



Continuous Quality Improvement – Interim Report

Designated Lead

Jennifer M. Schneider
Continuous Quality Improvement Coordinator

Quality Priorities for 2022/23

Valleyview invites you to learn more about 2022/23 Quality Improvement Plan (QIP). Valleyview is a 136 bed Long-Term Care home, owned and operated by the City of St. Thomas. We have been providing exemplary care and services to the residents in our community for over 50 years. Valleyview provides care and services to individuals who can no longer support their care needs in the community. Our care team and community partners work collaboratively with our residents and their families to enhance their physical, emotional, social, spiritual and mental well-being in a home like atmosphere. We encourage our residents to be active participants in their individualized plan of care. Valleyview Home regards Continuous Quality Improvement as one of our core values guiding our commitment to our non-for-profit delivery model, in the fulfillment of our mission and vision, to promote the highest possible level of care in partnership with residents, staff, families, volunteers and the community, to be “A Place to Call Home”.

Valleyview Home has chosen to integrate the requirements of the FLTCA, 2021 in regard to continuous quality improvement with the requirements of Ontario Health reporting of our annual Quality Improvement Plan (QIP) submission to streamline reporting requirements. Our goal is to develop quality improvement initiatives that will meet the diverse needs of our residents, their families and caregivers and our staff. In the coming months our Continuous Quality Improvement Committee membership will be expanded to meet the legislative requirements of the FLTCA, 2021. The expanded membership will provide for greater collaboration with our residents, families, and front-line staff with Valleyview’s leadership team.



Quality Objectives for 2022/23

Valleyview will continue to work on priority initiatives identified by Ontario Health.

1. Reduce the percentage of potential avoidable emergency department visits for long-term care residents. Our current performance is 19.63%. Our goal is to reduce it to 16% to meet the provincial average.
2. Collect baseline data to track and enhance the resident experience.
 - a) Do residents feel they have a voice and are listened to by staff?
 - b) Do residents feel they can speak up without fear of consequences?
3. Reduce the percentage of residents not living with psychosis who were given antipsychotic medications. Our current performance is 23.94%. Our goal is to reduce it to 19% to meet the provincial average.

Additional quality initiatives that have been identified are:

4. Palliative Performance Scale to be completed on all new admissions and when a significant change has occurred. Our current performance is 23%. Our goal is to increase it to 100% by April 2023.
5. Valleyview's Social Worker will meet with residents and their families to discuss their needs and wishes around palliative care. Our goal is to start this project in September 2022 and have 50% of resident wishes documented by the end of the year.

Over the next several months policies, services and programs will be evaluated:

6. Integrate a palliative philosophy of care for all residents as per FLTCA with ongoing assessment, evaluation and revision based on best practices and the lived experience of residents and their family members.
7. Revision of mission, vision and value statement to reflect our commitment to providing excellent resident focused care and employee wellness.
8. Integrate risk management strategies into operations to ensure compliance with FLTCA.
9. Assessment and alignment of duties of care with the most appropriate practitioner, including development of expanded roles for allied and supportive practitioners such as social work and spiritual care.
10. Delivery of consistent, quality, evidence-based nursing practice utilizing clinical decision-making tools from RNAO Clinical Pathways and Best Practice Guidelines.



QIP Planning Cycle and Priority Setting Process

Since 2015, Valleyview has submitted a QIP to Health Quality Ontario (HQP) each April. The Continuous Quality Improvement Committee will meet in early September 2022 to evaluate progress accomplished on identified quality objectives and identify new quality objectives for 2023/24. The committee will:

- Identify progress accomplished on identified initiatives
- Utilize data from the Canadian Institute for Health Information (CIHI) to identify current performance and benchmark our performance with other long-term care homes
- Evaluate responses from the annual Resident and Family Satisfaction survey as well as the annual Staff Satisfaction survey
- Aware of emergent issues identified internally or externally
- Gather input from residents, families, staff, volunteers, community partners and regulatory bodies

Newly identified initiatives will be presented and discussed at various committees to refine the scope of the initiative and identify additional initiatives.

Valleyview's Approach to Continuous Quality Improvement (Policies, Procedures and Protocols)

Valleyview has a robust set of policies and procedures which are based on best practice guidelines and provides the foundation for staff in providing quality care and services. Valleyview utilizes the resources provided by Health Ontario to guide the quality improvement program.

1. **Getting Started:** During this phase the Continuous Quality Improvement Committee will identify improvements to be made and how success will be measured and sustained.
2. **Defining the Problem:** Involves the Continuous Quality Improvement Committee collecting data to narrow the focus and define a specific problem. Various tools such as the fishbone analysis, process mapping, 5 whys are some of the tools that will be utilized to understand the current process and underlying problems.
3. **Understanding Your System:** Once the team has clear understanding of the identified problem an overall improvement aim is identified. The committee will develop aim statements that are (SMART) S-Specific, M-Measurable, A-Attainable, R-Relevant, and Time-Bound.



4. **Designing and Testing Solutions:** The committee will identify change ideas that will meet the aim statement. The committee will use Plan-Do-Study-Act (PDSA) cycles to test solutions. PDSAs provide opportunities to try small tests of change, they can provide feedback about what works and what doesn't. Several PDSAs cycles will be used as the team refines the change idea to meet the aim statement before implementation.
5. **Implementing and Sustaining Changes:** During this phase measurement is the key to understanding what is creating positive change. Ongoing tracking and evaluation of performance will help the committee to sustain successes.
6. **Spreading Change:** The improvement idea is shared with all stakeholders through various educational platforms. The specific processes are identified, and specific measurements are documented and shared to identify accomplishments and well as areas which may require additional support.

The process measures that will be used to identify if the change implemented lead to an improvement will be:

Outcome: Measures what the team is trying to achieve (aim statement)

Process: Measures key activities, tasks, processes implemented to achieve the aim statement

Balancing: Measures other parts of the system that could be unintentionally impacted by changes

The committee will continue to measure and monitor the change idea moving forward. The results will be documented on run charts and statistical control charts to determine if the change remains effective or identify declines in performance. Further adjustments may be required to the change idea to achieve the desired outcome. Additional coaching and education may also be required to be provided to staff. Staff opinions will also provide a better understand of what is and is not working well with the change idea.

Communicating Outcomes

Valleyview's Continuous Quality Improvement Committee will utilize a variety to tools to communicate improvement initiatives. These include but are not limited to:

- Posting on the Quality Improvement board and other boards in common areas in the home and staff lounge.
- Utilizing email to update, staff, families and community partners
- Posting on Valleyview's webpage or utilizing social media
- Handouts and one to one communication



- Presentations at meetings such as Residents' Council, Family Council, staff meeting etc
- Utilizing huddles to communicate the change
- Champion staff to spread the word and communicate with their peers