



**Interim Continuous Quality Improvement (CQI) Report**  
As required by the Fixing Long-Term Care Act, 2021

**Who is the designated lead for the CQI initiative?**

Karen Edge, Administrator  
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Currently, the following individuals are members of the CQI Committee:

Administrator	RN Rep.	Medical Director
Director of Resident Care	PSW Rep.	Nurse Practitioner
Nutrition Manager	IPAC Lead	Pharmacy Rep.
Life Enrichment Coordinator	Residents' Council Rep.	Physiotherapist
	Family Council Rep.	Dietitian
		Public Health Rep.

**How do we choose our priority areas for quality improvement?**

We utilize a number of resources to help us identify where gaps or improvement can be made with respect to the care and services that are provided to residents. Examples of documents/resources we use to identify priority areas include:

- Results of the Resident / Family Experience Survey
- Required program meeting minutes (ie. Falls Prevention & Management)
- Residents' Council and Family Council minutes and feedback forms
- Concern/complaint records
- Inspection protocols from the Ministry of Long-Term Care
- Annual evaluations, as required by the Fixing Long-Term Care Act

We also review the priority indicators released by Ontario Health. This year, the majority of the Home's quality improvement work is focused on aligning with the new legislation, Fixing Long-Term Care Act, which came into force on April 11<sup>th</sup>, 2022.

**What are our priority areas for quality improvement?**

<i>Priority Area</i>	<i>Indicator</i>	<i>Proposed 2022/23 Target</i>
Quality Improvement	Each required committee, as required by the FLTCA, will hold a quarterly meeting starting September 2022, and report to the CQI Committee starting October 2022	100%
Emergency Planning	Ensure testing of all written emergency plans as required by the FLTCA by holding monthly testing scenarios starting August 2022	100%

Infection Prevention & Control	Present analysis of IPAC compliance (audits, trends analysis and outbreak management) to CQI Committee to develop work plan for IPAC policy development and updates, and education	Quarterly, starting October 2022
Comfort Care Philosophy	To develop a new comfort care philosophy for the Home, utilizing Palliative Care Consultant team; and provide education to all staff on newly developed program	90% of staff trained by Dec. 31, 2022
Resident Experience	To continue to have at least a 90% positive response rate to the question “I feel I can speak up without fear of consequences” on our annual Resident Experience Survey	90% positive score at minimum

### **How do we monitor and measure progress and make adjustments to our quality improvement initiatives?**

When setting our goals for the year, we identify measurable outcomes for each goal so that we know how close we are to reaching our goal on that particular measure. At our quarterly CQI meetings, we review each of the initiatives and determine our progress to date.

- When we are on target, we explain results of audits and/or any follow-up required to maintain at the current level.
- When we are not meeting the target, we discuss the reasons for this and develop an action plan to further progress on this. Action plan examples include increased audits, education and communication.
- If we have again not met the target after the action plan has been implemented for three months, discussion will be had about the need to adjust the target so that improvement can still be made, albeit not to the extent originally planned.

### **How do we communicate outcomes on our quality improvement initiatives?**

Communication about our quality improvement initiatives occurs in the following ways:

- The initiatives are reviewed by our Management Committee (reporting to a Board of Directors) for final approval
- The approved quality improvement plan is posted in the Home, with an overview of the major initiatives shared in our staff newsletter upon its development
- An overview of the initiatives is shared with both the Residents’ and Family Councils
- On a quarterly basis, the CQI committee reviews progress on the initiatives, which includes work completed to date and the applicable benefits, as well as roadblocks. This progress is then provided to both the Residents’ and Family Councils.
- Additionally, when something that affects all residents/family and/or staff, it is shared in the applicable newsletter. As an example, during our most recent Resident Experience Survey, a common theme was that Mount Nemo doesn’t feel very homelike. When we discussed this with the Residents’ Council, a suggestion was made to have a beverage bar available to residents where they can bring their family and friends during visits. This was put in on each home area, and specific communication happened to Residents Council, Family Council and via the newsletter.