

Tyndall Seniors Village  
Continuous Quality Improvement (CQI) Initiative Report  
April 1 2023 – March 31 2024



**Designated QI Lead Name: Chelsea Moses**  
**Designated QI Lead Position: Quality Improvement Coordinator**

## **QUALITY IMPROVEMENT INITIATIVE REPORT (2023)**

Tyndall Seniors Village has several priority areas for Quality improvement with clear objectives and protocols to guide through implementation. Policies and Procedures are in place to ensure the practice is currently effective and sustainable.

### **Overview and Framework**

Tyndall Seniors Village is part of Sharon Village Care Homes and is committed to ensuring that high-quality and integrated care is provided to all persons served in our Home. We endeavour to create a culture of Quality and knowledge integration where we are continually focused on improving the quality of services delivered.

### **Objectives:**

We strive to continually deliver the highest level of quality services to the persons served by using the following key processes:

- Risk management Plan
- Corporate Operational and Strategic Plan
- Dedicated Quality Improvement Lead at the Home level
- Quarterly Quality Council Meetings
- Quarterly Town Hall Meetings
- Monthly CQI Review meetings
- Focused committees and departmental meetings
- Resident and Family Councils
- Internal Audits
- Annual Program evaluations
- Review of priority indicators from Ontario Health
- Result of our Resident, Family, Staff and Volunteer Satisfaction Surveys

Our key priority indicators are tracked monthly and an evaluation of the data is completed quarterly using a Root Cause Analysis approach and action plans are put in place. Outcomes are communicated at our Quarterly Quality Council meetings and posted on the Quality Board.

We are driven by the primary goal of providing quality care that is resident-centred and safe. We do this by collaborating with inter and intra-disciplinary stakeholders that include professional staff, leadership /governance, clinical and non-clinical representation, point of care support along with the persons served and family members.

Our CQI Committee infrastructure is a Three-Tiered approach in order to ensure there is inclusiveness and engagement of both interdisciplinary and intra-disciplinary representation at the level most appropriate and meaningful. This consists of but is not limited to Board, corporate staff, clinical staff, professional staff, support staff, residents, and family. The committee members are strategically selected in each Tier based on evidence from conducting a stakeholder analysis. Our CQI infrastructure enables us to monitor risk, determine

priorities and implement methods of improvement based on legislative requirements, best practices, and/or prevailing practices.

**Accreditation:**

Our Quality Improvement initiatives align with CARF accreditation and other legislative requirements to improve, enhance, augment and sustain the quality of delivery and services for the persons served in our Home. In 2021 we were successful in being granted a Three-Year Accreditation for Person-Centred Long Term Care Community from CARF Canada.

**Survey Results & Action Plans**

i. Resident Satisfaction Survey Results:

Our Program Department distributes annual resident satisfaction surveys to those who can participate and assistance is provided as required. In 2022, there were 41 respondents. At Tyndall, our overall resident satisfaction was 71%.

ii. Family Satisfaction Survey Results:

Our Program Department distributes annual family satisfaction surveys to all family members. In 2022, there were 24 respondents. At Tyndall, our overall family satisfaction rate was 82%.

iii. Staff Satisfaction Survey Results:

The survey was made available to (100%) of the staff. In 2022, 148 surveys were distributed to staff members with 68 respondents. At Tyndall, our overall staff satisfaction was 51%.

**Action Plans:**

Survey results are summarized and shared with the Resident's Council, Family Council, and staff for input to develop an interdisciplinary and inclusive action plan. These results are summarized and communicated to the Resident's Council, Family Council, Quality Council, and Staff Town Hall with the plan of action for improvements.

2022 Survey Results			
Date of Survey	Survey	Overall Satisfaction	Date Shared and Action Plan input received F-Family, R-Resident S-Staff
October 10 - November 25, 2022	2022 Family Overall Satisfaction Rate (%)	82%	F- Jan 26, 2023 R- Jan 16, 2023 S- Jan 25, 2023 QC – Jan 18, 2023
October 10 - November 23 - 2022	2022 Resident Overall Satisfaction (%)	71%	F- Jan 26, 2023 R- Jan 16, 2023 S- Jan 25, 2023 QC – Jan 18, 2023
November 1- December 31, 2022	2022 Staff Overall Satisfaction Rate (%)	51%	F- Jan 26, 2023 R- Jan 16, 2023 S - Jan 25, 2023 QC – Jan 18, 2023

Action plans were developed jointly by the CQI Lead, the Leadership team, and a staff representative from each department and provided to the Residents Council & Family Council for review and input. This can be validated through the respective Meeting minutes. Results of the surveys and the action plans were posted on Jan 25, 2023.

**Home Priority Areas for Quality Improvement April 1, 2023 – March 31, 2024:**

The Home’s Quality Improvement Plan was aligned with the Health Ontario QIP. In addition, our Home added additional indicators based on our previously identified areas requiring improvement.

1. Number of ED visits for modified list of ambulatory care–sensitive conditions\* per 100 long-term care residents. Our goal is to reduce the percentage of avoidable ED visits from 19.4% to 19%.

Our Change ideas include:

- a. NP to track ED transfers on analysis tool; bring analysis tool to CQI meetings and registered staff meetings to review trends and discuss opportunities.
- b. Perform huddles and in-services with registered staff to review avoidable ED transfers

2. Percentage of residents who responded positively to the question "Would you recommend this nursing home to others?" Our goal is to increase the percentage from 68.3% to 80%.

Our Change ideas include:

- a. Implement new intake process for new clothing items to ensure labelling is done before items are sent to resident room; complete gap analysis; complete PDSA cycle to ensure intended outcomes are achieved
- b. Complete daily food temperature audits of tray service and perform gap analysis; provide education to nursing and dietary staff to ensure service is provided appropriately; Share outcomes with Resident Council and Food Committee meetings.

3. Percentage of residents who respond positively to the question "Staff listen to me and are helpful when assistance is requested."

Our Change ideas include:

- a. Provide person-centred care education for staff at the monthly department meetings

4. Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. Our goal is to reduce this number from 28.51% to 21%

Our Change ideas include:

- a. Complete resident case review at monthly BSO committee meetings with multidisciplinary team
- b. Use a tracking tool to track the number of new admissions with antipsychotics prescribed

5. Percentage of residents experiencing new pressure ulcers. Our goal is to reduce pressure ulcers from 5.5% to 2.4%

Our Change ideas include:

- a. Complete huddles for every new or worsening skin integrity issue; provide education to staff through an external wound care consultant
- b. Track new and worsening skin integrity issues monthly to monitor the number of stage 1 ulcers identified

### **Quality Improvement Accomplishments: April 1, 2022 – March 31, 2023**

In addition to the indicators above, Tyndall Seniors Village has been involved in several Quality Improvement initiatives and planned methods of improvement, but not limited to as follows:

#### **Clinical Tools Implemented:**

Tyndall Seniors Village has implemented 4 of the Clinical Support tools that were developed by *Think Research* in collaboration with the Ministry of Long-Term Care. These clinical assessment tools meet the requirements of the Fixing Long Term Care Act and ensure that we comply with the Act and Regulations. Completion of these assessments assists in providing quality care to our residents and ensures that the Plan of Care is comprehensive and resident-specific.

#### **Quality Improvement:**

- Revised Quality Improvement framework and structure
- Increased transparency and sharing of KPIs through our Quality Council, Town Hall, and Quality Board
- Collaborative practice with interdisciplinary teams during Quality Council with representation from of Resident, Family, PSW and members of the Nursing staff
- Capacity development within our interdisciplinary committees and designated program leads
- Implementation of evidence-based practices
- Integration and alignment with OHT and HQO priority areas
- New designated IPAC lead
- New designated Quality Improvement Lead
- New Nurse Practitioner

#### **Covid:**

The past several years have been challenging for our home due to the worldwide COVID-19 pandemic. One key component that the pandemic brought to light was the need for increased IPAC measures in Long-term Care Homes. It also highlighted the need for finding innovative ways for our residents and staff to interact beyond our walls when it was mandated to have fewer people inside our homes. In addition, like most LTCs across the country,

we initially had challenges with supply chain issues, staffing, outbreaks, ever-changing directives, guidance documents and public health recommendations. We are proud to say, that despite these challenges our focus continues to be the safety of our residents, their loved ones and our staff. Our home has been focused on continuing to improve our Infection Prevention and Control (IPAC) protocols which include but are not limited to the following examples:

- Hiring a designated IPAC lead
- Reviewing and developing policies as they related to ongoing IPAC changes in our sector
- Implementing screening processes
- Utilizing both PCR and RAT testing
- Regular and ongoing audits
- Education and training of staff and visitors
- Implementing directives and guidance documents as directed
- Working collaboratively with our healthcare partners to ensure compliance with all IPAC recommendations

**Staffing:**

- Tyndall strives to support our staff to create a safe and collaborative workplace. The COVID-19 pandemic has taken a toll on staff at all levels in the organization. Staff are still recovering from the intense focus on prevention and containment over the past few years. We have also intentionally maintained staffing levels without any reductions over the past few years or the use of staffing agencies. We have been successful in recruiting staff when needed. In addition to these strategies, Tyndall provides annual online education and other in-services, seasonal staff recognition events and other special events to ensure staff experience a welcoming and supportive workplace. We also have an annual recognition event to highlight our experienced and long-serving staff.