



# Continuous Quality Improvement Report Villa Colombo Seniors' Centre (Vaughan) Inc.

Anna Urbanowicz-Administrator  
**DESIGNATED LEAD - Quality Improvement**

# Introduction to Villa Colombo Seniors' Centre (Vaughan)

- Villa Colombo Seniors' Centre (Vaughan) Inc. is a fully accredited long term care home that is located in the Village of Kleinburg, Ontario.
- Villa Colombo Seniors' Centre (Vaughan) Inc's Quality Improvement Plan (QIP) has been created to align with the home's mission and vision statements as well as the health priorities of Health Quality Ontario and the Ontario Health. As acknowledged within these statements there is an emphasis on a Continuous Quality Improvement (CQI) philosophy which aims to achieve positive outcome based care and the premise to "contribute to the quality of life throughout the provision of care that is based on the principles of CQI.
- These principles are guided by pillars of success through Universal Care's management of the home. Villa Colombo Seniors' Centre (Vaughan) Inc. and it's Board of Directors are committed to quality improvements as evidenced by an industry recognized CQI program.
- Villa Colombo Seniors' Centre (Vaughan) Inc. received CARF Canada accreditation for 3 years based on the 2022 Survey which highlights the homes' dedication and commitment to improving the quality of lives of the persons we served.

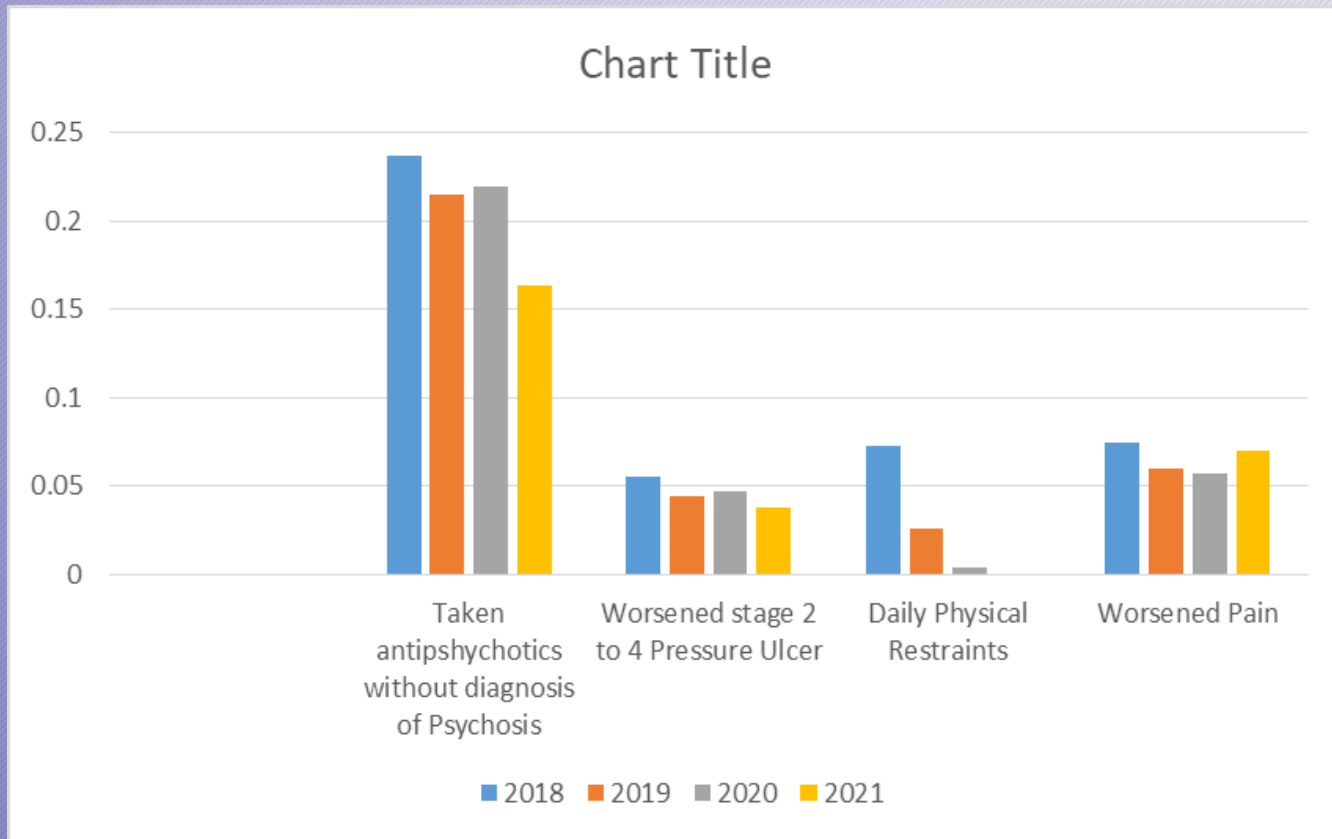
# Quality Improvement Outcomes from 2022-23

Quality Indicator	Performance Identified in 2022	Current Performance Indicator
Has worsened pain	7.5%	7.0%
Restraints	0%	0%
Pressure Injury	4.7%	3.8%

High-Level overview of successes and objectives achieved in 2022:

- Implementation to alternative restraint best practice guideline in 2021, the home was able to maintain to be restraint free
- Implementation of pain best practice guideline, the home able to track residents' pain accurately with the new assessment tools and management.
- Implementation of skin and wound app to enhance assessment and management of skin related issues. Successfully reducing pressure injuries over the course of the year.

# Quality Improvement Outcomes from 2022-23



Indicators	2018	2019	2020	2021
	2018-2019	2019-2020	2020-2021	2021-2022
Taken antipsychotics without diagnosis of Psychosis	23.70%	21.50%	21.90%	16.30%
Worsened stage 2 to 4 Pressure Ulcer	5.50%	4.40%	4.70%	3.80%
Daily Physical Restraints	7.30%	2.60%	0.40%	0.00%
Worsened Pain	7.50%	6.00%	5.70%	7.00%

# QUALITY PRIORITIES FOR 2023/24

Villa Colombo Seniors' Centre (Vaughan) Inc is pleased to share its 2023/24 Continuous Quality Improvement Plan Report. Villa Colombo Seniors' Centre (Vaughan) Inc. is committed to quality improvement and is reflected in our mission and strategic plan. We are continuing the implementation of the Person and Family Centred Care Best Practice Guideline ensuring residents and their families are supported to achieve their personal goals for their health and quality of life. We are implementing the Palliative Approach to Care and End-of-Life Care Best Practice Guidelines concentrating on improving or sustaining comfort and quality of life for the residents and their families facing a life-limiting illness. Our Palliative care approach encompasses holistic services that meets the physical, emotional, social, cultural, spiritual and psychological needs of the resident and their family members.

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence based practices and innovation remain high priorities for Villa Colombo Seniors' Centre (Vaughan) Inc. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.

The high-level priorities for Villa Colombo Seniors' Centre (Vaughan) 2023 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Pre-designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction :

- Achieving Excellence in Quality of Life for residents in our Home
- Achieving Resident's Comfort
- Supporting Resident's Transition in our Home
- Meeting Resident's needs, wishes
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Maintaining Residents' and Staff Satisfaction

## QUALITY OBJECTIVES FOR 2023/24

1. Achieving Excellence in Quality of Life for residents in our Home through the implementation of Person and Family Centered Care (PFCC) and Alternative to Restraints Best Practice Guideline and the Palliative Approach to Care Guideline
2. Achieving Resident's Comfort through the implementation of Pain Assessment and management Best Practice Guideline and the End-of-Life Care Guideline
3. Supporting Resident's Transition in our Home prior to admission through the process of pre-admission conference and on the day of admission through the implementation of the Admission and 24 Hours Assessment and Plan of Care Clinical Pathway
4. Meeting Resident's needs, wishes through the implementation of Clinical Pathways (Person and Family Centred Care and Pain Assessment and Management) and integration of goals of care discussions during resident care conferences
5. Data Integration through the implementation of AMPLIFI for the continuous updating of resident's information in both hospital and LTC Home record with transition exchanges
6. Supporting screening, assessment, prevention of risk and point of care decision making through the implementation of Assessment Tools and Clinical Pathways that integrate with Plan of Care through Nursing Advantage Canada electronic platform for residents' assessment
7. Maintaining Resident and Staff Satisfaction through Response and Action

# QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Villa Colombo Seniors' Centre (Vaughan) Inc. has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- Ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- MDS Indicators Raw Data Reports available in Point Click Care
- Resident, family and staff experience survey results
- Identified priorities through program evaluations and recommendations from the homes continuous quality improvement committee
- Results of care and service audits
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Input from residents, families, staff, leaders and external partners.
- Mandated provincial improvement priorities (e.g., HQO)
- Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines



- Priorities are discussed within different committees and councils by interprofessional and interdisciplinary team members.
- These committees and councils include the Leadership Team, Resident Council, CQI / Quality Committee in addition to the Board of Directors.
- The process is interactive and engages different stakeholder groups.
- QIP targets and practice change ideas are identified and confirmed by the Board of Directors

# Villa Colombo Seniors' Centre (Vaughan) Inc. APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- Villa Colombo Seniors' Centre (Vaughan) Inc. Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. Villa Colombo Seniors' Centre (Vaughan) has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

## 1. Complete Trends Analysis

- Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping, 5 whys, fishbone, Plan-Do-Study-Act (PDSA) cycles, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

## 2. Set Improvement Aims

- Once there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family experience and satisfaction of outcomes, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.
- The aim statement includes the following parameters - “How much” (amount of improvement – e.g., 30%), “by when” (a month and year), “as measured by” (indicator or a general description of the indicator) and/or “target population” (e.g., residents, residents in specific area, etc.)

## APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS CON'D)

### 3. Developing and Testing Practice Change(s)

- As a principal, Villa Colombo Seniors' Centre (Vaughan) Inc. will identify practice changes to implement current evidence based recommendations established by the published best practice guideline(s)
- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move Villa Colombo Seniors' Centre (Vaughan) Inc. towards meeting its aim statement(s).
- Villa Colombo Seniors' Centre (Vaughan) Inc. will monitor and track outcomes of practice changes through observation, auditing and data collection

### 4. Implementation, Dissemination, Sustainability

- Improvement teams consider the following factors when developing implementation of practice change plan:
  - Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, documentation systems etc.)
  - Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).
  - Communication required to various stakeholders, before during and after implementation
  - Approach for spread across Villa Colombo Seniors' Centre (Vaughan), (to residents, families, staff)
  - Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)

## Measures includes the following types:

### **Outcome Measures:**

- Measures what the team is trying to achieve (the aim)

### **Process Measures:**

- Measures key activities, tasks, processes implemented to achieve aim

### **Structure Measures:**

- Measures systems, and processes to provide high-quality care.

## PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

- A key component of the sustainability plan is the collection and monitoring of the key project measures over time.
- Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or decline in performance.
- Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not.
- If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed.
- Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in adherence to compliance.

## At An Organizational Level

- Villa Colombo Seniors' Centre (Vaughan) Inc. is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway implementation, and different analysis tools available within different programs.
- Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:
  - Posting in each Casa, Continuous Quality Improvement and Best Practice Boards, in addition to common areas and staff lounges
  - Publishing stories and results via the newsletter, presenting at practice change webinars, social media
  - Direct email to staff and families and other stakeholders
  - Handouts and one to one communication with residents, families and staff
  - Presentations at staff meetings, Resident Councils, Newsletters and Posters
  - Change of shift reports
  - Use of Best Practice Champions to communicate directly with peers

# Resident and Family Satisfaction Survey

- Resident and Family Satisfaction Surveys are provided to Residents and their family members each year in SEPTEMBER.
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and members of the staff of the home
- Villa Colombo Seniors' Centre (Vaughan) completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, CQI committee members and staff members of the home

# Villa Colombo Seniors' Centre (Vaughan) 2022 Resident & Family Satisfaction Survey

2022 Resident and Family Satisfaction Surveys was completed on October 2022

Summary of Areas home is performing well:

- 96% satisfaction with respecting dignity
- 96% satisfaction with cleanliness of the home and rooms
- 92% satisfaction with variety of activities of interest

Summary of Areas for Improvement identified on 2022 Survey listed below:

- 88% satisfaction "I can express my opinion without fear of consequences".
- 84% satisfaction with how well the staff listen to residents.



# Villa Colombo Seniors' Centre (Vaughan) Inc. Quality Improvement Priority Indicators

## 1. Person and Family Centered Care

Indicator	Current Performance	Target Performance
Satisfaction with "I can express my opinion without fear of consequences".	88%	93%
Satisfaction with how well the staff listen to residents.	84%	90%

## 2. Palliative Care

Indicator	Current Performance	Target Performance
% of Palliative Care residents that have had an interdisciplinary assessment of their holistic palliative care needs	New indicator	100%
Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	New Indicator	100%

# Villa Colombo Seniors' Centre (Vaughan) Inc. Quality Improvement Priority Indicators

## 3. Potentially avoidable ED visits

Indicator	Current Performance	Target Performance
Avoidable ED visit rate (per 100)	42.4%	40%

## 4. Antipsychotic medication use without a diagnosis of psychosis

Indicator	Current Performance	Target Performance
Taken antipsychotics without a diagnosis of psychosis	16.05%	15%



# Practice Changes/ Action Items to Support Quality Improvement

## 1. Clinical Pathway Implementation:

- 24 Hours Assessment and Plan of Care
- PFCC
- Risk for Delirium
- Pain Assessment and Management
- Feedback provided to RNAO and Point Click Care

## 2. Data Integration (AMPLIFI Project)

- Match of resident electronic health records between Villa Colombo Seniors' Centre (Vaughan) and hospital software systems

## 3. Safety and Technology:

- Skin and Wound App.
- Practitioner Engagement and Secure Conversation App.
- Automated Dispensing Cabinet (ADC)
- Infection Control Program Implementation

## 4. Improved Staff Experience:

- Supporting Point of Care Decision Making: Clinical Pathways, electronic Infection Control Program, ADC, electronic Skin and Wound Program
- Satisfaction Survey and Outcome

## 5. Residents Satisfaction Survey:

- Satisfaction Survey and Outcome
- Residents' Council Feedback
- Actions for improvement

Villa Colombo Seniors' Centre (Vaughan) Inc. Continuous Quality Improvement Action Plan

Year: 2023

**Instructions:** Complete Continuous Quality Improvement Action Plan as a part of the CQI Report annually. Create action plan for targeted quality improvement initiatives identified during review of Resident & Family Satisfaction surveys, CQI Audits and Program Evaluations.

The following items need to be addressed each year in this action plan: QI Indicators (I.E. Skin, ED Transfers, Fall Prevention); Innovation (I.E. MST, PE/SC, Epic PCC integration); Resident/Family Survey action items; BPSO Indicators (i.e. Pain assessment and management, restraints, PFCC); CQI Audits action items and Program Evaluation action items

Item Number	Quality Improvement Indicator	Current Performance	Target Performance	SMART Goal & Quadruple Aim (1. Resident Experience, 2. Outcomes, 3. Care Team Experience, 4. Effective Resource Utilization)	Practice Change Idea	Action Items	Target Completion Date	Responsible Person	Date Action was Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken	Description of how and when that actions taken were communication to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any)
1	Satisfaction with "I can express my opinion without fear of consequences"	88%	93%	<b>Goal</b> - To increase resident and family satisfaction with staff listening to the residents and family members when they express their values, wishes, goals or expectations for care and/or services "I can express my opinion without fear of consequences" from 88% to 99% by Mar 31 2024. <b>Aim statement</b> - To improve resident and family experience and collaboration in partnership with staff of the home to provide residents and family opportunity to express their opinion freely. Providing residents and family the opportunity to participate in the development of their plan of care will improve both the resident/family experience and the staff experience. Therapeutic relationships are enhanced when residents and families have the ability to work in partnership with their care team and residents will have better outcomes overall..	1) Implement RNAO Person and Family Centered Care Best Practice Guidelines	1) The PFCC Implementation team will complete Gap Analysis, Evaluation and Action Plan to meet best practice recommendations. 2) The home will track the number of staff completed the education on ITacit.	Mar 31 2024	Administrator			Communication is a standing agenda on Resident Council. Resident Council provided input into this action plan and will be updated regularly on the action plan status. There is no Family Council at present but home is actively promoting Family Council within the home.	CQI committee provided input into this action plan and will be regularly updated on the outcomes, provide guidance into addressing the gaps identified via the action plan.	<b>The CQI Action Plan items were communicated to residents and resident council on March 27, 2023 and to family members April 13, 2023. The CQI Action Plan was communicated to Registered Staff by way of Registered Practice meeting held March 23rd and PSW meeting held March 24th. The home is continuously working on recruiting family members to fill vacancies to ensure that the Council is comprised of a robust group of family members who would actively advocate for the residents. Our Social Worker is working with our family members during recruitment process.</b>
2	Satisfaction with "How well the staff listen to residents"	84%	90%	<b>Goal</b> - To increase resident and family satisfaction with "how well the staff listen to residents from 84% to 90% by Mar 31 2024. <b>Aim Statement</b> - To improve resident and family experience by having an open door policy and transparency	1) Identification of gaps in our Resident and Family Centered Care approaches. 2) Utilization of UCCI Care Conference UDA on Point Click Care for all care conferences. 3) Educate Registered staff on the N.Adv. Can Admission Assessment and Care Planning items	1) Complete the gap analysis for Person and Family Cantered Care Best Practice Guidelines. 2) Documentation of Care Conference UDA completion by interdisciplinary team. 3) The home will track the number of registered staff completed the education	Mar 31 2024	Administrator	Oct-22				
3	Percentage of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	New Indicator	100%	<b>Goal</b> - To increase the percentage of residents that have had an interdisciplinary assessment of their palliative care needs (when appropriate) by Mar 31, 2024. <b>Aim Statement</b> - To improve the residents, family and staff experience by establishing therapeutic and collaborative partnerships that identify the physical, psychological, social, spiritual (existential) and practical requirements of the resident and their family members facing a life limiting illness. Completing a holistic assessment in partnership with the resident and their loved ones can support the development of a plan of care that has been co-designed to encompass the residents values, wishes, beliefs, preferences and expectations. Establishing care and services that are tailored to the resident and the family members needs will enhance residents quality of life and comfort.	1) Education for all registered staff regarding using the "Palliative Care Assessment" UDA in PCC	1) Implementation of RNAO BPG-Palliative care and End of Life Care. Completion of Gap analysis and action plan	Mar 31 2024	Palliative Care BPG Lead	Completed Gap Analysis and Action Plan February 27th		Inform Resident Council of new resident specific care plans regarding palliative care measures. Regular updates on the status of the action plan. There is no Family Council at present but home is actively promoting Family Council within the home.	CQI committee provided the input into this action plan. Regular updates on the progress of the action plan at CQI committee meetings.	<b>As above</b>
						2) Set GO-live date for using the "Palliative care Assessment" UDA in Point Click Care	Mar 31 2024	Palliative Care BPG Lead	Go Live started on new admissions and change of status February 27th				
					2) Establish an audit process to audit the completion and quality of palliative care assessments	3) Participate in the Western York Region (OHT) Palliative Care LTCH Working Group	Mar 31 2024	Palliative Care BPG Lead	Participation completed	Completed 4 sessions and identified 3 champions in the home for Train the Trainee			
4	Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	New Indicator	100%	<b>Goal</b> - All residents identified under palliative care will have a resident specific care plans based on goals of care discussions regarding palliative care measures by Mar 31, 2024. <b>Aim Statement</b> -Completing a holistic assessment in partnership with the resident and their loved ones can support the development of a plan of care that has been co-designed to encompass the residents values, wishes, beliefs, preferences and exoectations. Establishing care	1)Train the trainer re; Identification of residents for Palliative Care and EOL Care	1) Partnership with WYR (OHT) Palliative Care LTC Working Group and utilize the Nurse Practitioner to conduct education session and train registered staff on Identification of residents for Palliative Care and End of Life Care	Mar 31 2024	Palliative Care BPG Lead	Participation completed	All resident admissions will have Palliative UDA completed which will generate PPS Score. Also completed on quarterly assessments and any significant change	Inform Resident Council of new resident specific care plans regarding palliative care measures. Regular updates on the status of the action plan. There is no Family Council at present but home is actively promoting Family Council within the home.	CQI committee provided the input into this action plan. Regular updates on the progress of the action plan at CQI committee meetings.	

				and services that are tailored to the resident and the family members needs will enhance residents quality of life and comfort.	2) Establish a process to audit the completion and quality of palliative care plans based on goals of care discussions	2) Schedule and implement training sessions for registered staff on goals of care discussions, referrals and resident specific care planning based on goals of care discussions.	Mar 31 2024	Palliative Care BPG Lead	Upon designation of resident for Palliative Care	We are in planning stages for scheduling in April			
						1) Partnership with WYR (OHT) Palliative Care LTC Working Group and utilize the Nurse Practitioner to conduct education session and train registered staff on Identification of residents for Palliative Care and End of Life Care	Mar 31 2024	Palliative Care BPG Lead	Participation completed	All resident admissions will have Palliative UDA completed which will generate PPS Score. Also completed on quarterly assessments and any significant change			As above
5	Percentage of Potentially avoidable ED visits for long-term care residents	42.21	40.00	<b>Goal</b> - VCV aims to decrease avoidable ED visits from 42.21 to 40 by Mar 31 2024. <b>Aim statements</b> - to empower the registered staff by providing education and tools to assist with communication, clinical assessments and early identification of resident changes in health condition and collaboration with the attending physicians and Nurse Practitioner.	1) Improve staff competence in utilizing SBAR reporting to physician. 2) Improve staff knowledge and competency in identifying early changes in resident's health status. 3) Recruitment for FTE Nurse Practitioner.	1) Review SBAR procedure with Registered Staff and provide tip sheet of information needed to communicate. 2) Expand education to RPNs and utilize the Clinical Pathways Assessment. 3) Human resources will continue to recruit for Nurse Practitioner.	Mar 31 2024	Administrator/HR	On-going and will be reviewed quarterly		Resident Council was informed about this action plan, provided input and will be updated regularly on the action plan status. There is no Family Council at present but home is actively promoting Family Council within the home.	CQI committee provided the input into this action plan. Regular updates on the progress of the action plan at CQI committee meetings.	As above
6	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	16.05	15%	<b>Goal</b> - To decrease percentage of resident on antipsychotic medication without appropriate diagnosis from 16.05% to 15% by Mar 31 2024. <b>Aim Statement</b> - Continue with identification of appropriate clinical diagnosis for the use of antipsychotics in collaboration with resident/family and clinical team	1) Review of appropriateness of all current antipsychotic medication usage be attending physician, NP and in collaboration with clinical pharmacist. 2) Identify residents who are currently do not have appropriate indications for antipsychotic drugs in their records. 3) BSO to develop an individualized plan of care that includes supportive and non-pharmacologic strategies	1) The home will use psychotropic reduction tracking tool to track progress on the psychotropic drug review and outcomes. 2) Interprofessional team to review each resident on antipsychotics without appropriate indication at least quarterly. 3) Collect information with regards to resident care needs and preferences Incorporate needs and preferences in the plan of care. Implement supportive strategies to reduce responsive behaviours	Mar 31 2024	Administrator	On-going and will be reviewed quarterly				As above

<b>Dates Action Plan communicated to Residents: April 13th by bi-weekly newsletter</b>
<b>Dates Action Plan will be communicated to Family Members: April 13th (Monthly Newsletters every second Thursday)</b>
<b>Dates Action Plan and Outcomes communicated to Staff: March 22, 2023 (Registered Staff) March 23, 2023 (PSW)</b>
<b>Dates Action Plan and Outcomes communicated to Residents Council: March 27, 2023</b>
<b>Dates Action Plan and Outcomes communicated to Family Council: Home actively promotes establishing a Family Council.</b>