



Moira Place LTCH

July 2023 Continuous Quality Improvement (CQI) Report

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Continuous Quality Improvement Initiative Report

Overview

As reflected in our Mission, Moira Place is “dedicated to creating a New Tradition of Long-term Care by combining a comfortable environment with flexible programs tailored to individual needs. We provide a home-like environment that promotes the maximum independence, dignity, safety, and wellness of every one of our residents.” Our Mission and Values are brought into action through innovative design and furnishings, through staff selection and training, through clean and well-maintained environments, and programming that respects residents’ individuality while promoting independence.

“Innovative design” is the starting point for creating a home-like environment. For example, to promote a peaceful atmosphere, Moira Place has carpeted hallways and no overhead communication system. The furnishings and décor are tasteful and appeal to local preferences. Meals are prepared onsite, with fresh local ingredients and menus developed with resident input. Private dining is available in each Home-Area to promote family interaction and to create opportunities for residents and families to celebrate special events together.

At the core of our approach to programming is resident “choice”. This is codified in the Fixing Long-Term Care Act (FLTCA) and Moira Place has always operated this way. This means offering options to residents and giving them the opportunity to have some control over their lives and their routines. It

incorporates a focus on wellness and restorative programs, as well as such things as flexible waking times, input on menu and meal choices, and having a say in what programs are offered. Staff receive training on adult Montessori concepts and how to enhance resident independence and dignity. Community events are frequent and varied, with the goal being to ensure that residents have lots to choose from and that their lives can remain purposeful and satisfying. Moira Place is accredited with the Commission on Accreditation of Rehabilitation Facilities (CARF) for the years 2022-2025 and has been accredited since opening in 2009 (opened July 29, 2009 – accredited December 2009).

As part of a comprehensive and integrated process that includes input from annual program evaluations, annual strategic planning at a corporate level, a review of performance and outcomes using provincial and local data sources (including “Your Health System” through the Canadian Institute for Health Information), and review of priority indicators released from Ontario Health, we have identified improvement opportunities and set improvement objectives for the year.

Priority Areas for Quality Improvement

In addition to quality of life, promoting resident safety is at the foundation of what we do. As a result, the goals of this Continuous Quality Improvement Plan align well with Moira Place’s Mission. We are basing this plan on our Quality Improvement Plan (QIP) that is submitted annually to Health Quality Ontario. Therefore, based on the parameters of the province wide QIP process and the desire for common indicators that suggest performance improvement, we will focus our attention to:

- Maintain or decrease our number of potentially avoidable emergency department transfers (currently we are below the provincial average).
- Continue to receive positive responses to resident satisfaction surveys, particularly responses to: “Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?", and “Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". Moira Place distributes surveys to correspond with annual care conferences throughout the year, allowing for continuous opportunity for feedback.

- Maintain or decrease the percentage of LTC residents without a diagnosis of psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (currently we are below the provincial average).

Indicators and Goals

1. Number of Emergency Department (ED) visits for modified list of ambulatory care-sensitive conditions per 100 long-term care residents (list is per the Ontario Health Indicator Technical Specifications, 2022-2023 Quality Improvement Plans). We are currently below 5% and considered “Non-Reportable”; the provincial average is 5.9% and our goal for this indicator is 5%.
2. Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" Our current performance in this indicator is 95% and our goal is 95%.
3. Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". Our current performance in this indicator is 91.75% and our goal is 98%.
4. Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. Our current performance for this indicator is 13.54%, with the provincial average at 21.4%. Our goal is 14%.

Survey Required Under Section 43 of the FLTCA

- The resident / family satisfaction survey is carried out per policy GA-F-40 (Resident/Family Surveys) as part of the home's Continuous Quality Improvement program. Surveys are provided to residents / SDM's prior to individual care conferences and collected and summarized by the Director of Resident & Family Services monthly and then annually.
- The results of the last year's survey are as follows:

Survey Questions	
1. Activities of daily living which include routines the resident engages in to meet basic needs (eg. walking, eating, toileting, grooming) are carried out according to resident's wishes.	97.5%
2. Medical and care concerns are dealt with efficiently and to resident's satisfaction.	91.9%
3. Is resident able to participate in making decisions regarding food choices/preferences?	94.6%
4. Meals and snacks provide satisfactory nutrition, taste, presentation, temperature and choice.	93.5%
5. Activities and social programs are available and offered to respond to the resident's needs and interests on different days and times as appropriate.	100.0%
6. Housekeeping, laundry, and maintenance services meet the needs of the resident.	100.0%
7. The building and its facilities are clean, comfortable, and meet the needs of the resident.	91.9%
8. Staff are available, courteous, helpful, friendly, compassionate, provide privacy, and are caring.	94.6%
9. Problems and concerns are given serious and prompt attention, and make the resident feel like they have a voice.	94.6%
10. Financial and administrative matters are conducted professionally and with respect for the resident and his/her family or representative.	92.1%
11. If you experience pain or discomfort, are you satisfied with how that pain or discomfort is being treated?	97.3%
12. Does resident receive, or have access to, fluids such as water when desired?	96.9%
13. Does the resident have any oral care or oral hygiene problems?	94.4%
14. Moira Place provides the overall quality & service I/ We expect	94.6%
TOTALS for each column	95.3%

- The results of the survey are communicated to residents and their families and staff of the home by being posted in a conspicuous space on the “Resident and Family Council” bulletin board on the ground floor directly across from the elevators.
- The results of the survey were also shared with the Residents’ Council on February 22, 2023, during the February Residents’ Council meeting.
- As surveys are provided prior to Care Conferences, individual issues are addressed in this forum.
- Any scores on surveys that are below “Satisfied” are sent to the appropriate Manager for follow up by the Director of Resident & Family Services, and now with the addition of a Social Service Worker to the Management Team of the home, individual concerns will be followed up on and addressed through this individual.
- Through our regular Continuous Quality Improvement meetings, our priority areas for quality improvement (above) are reviewed and should any actions / implementations occur, they will be recorded in these meeting minutes.

- Any follow-up on these items will be posted / dated on the same bulletin board as above.
- No systemic issues were reported to us, with items that required follow up having to do with issues specific to individual residents.

Oversight

The Continuous Quality Improvement Committee oversees all aspects of our QIP and has identified change ideas that will be tested and implemented in collaboration with staff, physicians, and other key stakeholders. Our existing CQI processes will be used to monitor and measure progress, identify and implement adjustments and communicate outcomes for the home's priority areas for quality improvement as part of this report.

Sharing and Reporting

A detailed QIP, including Narrative and Workplan, is available on Ontario Health's QIP publicly accessible pages. A copy of this report will be shared with our Residents' Council at their next meeting post June 30, 2023.