



## Continuous Quality Improvement (CQI) Initiative – Interim Report 2024

### **Designated Lead**

Liana Chandran, Director of LTC Operations

Copernicus Lodge is pleased to share the interim Continuous Quality Report for 2024/2025.

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 2024-2025**

Please see attached and posted Quality Improvement Workplan (QIP).

### **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 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 MLTC, 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)