



Continuous Quality Improvement (CQI) Report

Lead

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Co- Lead

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The Elm Grove Living Centre Inc. stands on the firm belief of the importance of having a team to review quality and safe care at the home and supports the Fixing Long-Term Care Act, 2021 (FLTCA), Ontario Regulation 246/22, and Accreditation Canada requirements.

The home's Continuous Quality Improvement (CQI) Committee under the leadership of the Executive Director and in collaboration with the Director of Care and Resident Quality Supervisor will work with different stakeholders such as the Resident and Family Councils, the family members, the team members, and other external care in developing and implementing processes and procedures that promote quality and safe care to all our residents. The home will ensure that resident care services and the quality of accommodation are consistently monitored, analyzed, and evaluated.

Home's Priority Areas 2022/2023

1. Strengthening Resident and Family Engagement

- a. Quality Dimension: Resident and Family Engagement

- b. Goal: Increase resident and family engagement in quality initiatives planning and implementation
- c. Indicator: Increase membership and collaboration for both councils and consistent attendance at meetings
- d. Per the attendance report and meeting with the resident council president, there has been a decrease in participation and membership due to COVID-19 challenges and restrictions.

Clinical Quality Indicators

1. Management of pressure injuries

- a. Quality Dimension: Resident care
- b. Goal: Reduce the percentage of residents who had a worsening pressure ulcer
- c. Indicator: Number of residents with new or worsening pressure ulcers compared to the previous assessment
- d. Progress: Currently reviewing the process and resources needed to establish a wound care program, identify wound care champion/s, and provide education and training for PSWs around proper skin care and ulcer prevention.

2. Pain management

- a. Quality Dimension: Resident care
- b. Goal: Reduce the percentage of residents who experienced worsening pain
- c. Indicator: Number of residents with new or worsening pain compared to the previous assessment
- d. Progress: The clinical team maintains oversight of the program and collaborates with the frontline team in identifying pain using the Pain

Assessment, providing appropriate intervention, and evaluating its effectiveness.

3. Reduction in Serious Injuries related to Fall

- a. Quality Dimension: Resident care
- b. Goal: Reduce the # of fall incidents that results in serious injuries and complications
- c. Indicator: Number of residents who sustained fractures and other major skin issues after a fall quarterly and annually.
- d. Progress: In the process of reviewing the current process and identification of fall champions to support the falls prevention program.

4. Critical Incidents

- a. Quality Dimension: Resident safety
- b. Goal: Decrease the number of reported CIS by 30 %
- b. Indicator: Number of critical incidents reported to the Critical Incident Reporting System
- c. Progress: Developing a tracking system and review with the leaders

Sustainability and Communication

The home will follow the policies and procedures of CQI and collaborate with key stakeholders such as residents, family members, external partners, and the frontline team. The committee will meet quarterly to review the CQI audits and analyze results as well as identify opportunities for improvement.

All audit results and initiatives are shared with the above key stakeholders identified. Reports are to be provided and shared with the family and resident council as well as the other key stakeholders involved and impacted.

- Postings in the home
- Family meetings
- Residents' council with posted minutes
- E-mails to staff and families
- Website
- Team Huddles
- Staff meetings
- Residents' Council meetings

