



CONTINUOUS QUALITY IMPROVEMENT

OBJECTIVES & TARGETS

- Decrease avoidable transfers to the emergency department from 15.25% to 13.5%. (This target is set for improvement current performance is better than the provincial average)
- Maintain score of overall resident satisfaction above 85%. Performance in 2021/22 was 96%.
- Maintain score for expressing opinions freely above 85%. Performance in 2021/22 was 94%.
- Decrease the use of antipsychotic medications from 30.78% to 26%.
- Formalizing an internal Quality Improvement Committee with Resident and Family Council stakeholders!

Dedicated
Quality Lead

Bahar Karimi, RN MN MHSC CHE
Administrator



Quality Priorities for 2022/23

Idlewyld Manor is pleased to share its 2022/23 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission “to develop and deliver quality services that are responsive and innovative” and in our long-term strategic plan, which identifies the goal of fostering a culture of quality service excellence for our residents, clients, caregivers, employees and other stakeholders.

Our strategic plan was last updated for 2020-2024. It is reviewed regularly by leaders, stakeholders and the Board of Directors. This strategic plan has carried us through the most trying times during the pandemic, where safety and quality service excellence was a top priority for all of our residents, visitors and staff. Our team continued to find ways to respond to the changing climate of the pandemic and innovate work in nearly every department and area to continue to meet the highest levels of quality service excellence.

Two years into the pandemic, we are now able to pivot our quality improvement focus to reflect a more “normal” quality improvement journey for our home.

The QIP is a roadmap to achieving our quality improvement objectives, while navigating challenges and opportunities in our environment. Idlewyld's QIP is aligned with our Quality Framework, the priorities outlined by Ontario Health and input from our residents regarding their experience in our home.

Our priorities for our QIP this year:

- Providing the right care, in the right place, at the right time
- Improve resident and family experience
- Safety with a focus on behaviour support

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Idlewyld Manor has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQO) every April. Idlewyld's QIP planning cycle typically begins in August, and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- 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
- resident, family and staff experience survey results;
- emergent issues identified internally (trends in critical incidents) and/or externally;
- input from residents, families, staff, leaders and external partners, including the Ministry.
- mandated provincial improvement priorities (e.g. HQO)

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. These forums include the broader leadership team, Resident Council, Family Council, and the Quality Committee of the Board of Directors. This is an ongoing process with multiple touchpoints of engagement with different stakeholder groups as QIP targets and high-level change ideas are identified and confirmed. Final review of the QIP is completed by the Quality Committee of the Board, which endorses the plan for approval by the Board of Directors.

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. Our team, leaders and quality committee review indicators on a quality scorecard regularly to identify if there has been an improvement or deterioration 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 compliance, etc.

COMMUNICATION STRATEGIES

Communication and sharing our quality improvement updates has included many different approaches based on the focus area and indicators. We communicate via direct emails to staff and families, updates at Resident and Family Council meetings, newsletters, infographic posters, huddles at shift change, using champions and committees, social media and websites.

COMMUNICATION GOING FORWARD

With the formalization of our Quality Committee, we will be exploring with our new stakeholders some additional strategies for communicating about our Quality Improvement Journey...stay tuned!