



Continuous Quality Improvement (CQI) Initiative – Interim Report July 2022

Designated Lead

Tracey Comeau, CEO

Copernicus Lodge is pleased to share the interim Continuous Quality Report for 2022/2023 as of July 2022.

It is the role of the designated lead to coordinate and ensure the CQI Committee:

- provides an integrated and coordinated multidisciplinary approach to Continuous Quality Improvement and Risk Management
- maintains an environment where staff, residents and care givers are aware of, can direct and propose changes to processes and systems, and support the importance of continuously striving for improved quality in care and services. This will be achieved by ensuring staff, resident, and care giver participation in continuous quality improvement initiatives and activities.
- Monitors, analyzes, evaluates, and improves the quality of care, services, programs, and goods provided to residents of the home.
- Provides quarterly reports to the Quality and Risk Committee of the Board and presents an integrated quality scorecard

Process to Determine Priority Areas

Priority areas for quality improvement are identified through:

- Review and utilization of resident and family experience surveys
- Staff experience surveys
- Feedback obtained from Family Council and Resident Council
- Ministry of LTC inspection results
- Canadian Institute for Health Information Data
- Benchmarked clinical data (AdvantAge Ontario, Alliance Group, OLTC, CIHI)
- Internal and External Audits
- Program Evaluations
- Enterprise Risk Management -Departmental Risk Assessments, HIRA and Risk Ratings using the North York Model Risk Matrix

Quality Priority Initiatives 2022-2023

1. Antipsychotic Stewardship

- Develop a systematic regular evaluation of appropriate prescribing of antipsychotics, including effectiveness, adverse effects and to prompt deprescribing, if appropriate



- Improve documentation around decision making and indication in prescribing antipsychotic medication
- Build a multidisciplinary approach in clinical decision making around antipsychotic use
- Improve education and learning for staff, residents, and caregivers as to alternatives to antipsychotics and which BPSD symptoms are best treated with antipsychotics
- Minimize risk to residents
- Improve quality of life for residents
- Implementation will provide a reduction in antipsychotic use in keeping with other homes and we will have documented thoroughly our clinical decision and the indication to prescribe antipsychotics
- Enhanced resident, quality of life and safety

2. Bed Rail Elimination

- Identify related staff, resident, and caregiver educational needs
- Heightened awareness of bedrail safety
- Assessments to determine resident's safety needs
- Monthly evaluation/review to ensure care planning accuracy
- Resident assessments are critical, encompassing their cognition level, continence/toileting needs, safety.
- Identification of poor practice related to repositioning and positioning in bed
- Decrease in falls and bed entrapment

3. Vaccine Hesitancy

- Copernicus Lodge was an early adopter of mandatory COVID vaccination due to below average rates of immunization amongst staff and essential caregivers
- Worked with Family Council, Resident Council, and external stakeholders to address vaccine hesitancy
- Provided on-site education, Polish speaking experts and vaccine clinics
- Continue to work with stakeholders to address ongoing low rates of third and fourth doses for those eligible

4. Cultural Identity:

- Champion culturally appropriate and competent care across the health services continuum for the benefit of seniors of Polish descent and other ethno-cultural minority groups.
- Maintain a culturally specific homelike environment for those we serve.
- Identify cultural ambassadors/champions to assist operational leadership to enhance community partnerships, staffing, and culturally specific onboarding of new staff.

5. Programming Creativity during outbreaks and isolation

- Concerns of prolonged isolation and lack of 1:1 activity during periods of isolation during outbreaks



- Exploring culturally appropriate, creative programming
- 6. Accreditation Primer – Accreditation Canada**
- The Accreditation Canada program raises the bar for managing quality, risk and patient safety initiatives. Accreditation strengthens the quality improvement work we are already doing and supports the implementation of new projects.
 - Providing a program that fosters quality improvement and contributes to efficiencies in care provision at all levels of the health system – from the board, to front line across the care continuum.
 - Providing a framework to help create and implement systems and processes that improve operational effectiveness and advance positive healthcare outcomes
 - Guiding organizations to develop standardized practices and processes, that support efficient and effective use of health care resources
 - Providing support to put structures in place for advancing quality, safety, and risk management
 - Strengthening interdisciplinary team effectiveness and supporting staff engagement
 - Enhancing communication and collaboration internally and externally, safety, and well-being.
 - Demonstrating credibility and a commitment to quality and accountability
 - The program fosters an organization-wide awareness of accreditation as a powerful tool for accountability and helps use accreditation effectively and easily as a roadmap for quality.

Operational Tactics for Achieving Continuous Quality Improvement

Copernicus Lodge shall conduct a variety of quality and risk activities that strengthen and enrich operational activities so that they meet customer expectations, regulatory and professional requirements, and improve effectiveness and efficiency of service delivery. The scope of activities ranges from Safety – to compliance – to effectiveness/efficiency and innovations.

Quality activities include the following

- Data collection and trends analysis
- PDSA cycle activity to address opportunities for improvement – including risk mitigation activities
- Quality Charters completed for each quality initiative. This shall be done in consultation with project leaders, the Senior team, frontline staff, and residents/caregivers.
- Evaluation quarterly with results reported to Q&R committee of the Board.
- Corrective and preventive activities
- Management reporting – operational metrics, audit results



Communication and Reporting

External

- Legislative reporting requirements as identified such as MOLTC, OH.
- CIHI

To Board of Directors

- Board committee reports quarterly.
- Quarterly status of operational plan
- Integrated Quality Scorecard
- Risk report Quarterly

Internal

- Family Council in-person with invitation from Chair
- Resident Council in-person with invitation from Chair
- Written reports delivered to Family Council and Resident Council
- Integrated Quality Scorecard
- Program Review
- Strategic priority projects (quarterly or as required)
- Quarterly Board Committee reports

To staff and General public

- Quality Board on RHA's
- Website, including posting of accountability and quality documents

To staff

- At departmental meetings and "just in time" training
- Staff Huddles
- Staff Town Halls and weekly/bi-weekly written communications as CQI info available
- Via internal departmental documents (PCC, staff portal, SURGE Learning)