L9R 1J8

## **Designated Lead**

Deirdre Britton, Administrator / Director of Nursing

## **Priority Area**

The CQI Committee has decided to focus on food and menu planning as an initiative. With more flexible meal planning being implemented we will be continually monitoring and improving on the changes being implemented and on resident satisfaction and enjoyment.

## **CQI Objectives, Policies, Procedures and Protocols**

### **CQI Overview**

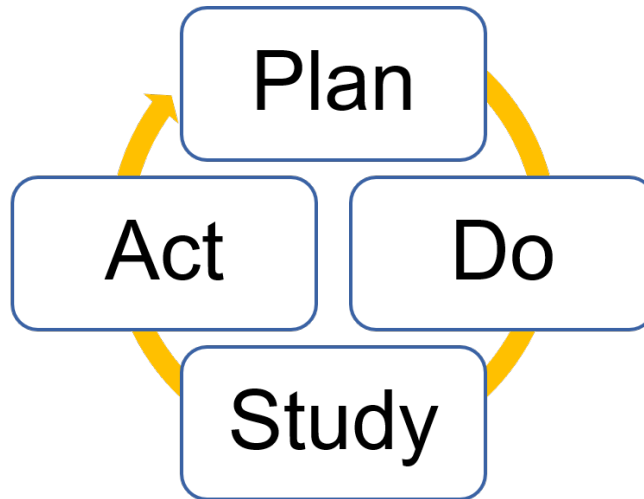
Quality Improvement is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the residents.

### ***Model for Improvement***

The Model for Improvement is split into two phases. The first phase involves setting aims, establishing measures, and selecting an intervention. The second phase involves testing the intervention in real world settings using the PDSA cycle (Plan-Do-Study-Act).

### ***PDSA Cycle***

The plan-do-study-act (PDSA) cycle was developed by Walter Shewhart and W. Edwards Deming, engineers at Bell Labs (now known as Nokia Bell Labs). The cycle is also sometimes referred to as the Shewhart Cycle or the Deming Wheel. Shewhart and Deming used the steps of the scientific method as the foundation for the cycle. Each step of the scientific method correlates to a step in the PDSA cycle: make a hypothesis is plan, test the hypothesis is do, examine the results is study, and report the results is act. The cycle is a never-ending process, continually working to improve quality. The PDSA cycle is a precursor to the Model for Improvement.



## **POLICY**

Good Samaritan Seniors Complex has developed and implemented a Quality Improvement and Review System that monitors, analyses, evaluates and improves the quality of the care services, accommodation programs and goods provided to the residents. It is the responsibility of the CQI Committee to put this system into action.

These actions are taken in the following ways:

Monitor – Resident and Family surveys, Annual Departmental Operating Plans, On-going environmental scans, Joint occupational Health and Safety, IPAC

Analysis and Evaluates – Done at CQI Committee (PDSA Worksheet)

Improvements – Actions taken from recommendations from the QI Committee with input from interdisciplinary team and Resident and Family Council (PDSA Worksheet)

The continuous quality improvement plan for Good Samaritan Seniors' Complex is aligned with the Mission, Motto, Vision, and Values. They are as follows:

## **MISSION STATEMENT**

Optimizing our Residents life by delivering excellence in Resident care and accommodation with compassion in an environment with the comforts of home.

## **OUR MOTTO**

Pride in quality care and service.

## **OUR VISION**

Excel in care and service to enhance Resident quality of life, health, safety, social well-being and wellness through a dedicated and professional team in partnership with Residents, their families, our employees, government and the community.

## **OUR VALUES**

Our team is dedicated to the core values of compassion, respect, integrity, honesty, equity, dignity, teamwork, communication, education, and Innovation. We are committed to meeting the holistic needs of our Residents, promoting team spirit, promoting safety, using our resources wisely, and partnering with the community. We shall provide an excellent and empowering workplace for our employees and shall consistently seek out opportunities to enhance the quality of care and services we provide.

They are further aligned with our Organizational Goals which are as follows:

### **GOALS OF THE ORGANIZATION:**

1. To provide quality care for Residents in an environment where they will maintain their dignity and individual identity;
2. To promote the Residents' independence and mobility to help them maintain their sense of self-worth and wellbeing;
3. To provide opportunities for staff development through in-service, continuing education and certificate training;
4. To continuously improve the care and service provided for the Residents through a variety of assessment and satisfaction processes;
5. To empower employees to participate in the developments of the organization to provide quality care and service for the Residents; and
6. The organization will promote a culture of patient safety that utilizes verbal and written communication among caregivers and recipients; ensure safe use of medication; safe delivery of care; utilize good infection control practices.

## **PROCEDURE**

### **Guidelines - Model for Improvement**

The Model for Improvement is split into two phases. The first phase involves setting aims, establishing measures, and selecting an intervention. The second phase involves testing the intervention in real world settings using the PDSA cycle.

### **Phase One**

During phase one, ask yourself three fundamental questions:

1. What are you trying to accomplish?
2. How will you know whether a change is an improvement?
3. What changes can you make that will result in improvement?

Answering these questions will help you set your aims, establish your measures, and select an intervention.

## **Set Aims**

When setting your aims, use the SMART goal format: specific, measurable, achievable, relevant, and time-bound. SMART goals provide the clarity, focus and motivation needed to achieve your goals.

## **Specific**

Goals should be straightforward and state what you want to happen. Be specific and define what you are going to do.

Ask: Who needs to be involved? Where is the project going to occur? What actions will you take?

## **Measurable**

If you can't measure it, you can't manage it. Choose goals with measurable progress, and establish concrete criteria for measuring the success of your goal.

Ask: What metrics will determine if you meet your goal?

## **Achievable**

Goals must be within your capacity to reach. If goals are set too far out of your reach, you will not be successful. Accomplishing goals keeps you motivated.

Ask: Is the goal doable? Do you have the necessary skills and resources?

## **Relevant**

Goals should be relevant. Make sure your goal is consistent with your other goals and aligned with the goals of your company, manager, or department.

Ask: Why is the project important? Does the project align with other efforts?

## **Time-bound**

Set a time frame for the goal. Putting an end point on your goal gives you a clear target to work toward. Without a time limit, there's no urgency to start taking action now.

Ask: What is the start date? What is the end date? What can be accomplished within that time frame?

## **Establish Measures**

Measurement is a critical part of testing and implementing changes. Measures inform the team if the change is effective and leading to improvement. There are four types of QI metrics: structure, process, outcome, and balance.

- **Structure:** measures the infrastructure, or the physical equipment and facilities. An example of a structure measure is availability of hand sanitizer pumps.
- **Process:** measures the activity performed. An examples of a process measure is handwashing compliance rates.
- **Outcome:** measures the final product or results. An example of an outcome measure is CLABSI rates.
- **Balance:** measures the unintentional, negative impact on a different part of the system. An example of a balance measures is staff skin breakdown.

Your team can choose to look at just one key metric, say handwashing compliance rates, or your team can choose to look at a couple metrics, say handwashing compliance rates and CLABSI rates.

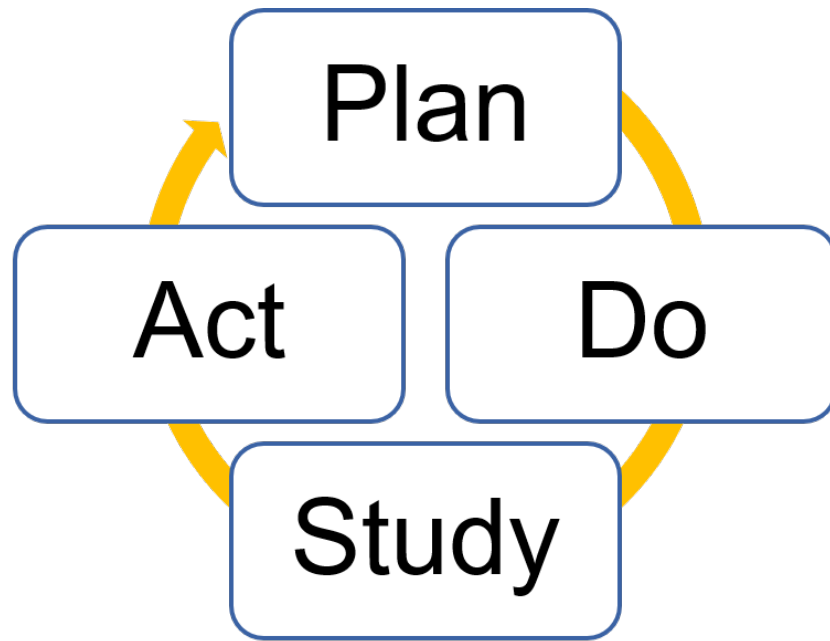
## **Select Intervention**

Before you select an intervention, you need to discover the cause of your problem. It is more effective to treat the underlying problem than the symptoms. To put it simply, if you have group A strep with a fever and sore throat, you could either stay at home or, you could visit your provider to find the root cause of your illness. Over-the-counter medications, such as acetaminophen and cough drops, will only treat the symptoms; antibiotics will treat the underlying problem. We need to do the same thing for QI projects. To do so, you will conduct a root cause analysis (RCA). You can perform an RCA using a variety of tools. Some of the more common tools are cause and effect diagrams (also known as the Fishbone diagram).

Use the PDSA Worksheet for Developing Your Quality Improvement Project.

## **Phase Two**

During phase two, you will test your intervention using the PDSA cycle.



## Plan

The Continuous Quality Improvement Committee is responsible to implement the Plan. The Committee will decide how you are going to implement the intervention. Who is going to do what? When are they going to do it? What resources do you need? Answering these questions will help you organize your plan.

## Do

Once your plan is in place, set it in motion. Implement your intervention on a small scale. Use a PDSA worksheet to collect and document data.

## Study

After implementation, study the results. Look at your data, analyze the results and compare them to your predictions. Displaying your data in a graph or chart may help you visualize patterns not seen using summary statistics alone. Some of the more common graphs and charts are control charts, histograms, run charts, and scatter diagrams.

## Act

Finally, you will act on what you learned. Take a look at your results:

- **Adopt:** Did it work? Great! Let's adopt this change and hardwire it into the system.
- **Adapt:** Not quite there? Time to adapt. Think about changes you can make to improve and start another PDSA cycle. QI is an ongoing process, and many cycles can be completed for one project.
- **Abandon:** Did you observe no improvement, or worse outcomes? Time to abandon the idea.

## **CQI Committee**

The Continuous Quality Improvement (CQI) Committee functions and implements our Continuous Quality Improvement and Review system. This system monitors, analyses, evaluates and improves the quality of care services, accommodation, programs and goods provided to the residents. They also communicate the improvements made to staff, Resident Council and Family Council.