



Osgoode Care Centre  
Continuous Quality Improvement (CQI)  
Program

July 2024-Interim Report

Designated Lead:

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The Osgoode Care Centre is dedicated to providing the best care and service possible to those who live here. Our continuous quality improvement (CQI) initiatives are developed through resident, family and staff feedback/recommendations, implementation of best practices, evaluation of quality indicators, in addition to legislative requirements.

Continuous Quality Improvement (CQI) is a team approach and it requires the skills and expertise of all team members to help in the CQI process. It also needs to involve our residents and their family members to ensure that CQI projects are designed to meet their goals and expectations for care and service. All project leads report to the Quality Committee.

The Osgoode Care Centre's 2023-2024 Continuous Quality Improvement Plan is divided into 4 quality dimensions areas, as defined in the Accreditation Canada Quality framework:

- Safety – Keeping people safe
- Effectiveness- Doing the right thing to achieve the best results
- Worklife – Supporting wellness in the work environment
- Resident/Family Centred- Putting residents and families first.

#### Safety – Keeping People Safe

#### Goal

1. To meet the Accreditation Canada Standards for Infection Prevention and Control in preparation for the on-site survey in July 2026

#### Objectives

- a) To complete self assessment for Chapter 4 – Infection Prevention and Control by end December 31,2024
  - b) To develop quality improvement projects to meet areas identified as unmet or requiring improvement to best meet guidelines of each indicator by July 2026
  - c) To ensure all guidelines of Required Organizational Practices are met by July 2026.
- Target date for completion: July 2026
  - Responsibility: IPAC Lead, VP Clinical Programs and Quality Improvement

#### Effectiveness – Doing the Right Thing to Achieve the Best Results

#### ❖ **The “Fixing Long Term Care Act” and implementation of new/revised regulations**

#### Goal:

1. To ensure the home is in compliance with the “Fixing Long Term Care” Act and its regulations

- Target date for completion: Ongoing
- Responsibility: CEO, Director of Care, VP Clinical Programs and Quality Improvement

#### ❖ Falls

Goal:

1. To reduce the number of falls per month by 25%. Target is to reach the provincial benchmark of 9 falls per month.

Objectives:

- a) To reduce the # of rolls out of bed
  - b) To reduce the # of falls that occur in a resident's room
  - c) To reduce the # of falls in common areas
  - d) To reduce the # of falls related to self-transferring
- Target date for completion: December 2025
  - Responsibility: Interdisciplinary Falls Committee

#### ❖ Worsening Depression

Goal:

1. To improve the life of those who live in the home who are experiencing depression through an interdisciplinary approach

Objectives:

- a) To decrease the % of residents experience worsening depression from 28% to 13% to reach the provincial benchmark.
  - b) To improve the overall quality of life of those experiencing depression
  - c) To review RAI-MDA Depression Rating Scores (DRS) monthly at BSO committee meetings.
- Target date for completion: June 2025
  - Responsibility: BSO Interdisciplinary Team

#### ❖ Implementation of RNAO Clinical Pathways

Goal:

1. To integrate the suite of RNAO Clinical Pathways into the home's Point Click Care nursing assessment protocols.

- Target date for completion: Ongoing
- Responsibility: VP Clinical Programs and Quality Improvement, Director of Care

### Worklife- Supporting Wellness in the Work Environment

Goal:

1. To improve the process and tools to evaluate staff performance, based on the core values of the home.

Objectives:

1. To develop an evaluation tool that reflects the values of the home: Commitment, Accountability, Resident-driven, Inspirational, Nurturing, Growing Together (C.A.R.I.N.G.)
  2. To train the leadership team on use of the tool for meaningful discussions with staff to enhance performance.
  3. To implement the tool and evaluate its impact on employee performance.
- Target date for completion: December 2025
  - Responsibility: Leadership Team

### Resident/Family Centred – Putting Resident and Family First

Goal:

1. To improve the life of those who live in the home with unmet needs/responsive behaviours due to their dementia – how can we give them “a good day”?

Objectives:

1. To develop an BSO interdisciplinary team to support those living in the home with personal unmet needs/responsible behaviours – **Completed**. The BSO Committee bi-monthly to review resident who are expressing personal unmet needs and to develop interdisciplinary interventions.
  2. To develop and implement non-pharmacological interventions to help support these people- **Completed**. The Positive Approach Care (PAC) method has been implemented in the home with 2 Certified trainers/coaches. All staff received a one-day training in 2024 and family education sessions are offered biannually. Ongoing coaching and mentoring is provided.
  3. To decrease the use of antipsychotic medications for those without a diagnosis of psychosis by 20%
- Target date for completion: March 2025
  - Responsibility: BSO interdisciplinary team

### ❖ **Pleasureable Dining**

#### Goal:

1. To ensure the dining experience for those who live in the home is pleasurable and meets their needs and expectations

#### Objectives:

1. To identify dining improvements through monthly Resident Council meetings
  2. To conduct monthly audits of the dining experience and develop QI projects to address areas for improvement
- Target date for completion: ongoing
  - Responsibility: Osgoode Care Centre Resident Council, Director of Quality and Resident Experience, Nutrition Manager

### ❖ **Admission (Move In) Process into the Home**

#### Goal:

1. To evaluate our admission process so that is seamless, efficient and welcoming for residents and their families

#### Objectives:

1. To review current admission policies and protocols for all departments involved i.e. Nursing, Dietary, Recreation, Administration, and Maintenance.
  2. To identify areas for improved efficiencies from staff, residents and families
  3. To develop QI projects to implement and evaluate areas for improvements.
  4. To implement an Essential Care Partner (ECP) program in the home.
- Target date for completion: ongoing
  - Responsibility: Director of Resident and Family Services, Director of Care, VP, Clinical Programs and Quality Improvement, Interdisciplinary Team