



Home Quality Plan 2022/2023

MISSION: Durham Christian Homes is a welcoming community that provides exemplary, quality care to our residents through empowerment, compassion, dignity and respect.

VISION: To be an innovative leader and the homes of choice, committed to enhancing quality of life.

VALUES: Motivated by our Christian faith, we CARE: Commitment to Community. Accountability. Respect. Excellence

QUALITY DIMENSION: EFFICIENCY

Quality Theme	Measure - Priority Area for Improvement	Current Performance	Target	Change Ideas	Method	Process Measures	Lead	Timeline
Timely and Efficient Transitions	# ED visits per 100 residents	11.1 per 100 residents	9	Improved Palliative approach to care	<ul style="list-style-type: none"> Expand Palliative Care Team across all shifts Education for Palliative Care Team and all staff through train-the-trainer model Increase resident and family awareness of Palliative Care model and approach Continued education to families, residents and staff on alternatives to transfer to ER. IV therapy education for Registered staff to avoid ED visits 	<ul style="list-style-type: none"> Number of Palliative Care Team Members on each shift Number of staff educated on Palliative Care Number of residents and families educated on Palliative Care 	Chaplain/ Palliative Care/ Nursing Team	Q3 2022
				Early identification of status changes	<ul style="list-style-type: none"> Nurses to review residents with significant changes in MDS and assess identified residents Nursing Clinical rounds to identify at risk residents/changes in health status, validate that all internal and external resources are being utilized. Ensure residents with a PPS of 30 or less have an interdisciplinary care conference Integration of Clinical Support Tools 	<ul style="list-style-type: none"> % residents at risk with documented interventions residents who have been identified early will be audited monthly by the multidisciplinary team for successful intervention. 	DOC/ Chaplain	Q3 2022
				Thorough review and analysis of transfers	<ul style="list-style-type: none"> Track all emergency dept visits on 24 hour report Nursing Team to review and analyze for trends DOC to share ED analysis at PAC meetings 	<ul style="list-style-type: none"> Quarterly analysis of ED transfers 	DOC/ ADOC	Q2 2022
	Post Admission/Re-admission Satisfaction	% of newly admitted residents and families who state "I was satisfied with the admission process"	To develop tool/collect baseline	Strengthen and standardize admission process	<ul style="list-style-type: none"> Formalize standard process for admissions Revise admission package to make it more user friendly while meeting all requirements Develop tool to gauge resident and family satisfaction with admission process 	<ul style="list-style-type: none"> Post admission/re-admission satisfaction # of complaints received within 3 months of move-in 	Social Services Coordinator	Q2 2022
				Develop orientation program for residents	<ul style="list-style-type: none"> Develop tool for orientation of new residents based on existing resident feedback and input - what is important? Develop "Welcome Program" for residents 	<ul style="list-style-type: none"> Post admission/re-admission satisfaction 	Social Services Coordinator	Q2 2022

				<ul style="list-style-type: none"> Leverage partnerships that assist with communication/ transfer of information at point of admission/ re-admission 	<ul style="list-style-type: none"> Participation in Ontario Data Integration Project Pilot 	<ul style="list-style-type: none"> fluid transmission of information between hospital and LTC home Reduced time and follow-up to receive information 	Admin/DOC	Q2 2022
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QUALITY DIMENSION: EFFECTIVENESS

Quality Theme	Measure - Priority Area for Improvement	Current Performance	Target	Change Ideas	Method	Process Measures	Lead	Timeline
Safe and Effective Care	Assessment of Palliative Care Needs	To collect baseline	To collect baseline	<ul style="list-style-type: none"> Structured approach to identify and provide more fulsome approach to palliative care including end-of-life care 	<ul style="list-style-type: none"> Introduce Think Research Palliative and End-of-Life Clinical Support Tool (CST) for completion on all residents at regular intervals Education by the Think Research Support Team to Registered Nurses on use of the CST tool 	<ul style="list-style-type: none"> All registered staff will receive training on completion of the CST for Palliative Care All Residents will have the tool completed, at least once, by the end of 2023 	DOC / Chaplain	Q4 2022
	Worsened behavioural symptoms	11.60%	9%	<ul style="list-style-type: none"> Integrated approach to best practice guidelines around responsive behaviours 	<ul style="list-style-type: none"> Participation in BSO Foundations Program Implementation of BSO Toolkit Development of BSO/Code White Team Integration of Clinical Support Tools/Think Research 	<ul style="list-style-type: none"> implementation of BSO Foundations program # staff trained in GPA - 50% Year 1 Effective de-escalation of incidents 	BSO Lead/DOC	Q3 2022
				<ul style="list-style-type: none"> Increase knowledge and understanding of responsive behaviours to better support effective interventions 	<ul style="list-style-type: none"> Certified GPA Coach/Train the Trainer education for staff PIECES training for PSW's 	<ul style="list-style-type: none"> 50% staff trained in year 1 10% staff trained in year 2 	BSO Lead/DOC	Q1 2023
	Worsened pressure ulcers	1.40%	1%	<ul style="list-style-type: none"> Utilize best practices and innovation to further strengthen Skin and Wound Care program 	<ul style="list-style-type: none"> Introduction of PCC Skin and Wound Care application Integration of Clinical Support Tools - Think Research Skin and wound champion will complete weekly rounds to reinforce bedside education and utilization of new technology and best practices 	<ul style="list-style-type: none"> 100% of all skin and wounds will be assessed utilizing the PCC Skin and Wound Module application 	Skin & Wound Care Lead/DOC	Q2 2022
	Medication Errors	11 medication incidents/ quarter	6 medication incidents/ quarter	<ul style="list-style-type: none"> Utilize best practices and use of technology to support safe medication practices 	<ul style="list-style-type: none"> Implementation of eMAR ISMP best practice guidelines automated stat box dispensing 	<ul style="list-style-type: none"> 100% staff trained in use of eMAR 	DOC / Pharmacy	Q2 2022
	Infection Prevention and Control	Develop baseline	Develop baseline	<ul style="list-style-type: none"> Leverage partnerships that assist with coordination of care 	<ul style="list-style-type: none"> Continue to build relationship with IPAC Hub and utilize resources 	<ul style="list-style-type: none"> Participation in CE IPAC Hub 	IPAC Lead/DOC	Q2 2022
<ul style="list-style-type: none"> Expand the role of IPAC and integrate into daily operations 				<ul style="list-style-type: none"> actively recruit IPAC lead implementation of best practice guidelines targeted education for staff 	<ul style="list-style-type: none"> Hand hygiene audits IPAC Home Preparedness Audit 	IPAC Lead/DOC	Q2 2022	
63%		85%	<ul style="list-style-type: none"> Increased participation for employee flu shots 	<ul style="list-style-type: none"> Targeted vaccination campaign 	<ul style="list-style-type: none"> % of employees vaccinated 	IPAC Lead/DOC	Q4 2022	

QUALITY DIMENSION: PATIENT CENTERED CARE

Quality Theme	Measure - Priority Area for Improvement	Current Performance	Target	Change Ideas	Method	Process Measures	Lead	Timeline
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Resident Experience	Resident Satisfaction Survey	"Would definitely recommend" 49%	"Would definitely recommend" 65%	Improve communication with residents	<ul style="list-style-type: none"> • Orientation program for residents upon admission • Monthly newsletter for residents • Quarterly "Admin Report" to Residents Council • Education/training for staff on how to respond to resident concerns/complaints 	<ul style="list-style-type: none"> • I am aware of who to contact to initiate a concern/complaint. (73%) • Communication during the pandemic (64%) 	Admin/ Social Services Coordinator	Q2 2022
				Provide increased opportunities for resident input	<ul style="list-style-type: none"> • Standardize Care Conference process to ensure participation of resident as appropriate • Resident designate to participate in staff orientation to speak to resident experience - what is important to resident • staff education on person centered care - continued ERCC education 	<ul style="list-style-type: none"> • I am given opportunities to make decisions about my care (71%) • I receive updates about my health (62%) 	Social Services Coordinator / DOC	Q2 2022
	Resident Satisfaction Survey - Programs and Spiritual Services	"Would definitely recommend" 49%	"Would definitely recommend" 65%	Post pandemic Re-opening	<ul style="list-style-type: none"> • re-introduction of larger group programs and entertainment • re-introduction of in-person spiritual programs - church service, bible study, music programs, small support groups specific to resident need 	<ul style="list-style-type: none"> • I like the activities provided in this home (58%) • There are activities that support my religious/spiritual beliefs (55%) 	Programs Manager	Q2 2022
				Resident Input and planning	<ul style="list-style-type: none"> • Recreation Manager will bring resident survey results to resident council meetings to illicit ideas • Develop targeted resident survey to address gap areas - i.e. Circle the programs you would like to see more of/less of • re-commence Spiritual Care audits - revise word to reflect satisfaction survey questions • Worship planning group of residents to guide spiritual programs in the home • Quarterly RC "tea" with designated manager to get resident input and feedback • Re-introduce monthly resident newsletter • RC designate to sit on Quality Committee • "My Wishes" program for residents to explore new skills and interests • Vocational Program for residents to have opportunity to "give back" to community 	<ul style="list-style-type: none"> • I like the activities provided in this home (58%) • There are activities that support my religious/spiritual beliefs (55%) 	Programs Manager	Q2 2022
			Chaplain				Q2 2022	
			Program Manager				Q3 2022	
			Admin Program Manager				Q3 2022 Q1 2023	
				Staffing and Resources	<ul style="list-style-type: none"> • Realign staffing model to increase recreation programming on weekends • Increasing the number of programs offered everyday (including weekends) and the accessibility of programs by having more activities offered on the floors. (shorter programs, more frequently) • Creation of unit specific calendars • Minimum number of programs each day 	<ul style="list-style-type: none"> • There are opportunities for me to participate in activities (71%) • I have access to enjoyable things to do on weekends (71%) 	Program Manager	Q2 2022 Q3 2022

				Interdisciplinary Approach	<ul style="list-style-type: none"> • collaborative approach with nursing - program schedules that work with the flow of the resident day and daily tasks so that nursing and programs work together • designated resources available on home areas to allow non-programs staff to assist residents in self-directed activities (colouring, sorting,) • collaborative effort with dietary for theme days • Provide opportunities for multi-stakeholder engagement(residents, staff, family, volunteers, community) in the life of the home. 	<ul style="list-style-type: none"> • I like the activities provided in this home (58%) • 10% increase in self-directed activities • Minimum 1 theme day per quarter • Minimum 2 programs per month that include multi stakeholder/collaborative activities 	Program Manager	Q3 2022 Q2 2022
	# of Active Volunteers regularly engaged with residents			Volunteer Program	Strengthen Pastoral Care Volunteers through: <ul style="list-style-type: none"> • Contacting pre-pandemic volunteers to gauge if they are able to come back • Re-start regular communication with pastoral care volunteers • Recruitment of new volunteers for one-on-one • Recruitment of churches to provide spiritual programming 			
Family Experience	Family Satisfaction Survey	"Would definitely recommend" 49%	"Would definitely recommend" 60%	<ul style="list-style-type: none"> • Timely response to complaints/concerns • Customer Service Approach • Management by walkabout • Development of Family Council • Annual "Meet and Greet" with Managers 	<ul style="list-style-type: none"> • Enhance logging, tracking and analysis of complaints - review current policy and processes • Customer Service training for staff • Development of formalized walkabout tool and schedule for managers 	Family Satisfaction Survey: <ul style="list-style-type: none"> • "Would Definitely Recommend" • Mealtimes are pleasurable for my family member • The home is free from odours. • The building and grounds are maintained 		
Staff Engagement	Staff Engagement Survey	Develop baseline	Develop baseline	<ul style="list-style-type: none"> • Improved communication • Opportunities for continuous learning 		opportunities for continuous learning and opportunity opportunities for continuous learning and opportunity		
	Staff Recruitment and Retention					<ul style="list-style-type: none"> • Post placement feedback/satisfaction survey 		