



## Continuous Quality Improvement Initiative Report 2022-23

*Lead:* Saurabh Bhatnagar, General Manager

### *Village Quality Improvement Priorities:*

1. Resident Centered Living – refocus back on a holistic approach to Village Life through increased opportunities for social interaction and engagement. Our Village will introduce a “Summer of Awesomeness” to provide focused resident socialization time with team members to improve relationships. We are also planning improvements to outdoor spaces and resident common rooms.
2. Improved use of clinical software to provide efficiencies, support decision making and provide better communication. Clinical software enhancements will be disseminated to the team, with regular follow up to support change management.
3. Introduce Living in My Today (LIMT) Supportive Approaches to Care on one neighbourhood to improve the quality of life and care of those living with dementia. We will also be participating in ECHO, a community of practice dedicated to supporting care of those living with expressions.
4. Completion of capital projects to improve the environment and overall resident experience. This year, we will be repairing our roof which will help in avoiding leaks, renovating our spa room to make it more accessible and revamping our ramp to the gardens which will provide easier access for residents.
5. Focus on Exercise programming to provide more opportunities for residents to participate together, improving strength and socialization.

### *How Priority Areas Were Determined:*

1. The pandemic has had a significant impact on resident social life, which is important for overall well-being. Isolation precautions lead to decreased opportunities for social interaction and bonding; this is evidenced by decreased outcomes in the Quality of Life domains of Activities, Personal Relationships and Staff-Resident Bonding. The team consulted with Residents’ Council, reviewed the data and decided on a dedicated push towards enhancing and increasing our resident’s well-being. Increased funding and staffing will also help our team move from the task-centered approach acquired through the pandemic to a resident-centered, relational approach.
2. Review of organizational clinical outcomes and processes, and the introduction of medication safety technology has helped us identify opportunities for enhancements within our clinical tools to improve workflow for our nursing teams. We have also adopted a robust auditing process for medication errors which has identified areas of improvement to reduce risk. TaperMD is being utilized in partnership with the pharmacy; Secure Conversations through PCC has also been implemented to support communication with physicians.
3. The priority to implement Supportive Approaches to Care and engage in the ECHO program is based upon our LHIN’s bed applications, our resident profile and recent admissions. Fairview is predominantly identified as a home which supports residents with dual diagnosis, with an underlying mental health condition, hence this Schlegel Villages program was identified as a natural support and will build internal capacity of our team members to continue supporting our resident population to the best of our ability.

4. Fairview has an established capital improvement plan in place which was on hold due to the pandemic. We are committed to ensuring our approved projects are completed by recommended dates. These projects were identified through consultation with a number of stakeholders, including residents, families, team members and support office consultants.
5. As we reviewed our CIHI reports and internal tracking, we identified a decline in resident mobility, an increase in the number of falls and the number of residents identified as high-risk for falls. This review prompted us to focus on helping residents to improve strength and overall mobility through our Program for Active Living.

*How Progress Will Be Monitored, Measured, Evaluated and Outcomes Communicated:*

1. We will be tracking and trending attendance for all events, initiatives and programs planned for the Summer of Awesomeness. We will also review reports for Quality of Life (Staff-resident bonding, activities and personal relationships) for improvement. Review of metrics related to social engagement and depression will also be reviewed. All of the above will be disseminated to the councils and to the team via council meetings, team huddles and update boards.
2. Monthly review of the effectiveness and use of the PCC enhancements for 3 months post implementation, with support to the team and feedback provided as needed. A number of reports are available to help us understand uptake.
3. We track and trend resident to resident incidents, the number of incidents which lead to a critical incident, and the number of resident to team member altercations which result in team injury and subsequent WSIB claims. We will also review the CIHI indicator: improved or worsened behaviour. Results will be communicated via the quarterly leadership QI meeting; daily shift report and monthly personal expression rounds as well as the quarterly PAC meeting.
4. Quarterly review of the completed capital projects and their effectiveness to be discussed in the leadership quality improvement meetings as well as discussed and posted on the council boards
5. Attendance for exercise programs will be review to identify potential growth. Falls trends and high-risk residents will be reviewed monthly to determine effectiveness of the initiative. The results will be posted on the established falls board, and disseminated to the team via the monthly falls report. Reviews will be conducted monthly for 6 months and then move to quarterly.