



Fairview Mennonite Home

Continuous Quality Improvement – Interim Report

Designated Lead

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Quality Priorities for 2022/2023

Fairview Mennonite Home is pleased to share our 2022/2023 Quality Improvement Plan (QIP). Along with the rest of the world – were put to a new test in early 2020 with the arrival of the COVID-19 pandemic. Through the challenges and opportunities, we evolved as a team, strengthening our sense of who we are and what we can do, together. Our ongoing commitment to quality is seen in Our Vision: Building a Community for All. Each person is valued and respected. We honor the spiritual dimension of the human experience and believe that with love the extraordinary is possible. Our values which are: Faith, Kindness, Truth, Excellence, Accountability lead us as we look to improve and achieve the highest quality standards. Our 2022-2025 strategic plan has five strategic goals which include building our capacity to provide quality care as well as to expand quality programs and services. Our continuous quality improvement plan will assist in guiding us to meeting these goals.

Quality Objectives for 2022/2023

1. Enhancement of the care plan and task library as well as updating assessments in Point Click Care. Goal: Complete revision of all three items by the end of the 2022/2023 year.
2. Improve Medication incident analysis in order to decrease medication incidents. Goal: Reduce the number of medication incidents by 10%.
3. Review of the Palliative Care program to ensure it encompasses a holistic palliative care approach which starts at admission and follows the resident to End of Life or discharge. Goal is to have an improvement to meet the “median response” in each of the following resident survey questions: “The care and support I get help me live my life the way I want”, and “I get the health services I need”, and “If I want, I can participate in religious activities that have meaning to me”.
4. Enhance food satisfaction for the residents at mealtimes. Goal is to have an improvement to meet the “median response” in each of the following resident survey questions: “I have enough variety in my meals”, and “Food is the right temperature when I get to eat it”.



5. Increase the use of technology in the organization in an effort to give more time back to direct resident care. Goal: Establish formal technology Committee with terms of reference and implement a regular meeting structure.
6. Improve communication and involvement of residents and families through participation in committees. Goals: a. Continue to achieve above median rating on “I would recommend this home to others” in resident survey. b. Resident or Family membership on the following: Ethics committee, Quality committee, as well as resuming a Family Council in the Home.

Process Used to Identify priority areas for Quality Improvement/How based on recommendations of the CQI Committee

Fairview Mennonite Home has completed quality plans over the past several years. Along with quality plans the Home has completed many program evaluations annually and has identified opportunities for improvement. The following are included in evaluation:

- Progress achieved in recent years
- Performance compared to data from the Canadian Institute for Health Information (CIHI), as well as benchmarking against other organizations including Parkwood Mennonite Home. Areas identified as suggesting improvement were selected as improvement goal and initiatives.
- Resident and family survey results
- Issues identified internally such as trends in critical incidents, incident analysis
- Input from residents, families, leaders and external partners, including the MOLTC.
- Mandated provincial improvement priorities

Findings from the above are brought to identified groups such as the Leadership Team, Clinical Teams, Quality Committee for discussion. Any other identified priorities can also be brought forward. Final review of the Quality improvements is completed by the Quality Committee which includes membership from the Board of Directors.

Continuous Quality Improvement Approach

1. Analyze the problem
2. Overall improvement aim is identified
3. Develop and test change ideas using the Plan-Do-Study-Act (PDSA) cycle.
4. Develop a change management plan

Process to monitor and measure progress, identify and implement adjustments and communicate outcomes

Once priority areas and objectives have been identified, and a plan for achieving the objectives has been put in place and implemented, we must monitor progress. In order to sustain the improvement, we define



indicators for tracking purposes. Indicators are a mix of what is being done in the program and those that measure outcomes. Process indicators track the progress of the program while outcome indicators measure the outcomes of the improvement measures.

The Home's Quality Committee meets quarterly and reviews progress by receiving reports and updates on indicators from key committees and team members. Prior to reporting the key team members have included their committees in the review and any adjustments in the plan. Following the report, the CQI Committee can provide further input and recommendations for adjustment and comment on progress.

Communication of Quality plans including key objectives, initiatives and progress are communicated throughout the organization. Communication strategies include the following:

- Posting on quality boards
- Information posted on website, Groupe I.O.
- Direct emails to staff and family and other key stakeholders
- Annual report
- Presentations at staff meetings, townhalls, Resident and Family Council meetings
- Huddles at change of shift
- Use of Champions to communicate directly with peers