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## Continuous Quality Improvement Initiative Report

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## **DESIGNATED LEAD**

Ligia Baraian Administrator / DOC

### Overview

Suomi-Koti Toronto Nursing Home is dedicated to continuously improving care and service provision. The quality improvement plan for 2023-2024 reflects our commitment to engage with all stakeholders.

Staff are committed continuously to enhance the quality of care and services for residents, caregivers, and families. Quality improvement is everyone's responsibility.

The quality improvement priority selection process reflects the collaboration and analysis of audit results, Ministry of Long-Term Care reports, results from the Resident and Family experience survey and healthcare partners. The selection process is a balance between the many opportunities and resources available to support quality improvement work.

The opinions of the Residents' Council and Family Council were sought in the development of the Quality Improvement Plan. Surveys were taken in March-April 2024. Results of these surveys will be communicated to the residents, family members, Resident Council and family Council, staff in June 2024.

Residents and families have been invited to participate in quality improvement, including providing feedback through surveys.

## Quality Priorities for 2023-2024

Suomi-koti will focus on improving Infection Control (IPAC) and Behavioural Support Resource Team (BSRT)



### Strategic Plans

#### IPAC

Goal: To ensure the health of all residents while maintaining their rights to choose and rights to information. To prevent decline in health where possible, to maintain preventative health practice.

#### BSRT

To have each resident feel like they are at home. "Suomi-Koti: Truly a home not just a house." Suomi-Koti is committed to enriching the Quality of life of the elderly..."

## **Infection Control (IPAC)**

### **Prioritized objectives**

Objectives in priority order:

1. Provide formal and informal IPAC education to staff, residents, and visitors.
  - a. Eg:1:1s, one page infographics, inviting Sunnybrook to provide extra education on site.
2. Assess staff levels of confidence in providing /integrating IPAC measures.
  - a. Eg:steps for initiation of testing/precautions/outbreak
3. Maintaining vaccine schedules and administration.

### **Metrics**

- Formal education sessions provided by Sunnybrook regarding topics that staff identify they need education on.
- Easy access reference sheets to always ensure proper P&P
  - o Will also include a signature ledger for accountability.
- 1:1s as needed informally with IPAC lead.
- Maintenance of units IPAC binder.
- Updated vaccine record in Point Click Care (PCC).

### **Success Indicators**

Monthly education topic for IPAC related topics

- Accompanied with signature ledger to monitor staff education and participation.
- Provides ability to track staff's participation and accountability.
- Topic, one pages for staff to be to always reference.
- Done ongoing monthly.

Unit has dedicated IPAC binder with information.

- Lead to ensure accuracy and update at least monthly as needed.
- IPAC lead to collaborate with MD's regarding residents' vaccine status for non-seasonal vaccines.
  - o Eg. Assess if vaccines such as TDAP/Pneumovax are up-to-date and update PCC with record.
  - o Lead to administer vaccine if due.
  - o In addition to seasonal vaccines.
  - o To be done prior to September 2024.

## **Behavioural Support Resource Team (BSRT)**

### **Prioritized objectives**

Objectives in priority order:

1. Provide formal and informal Behavioral Care Education to each staff member at any level.
  - a. Eg:1:1 coaching, GPA, P.I.E.C.E.S.
2. Assess staff levels of confidence in providing/integrating behavioral care. Assess the application of general and Resident -care-plan-specific care approaches and interventions.
  - a. Eg:Easy access references for individualized activities that each resident enjoys.
3. Assess resident/family awareness of BSRT roles/resources.
  - a. Satisfaction level with management of behaviors in the home.

### **Metrics**

Formal courses taken by staff pre and post new initiative.

Pre and post action plan staff confidence/knowledge survey.

Pre and Post family /resident satisfaction survey

- Specifically, regarding the management of behaviors in the home.

### **Success Indicators**

1. Formal courses taken and passed by Suomi-Koti staff (related to behavioral care/knowledge).
  - a. Pre new initiative (Mar -Apr 2024)
  - b. Post new initiative (Jun 2024)
2. Staff confidence/knowledge survey
  - a. Develop Questionnaires (Apr 2024)
  - b. Implement prequestionnaire/aggregate results and review (May -Jun 2024)
  - c. Implement post questionnaire/aggregate results and review (Aug 2024)
3. Resident/Family satisfaction survey
  - a. Develop Questionnaires (Apr 2024)
  - b. Implement prequestionnaire/aggregate results and review (May 2024)
  - c. Implement post questionnaire/ aggregate results and review (Aug 2024)

## **QIP TOOLS**

### **Policies, Procedures and Protocols that Guide Continuous Quality Improvement:**

- Establishes our commitment to continuous quality improvement.
- An informal and formal mechanism that provides employee(s), residents, families, caregivers, Residents' Council, Family Council, and clients with an avenue for submitting quality improvement ideas.

### **Quality Improvement Reporting:**

- Quality Improvement reports are prepared and submitted at minimum quarterly to identify quality improvement priorities, current activities, success to date and future quality improvement work.

### **Quality Improvement, Risk Management:**

- Structures and accountability are in place to support the commitment to quality improvement.

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Long-Term Care's integrated quality management framework is overseen by Quality Improvement and Risk Management Committee and acts on opportunities to improve in areas related to strategic direction, quality improvement and risk management.

Accountability:

Administrator / DOC has day-to-day operational accountability for quality improvement and risk management outcomes and innovation.

The terms of reference of the committee reflect legislative requirements of membership and accountability.

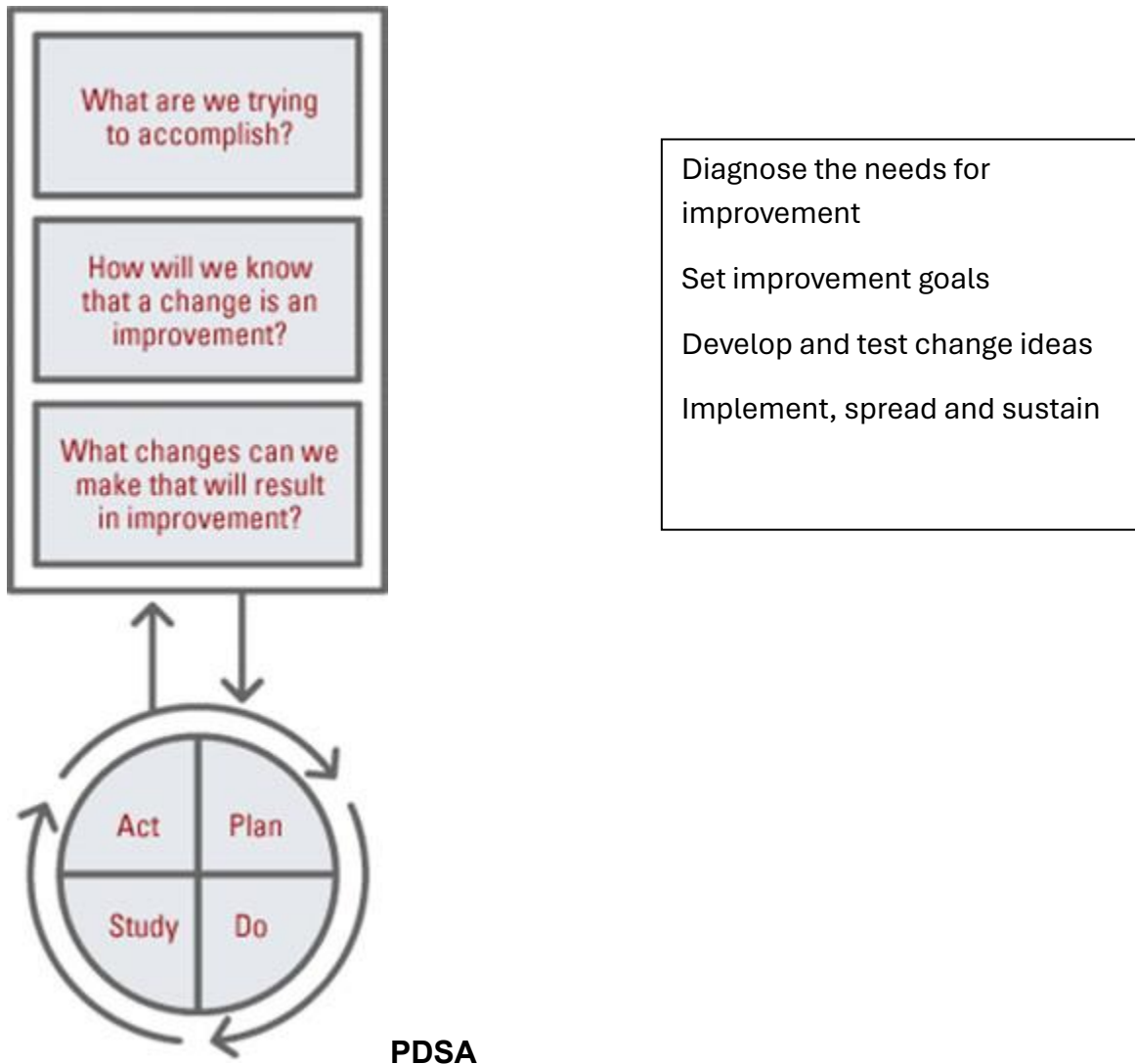
Communication of Quality Improvement work:

A comprehensive communication strategy supports quality improvement work within the long-term care home. The actions enable the home to broadly communicate annual Quality Improvement Plans, the results of quality improvement activities to senior management, residents/clients, caregivers, families, staff, and volunteers.

Communication strategies are in place and include the following:

- Staff and team meetings
- Monthly and Quarterly reports on progress of quality improvement work
- Sharing quality improvement highlights with stakeholders using monthly newsletters, Annual Report and posting on the website.

## Model for Improvement



## Notable past Achievements

- Increasing one to one activities with residents
- Ongoing training for Palliative Care Program
- Growth of student placements
- Increasing resident involvement in decision making (increase 33% in 2024 from 2023/ source: Resident Satisfaction Survey 2024)