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Continuous Quality Improvement Initiative Report

Contents

DESIGNATED LEAD.....	2
OVERVIEW.....	2
QUALITY PRIORITIES FOR 2022/2023.....	2
1. Falls prevention.....	2
2. Dining experience.....	3
3. Increasing resident involvement in decision making of their care.....	3
QIP TOOLS.....	4

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 2022-23 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 February -March 2023. Results of these surveys were communicated to the residents, family members, Resident Council and family Council, staff in April 2023.

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

QUALITY PRIORITIES for 2022-23

Suomi-Koti will focus on improving:

- **FALLS PREVENTION BY RN OLUCHI (FALL LEAD)** – All care staff included.
 - Daily/weekly/monthly/quarterly huddles and meetings to communicate and evaluate improvements and report progress. From Jan 2023 – Dec 2023

Nursing Home had 57 falls in 2022. Our goal in 2023 is to cut falls 30%.

Suomi-Koti home has diligently worked on improving falls prevention outcomes over the year(s). Our quality improvement plan:

- Prevent falls.
- Have proper equipment to prevent fall injuries.

Monitor and measure progress: Internally collected data, staff education, evaluate high risk residents, resident wearing proper socks, quarterly assessments, referrals to PT, OT and NRC, medication evaluation with the doctor, regular nursing rounds. Provide "right"care 100% of the time.

- **DIETARY/DINING BY MERJA (NUTRITION MANAGER)** – All care staff included.
 - Daily/weekly/monthly/quarterly huddles and meetings to communicate and evaluate improvements and report progress. From Jan 2023 – Dec 2023

Areas of improvement were identified using the 2023 Resident and Family Satisfaction Surveys and resident verbally telling staff.

- Residents and family members said that the main dining room is often too noisy at mealtimes.

Monitor and measure progress: staff education on reducing unnecessary noise during mealtimes, understanding emotional and psychological connections between residents. Conducting monthly verbal surveys with residents about mealtimes and in Food committee Meetings. Resident Satisfaction Survey in 2024 will show increased satisfaction in mealtimes experience.

- **INCREASING RESIDENT INVOLVEMENT IN DECISION MAKING ABOUT THEIR CARE BY PIA (ACTIVITY DIRECTOR)** – All care staff included
 - Daily/weekly/monthly/quarterly huddles and meetings to communicate and evaluate improvements and report progress. From Jan 2023 – Dec 2023

Areas of improvement were identified using the 2023 Resident and Family Satisfaction Surveys. The survey showed only 47.8 % of residents said they feel they are involved in decision making about their care.

Monitor and measure progress: Including resident in IDC meetings and weekly doctor's rounds, Bi-monthly Resident Council Meetings. Improving communication between staff and residents and team collaboration can facilitate residents making their own decisions. PSWs' have opportunities to share their ideas and suggestions during staff huddles.

In-Service of Finnish language to staff.

Achieving >60% resident feeling they are involved in decisions about their care; measure in 2024 Resident Satisfaction Survey.

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.

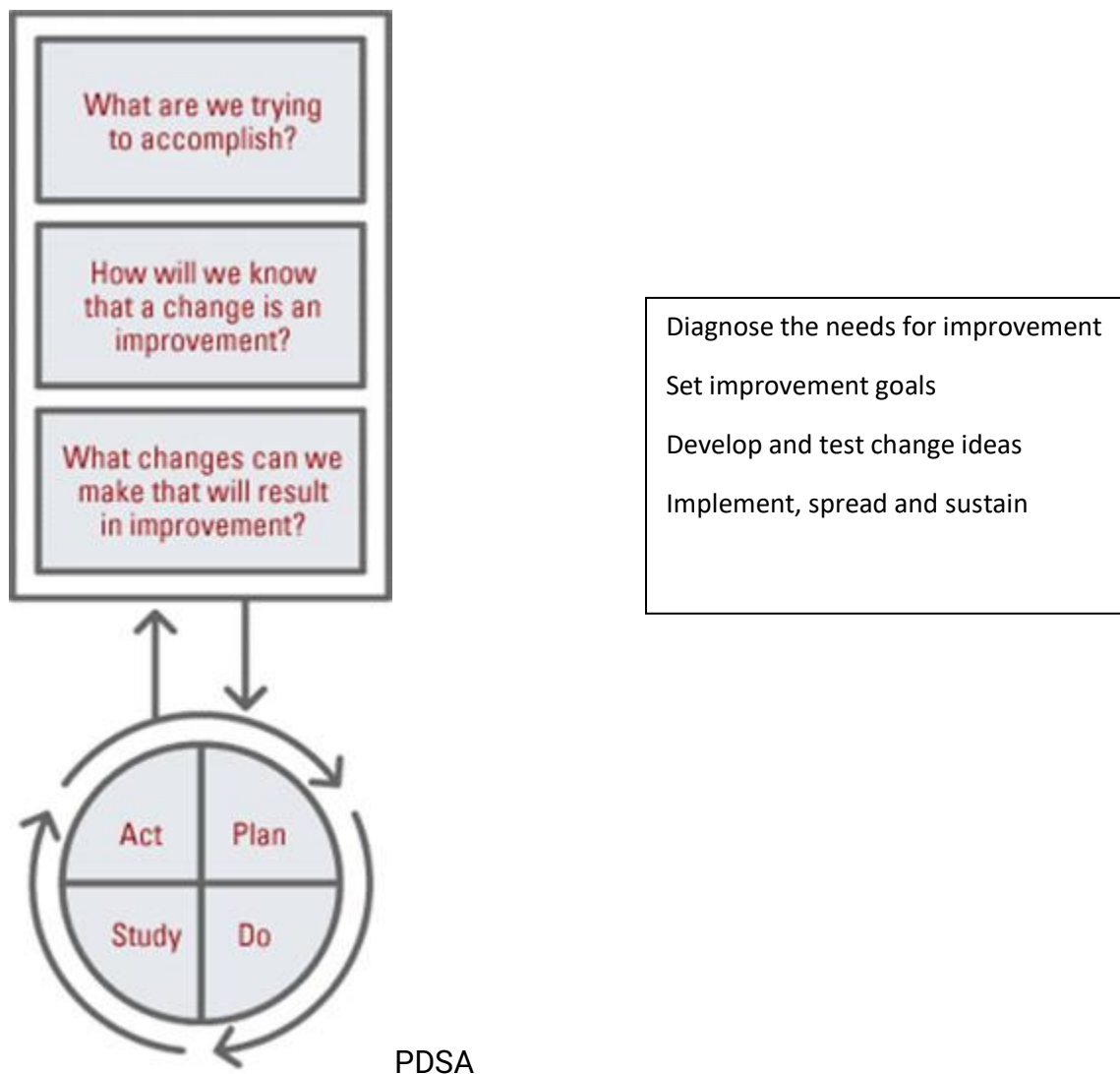
Communication of Quality Improvement work:

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
- 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

- Re-design of recreation program during Covid when residents are in isolation and group activities were limited.
- Increasing one to one activities with residents
- Ongoing training for Palliative Care Program
- Growth of student placements