



Holland Christian Homes

2023

Continuous Quality Improvement Plan

Faith Manor
and
Grace Manor

Continuous Quality Improvement (CQI) Plan Overview

Holland Christian Homes was incorporated in 1969 for the purpose of providing accommodation and care for the elderly. Our concern is for the physical, emotional, and spiritual needs of the individual. Although Holland Christian Homes serves the community at large, it has many individuals who are of Dutch descent and of the Reformed faith. Holland Christian Homes is a non-profit organization where a true spirit of love and excitement prevails for the ongoing development of a complete retirement village.

Preamble:

It is the purpose of Holland Christian Homes to provide a supportive, caring, secure community for seniors based on Christian values.

BASIS:

The basis and principal guidelines of HCH are as follows:

1. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
2. We believe that the Bible is the inspired and authoritative Word of God.
3. We believe that God created men and women in His image to serve Him according to His teachings.
4. We believe that Members, Staff, and Volunteers of Holland Christian Homes shall strive to serve Him in ministering to the needs of our seniors.
5. We believe that human life is a precious gift from God and should be cherished and that our worth and dignity do not diminish with age.
6. We believe that God has called us to share His love, compassion, and reconciliation through our words and actions.
7. We believe that Jesus Christ is present in all we do as we carry out the ministry of Holland Christian Homes.

MISSION:

We are a Christian seniors' community, providing a professional, supportive, and safe environment, respecting individuality and dignity, and living out our faith in all that we do.

VISION:

To be the preferred home and community for seniors on their continuing journey of faith in Jesus.

VALUES

- We are Christians
- We are respectful
- We are compassionate
- We are supportive
- We are empathetic
- We are caring
- We are accountable
- We are collaborative

Our Mission Statement complies with the fundamental principle and the Resident Bill of Rights. The Board is accountable for the Mission Statement, which is developed and revised as necessary in collaboration with the Residents' Council, Family Council, and other key stakeholders within Holland Christian Homes.

Purpose/Introduction:

The mandate of Holland Christian Homes is to provide quality healthcare programs and services through our Long-Term Care Homes, senior's apartments, and Assisted Living Program. We recognize the inherent human worth and dignity of all persons, and strives to make our programs and services available to all those living at Holland Christian Homes by:

- Creating a home-like environment at all times where the Board of Directors, attending physicians, community partners/contracted services, staff, and volunteers work together to provide individualized care.
- Being a leader in advocating high-quality healthcare programs and services and developing resources to satisfy the primary healthcare needs of our residents.
- By operating in an ethically and fiscally responsible manner without compromising resident care needs.

(Whenever the word "resident" is used for those living in the Manors, it will also refer to "tenants" in our Apartments/Assisted Living Program).

Consistent with our HCH mission, our master goal is to provide care that uses Holland Christian Homes' Core Values. In order for us to be successful, the following Success Factors are used:

Safe - Keeping Residents Safe – Avoiding injuries to residents from the care that is intended to help them. Keeping our residents safe depends on careful monitoring and different prevention strategies.

Effective - Keeping People Healthy - Providing the right care and services at the right time, will maintain a person's abilities for as long as possible.

Resident Centered – Providing care that is respectful of, and responsive to, individual resident preferences, needs, and values, and that resident values guide all care and service decisions.

Efficient – Avoiding waste, including waste of equipment, supplies, ideas, and energy.

Accessible - Access to Long-Term Care Homes and Community Support Services - New LTC applications and updates are processed in a timely manner to avoid any placement delays. Advocating for priority placement of our apartment tenants will be an ongoing commitment.

Appropriately Resourced - Staffing - There should be enough qualified people to look after residents' needs, while respecting their dignity and privacy. Maintaining a Human Resource Plan and succession planning is critical.

To achieve our master goal: All volunteers and employees of Holland Christian Homes will participate in ongoing and systematic quality improvement efforts. Our continuous quality improvement efforts will focus on direct care delivery processes and support processes that promote optimal resident, tenant, and client outcomes and effective business practices.

Our Continuous Quality Improvement Plan demonstrates our commitment to improving the quality of care, programs, and services we deliver. The CQI Plan outlines the goals and strategies for ensuring resident safety, delivering optimal care, and achieving high resident/family satisfaction.

Authority:

The Board of Directors of Holland Christian Homes is ultimately responsible for assuring that high-quality care and services are provided to our residents. The Board delegates the responsibility for implementing this plan to the Care Committee of the Board, the Chief Executive Officer, the Continuous Quality Improvement Committee, and to Holland Christian Homes Leadership/Management Team.

Scope:

To achieve the goal of delivering high-quality care and services, all employees are given the responsibility and authority to participate in the Continuous Quality Improvement Program.

The Continuous Quality Improvement Program includes the annual development, implementation, monitoring, review, and evaluation of the following activities:

- Organizational Quality Improvement Plan
- Health Quality Ontario Quality Improvement Plan
- Accreditation
- Strategic Planning
- Goals, Improvement Targets, and Initiatives
- Risk Management Plan
- Risk Reporting and Tracking (collection of statistics and completion of audits)
- Emergency Management
- Fire Plan
- Resident Quality of Life Surveys, Results and Action Plans
- Staff Satisfaction/Work-life Surveys
- Information Management Plan
- Human Resources/Staffing Plan
- Financial Plan (Operating and Capital Budgets)
- Funding Agreements (and funding indicators) and Grants
- Formal Program Reviews/Evaluations
- Succession planning at all levels of the organization
- Advocacy Initiatives (Resident and Family Engagement)
- Internal Concerns and Complaints Resolution Process
- Performance Reviews/Discussions
- Community Engagement Initiatives
- Legislative requirements/Inspection reports and findings

Continuous Quality Improvement Committee:

The Continuous Quality Improvement Committee consists of the following individuals:

- Continuous Quality Improvement and Risk Mitigation Specialist - Chairperson
- Administrators (Co-Chair)
- Chief Executive Officer (CEO)
- Vice President of Operations
- Director of Resident Care
- Assistant Director of Resident Care
- Medical Director
- Nurse Practitioner
- Director of Human Resources
- Education Coordinator
- 1 PSW (GM), 1 PSW (FM)
- 1 Registered Staff (GM), 1 Registered Staff (FM)
- Housekeeping/Laundry Manager
- Director of Environmental Services
- Dietary Services Manager
- Registered Dietician

- Director of Programs and Services
- Volunteer Coordinator
- Director of Finance and Administration
- Chair of the Care Committee of the Board of Directors (or designate) as ex-officio member (open invitation)
- Resident Council
- Family Council

The members of the CQI Committee are responsible for:

- Assuring that the review functions outlined in this plan are completed;
- Prioritizing issues referred to the CQI Committee for review;
- Assuring that the data obtained through CQI activities are analyzed, recommendations are made, and appropriate follow-up of problem resolution is done;
- Incorporating internal and external sources of benchmarking data, utilizing RAI-MDS, CIHI, and HQO data;
- Identifying other sources for incorporation into our overall quality improvement efforts;
- Reporting on ongoing findings, studies, recommendations, and trends to the Board quarterly and reporting to staff, volunteers, residents, and families as appropriate;
- Identifying educational needs and assuring that staff education for continuous quality improvement takes place;
- Ensuring that front-line staff, volunteers, residents, and families are involved in the quality improvement process whenever possible;
- Appointing sub-committees or teams to work on specific issues, as necessary and;
- Assuring that the necessary resources are available.

Medical Staff Responsibility:

The medical staff at Holland Christian Homes participate in independent medical record review; infection control; pharmacy and therapeutics review; medical advisory review, mortality review; ethical issue reviews, utilization management, and review of transfers to other facilities. From time to time they will serve as liaisons to the Continuous Quality Improvement Committee and any sub-committees created. The ultimate goal is to improve the quality of care that is routinely provided to residents.

Department Staff Responsibility:

Every department within our home is responsible for implementing quality improvement activities. All quality improvement initiatives must be conducted as a part of our home's overall Continuous Quality Improvement Committee activities. Each department manager is responsible for identifying quality indicators, collecting

and analyzing data, developing and implementing changes to improve service delivery, and monitoring to assure that improvement is made and sustained. The ultimate goal is to improve the quality of care and services that are routinely provided to the residents and tenants of Holland Christian Homes.

Confidentiality:

The surveys, reports, audit results, statistics, statements, other data, proceedings, and records of the Continuous Quality Improvement Committee shall be privileged and confidential and shall not be subject to discovery either by a subpoena or other means of legal compulsion for the release to any person or entity for any reason, including use in any judicial or administrative proceeding.

No member, consultant, advisor, or person supplying information to the Continuous Quality Improvement Committee or sub-committee(s) shall disclose information concerning matters submitted to, considered by, or issued from the Continuous Quality Improvement Committee or sub-committee(s). Unauthorized disclosure shall be grounds for disciplinary action, including termination of employment or termination of medical staff privileges.

No disclosure of any such interview materials, reports, records, statements, memoranda, proceedings, findings, or data shall be made without the authorization of the Vice President of Operations, CEO, or Privacy Officer of Holland Christian Homes.

Comparative Databases, Benchmarks, Professional and Best Practice Standards:

Holland Christian Homes will use comparative data (such as but not limited to RAI-MDS, CIHI, HQO, and RNAO Best Practice Guidelines) (whenever available) to incorporate a process for continuous assessment with similar organizations, standards, and best practices. This assessment then leads to action for improvement as necessary.

Continuous Quality Improvement Processes and Methodology:

The Continuous Quality Improvement Plan is a framework for organized, ongoing, and systematic measurement, and assessment. and performance improvement activities. The components of this plan include:

- A quick fix process will be used for problems that do not need a comprehensive approach to problem-solving and solution implementation (i.e. concern forms).
- Quality assessment activities, such as quality of life resident/family satisfaction surveys and staff satisfaction surveys, infection control surveillance, utilization management, and medical record review.

- CQI Summary Report, which provides summary data about selected indicators, prepared for the Board, Continuous Quality Improvement Committee, and, medical staff.
- Outside sources/comparative databases, such as RAI-MDS, CIHI, HQO, and AdvantAGE benchmarking, professional practice standards (RNAO, etc.), will be used to compare our outcomes and processes with others, identifying areas to focus continuous quality improvement efforts.
- Ontario Health designated quality Indicators as outlined in the Funding Accountability Agreements.
- Quality Improvement Teams consisting of departmental and established interdisciplinary in-house committees which look at particular issues to identify opportunities to improve processes and outcomes through the establishment of goals. Goals are acted upon, monitored, reported at, and evaluated by the applicable in-house committee and/or department(s). They are accountable to report goal outcomes annually to the CQI Committee.
- Establishment of high-level interdisciplinary priority improvement targets and initiatives to measure outcomes. This includes establishing the improvement initiative, methods, and results tracking. Such improvement targets and initiatives are measured against the previous year's actual outcome to the current year's improved targeted outcome.

The continuous quality improvement methodology used for acting on the high-level interdisciplinary priority improvement targets and initiatives is as follows:

Step One - SET STANDARDS

Standards are written statements outlining expectations, policies, procedures, and workplace rules related to a goal/improvement initiative. Each goal/improvement initiative will have a standard or a set of rules that tells everyone in Holland Christian Homes what to do, how to do it, and when. The standards determine the program and make it clear what is expected - how, when, and from whom. They also clarify what employees can expect from management.

Standards provide the 'bar' or 'starting point' against which we evaluate whether what we are trying to accomplish or achieve is working. Implementing clear, effective, approved standards is an indication of the strong leadership that is essential for an effective and successful goal/improvement initiative.

Step Two - COMMUNICATE

Communicating standards means ensuring that all appropriate people in Holland Christian Homes have a clear understanding of what is expected of them as employees, and what they can expect from others regarding the goal/improvement initiative. Communication increases awareness of the goal/improvement initiative and encourages employees to give us feedback and tell us their observations about the goal/improvement initiative and how it can be improved.

What is communicated?

- Specific information, rules, or workplace expectations that have been set for the goal/improvement initiative to appropriate people, etc.
- Updates on improvements to meet the goal/improvement initiative.

How do we communicate?

We use the most effective means of communication to ensure that everyone in Holland Christian Homes knows what is expected of them. This can mean notices on bulletin boards, emails, meetings, newsletters, posters, pictures, memos, or guest speakers. We make sure that literacy and language issues are accommodated.

One of the best ways we communicate positive messages about a goal/improvement initiative is by getting people to actively participate in achieving the goal/improvement initiative. This shows that people value the effort put into achieving the goal/improvement initiative.

To whom do we communicate?

We communicate to employees, families, residents, volunteers, and visitors as identified in our goal/improvement initiative standard. This may include all employees or a selection of them. We may need to communicate different information to employees and different information to residents and families. We think about what people need to know and when they need to know it and who needs to know it.

We make communication two-way

We give information and ask for feedback. We make adjustments when employees offer good suggestions and then show them how we used their suggestions.

- We formulate the information in a language and manner that people will understand, and deliver it at a time and place that will maximize their comprehension.
- We vary the ways that we communicate so that new information is noticed and does not become mundane.

Step Three - TRAIN

Training means that management, supervisors, and workers all attain the knowledge and skills appropriate for their jobs. For each goal/improvement initiative, we determine who needs what knowledge and skills, and how they will be developed. To meet the goal/improvement initiative requirements, training is completed, or verified, within each year (January 1 to December 31).

How training is done?

Workplace training can be delivered in various ways (i.e. In-services, webinars, outside training, etc.). What is important is that the knowledge and skills needed to achieve the goal/improvement initiative are learned and practiced.

Effective training:

- Follows adult learning principles.
- Is delivered in a way that allows employees/residents/families to benefit most. For example, classroom training works where group discussion and sharing of ideas are important.
- For specific training, practical one-to-one hands-on experience training using tools or equipment is needed.
- Computer-based training works where independent learning is needed. We include opportunities to practice and demonstrate what is learned.
- Training is relevant and applicable to the learner's duties.

What training is done?

Training on our standards for each goal/improvement initiative is provided to those who have responsibility and accountability for knowing and using the information. For example, orientation training is important for everyone when they are first hired, when they change locations or jobs, or after a long absence from Holland Christian Homes. Training or retraining in safe work procedures is ongoing. We keep written records of who was trained in what and when the training occurred.

- We vary the ways that we do training to help keep it interesting.
- We use visual aids and real-life case studies as tools for learning.
- We discuss our training needs with other managers to create opportunities to share resources or information.
- We consider train-the-trainer courses, so we can have a qualified trainer to deliver programs on-site.
- We provide a training checklist and sign-off sheet for the supervisor and workers so we are sure each topic is covered and acknowledged.
- We keep training records, meeting notes, sign-off sheets, attendance forms, certificates, or records of training and training evaluation forms with our goal documentation.

Step Four - EVALUATE

Evaluating a goal/improvement initiative

Evaluating each goal/improvement initiative is an important process; it helps us make sure we are carrying out the standard, the goal/improvement initiative is properly communicated, and effective training has taken place. It is also an opportunity to see if the goal/improvement initiative is working — is it effective and up-to-date?

Evaluating our goal/improvement initiative helps us to see where the strengths and weaknesses are. We are then better able to make effective improvements with the feedback we receive.

Going through the process of evaluation also helps keep our goal/improvement initiative fresh and top-of-mind for residents, families, volunteers, workers, and supervisors as we ask questions and check to see the status of the goal. This is a good time to give positive feedback, which will encourage more good work.

How and when do we evaluate?

Once Steps 1, 2, and 3 have been completed, the evaluation may begin. The evaluation step is completed during the calendar year. However, it may not be practical to evaluate our goal near the end of the year if it was very recently implemented. We follow our action plan and have it implemented no later than February 1st of the following year.

Ways we evaluate:

- Observing: walk around to see if a process or task is being completed according to the standard. This is done during our regular workplace inspections.
- Looking for trends: examine workplace records.
- Asking questions about the implementation of the standard: employees will often give the best feedback.
- Asking a third party: have them look at the work processes and give us feedback.

Some questions we ask:

- Has legislation changed? Are there new best practices in the industry?
- Is the goal/improvement initiative standard being implemented and met?
- Is communication about the standards, both to and from employees, clear and understood?
- Is training to the goal/improvement initiative standards being completed and our employees, residents, families, and volunteers benefiting from it?
- Are employees following the goal/improvement initiative?

Ways we evaluate our goal/improvement initiative:

- We use a program evaluation template and evaluate the goal/improvement initiative as part of an applicable or associated program review.
- We keep logbooks that we refer to at evaluation time. We record the good practices, as well as those needing improvement.
- We keep notes throughout the year. For example, if we do training, audits, inspections, or if there are incidents, then we write them down as we go so that when it is time to evaluate we can refer to your notes.
- We try to build confidence by keeping expectations reasonable. Standards, and ways to evaluate them, will be improved over time.
- We are not afraid of negative results. We cannot improve if we do not try different methods and approaches. We will take action aimed at improving the goal/improvement initiative, even if the evaluation results show problems.

Step Five - ACKNOWLEDGE SUCCESS AND MAKE IMPROVEMENTS

Based on the results of our evaluation, we look for opportunities for improvement and create a documented plan or recommendations to implement changes. When evaluation indicates a need for improvement, we use cooperative mechanisms to significantly improve our performance.

Our objectives include:

- Raise performance to Holland Christian Homes standards.
- Raise Holland Christian Homes standards and expectations.

We keep everyone informed of the plans for improving the goal/improvement initiative such as:

- Sending a letter from the Board of Directors/department heads congratulating all staff for their contribution to meeting the goal/improvement initiative.
- Run an article in the CQI newsletter and/or in the employee newsletter highlighting successes.
- Include commendations in the minutes of the Annual General Meeting.
- Acknowledge and congratulate those who have contributed to our goal/improvement initiative. We do this by publicly recognizing Holland Christian Home's overall performance and improvements and individual contributions to improved performance. We also explore employee recognition, incentive programs, and performance appraisals.

These 5 steps are used in a repeating cycle to allow continuous reflection and improvement to the care and services provided to our residents.

Communication:

The Continuous Quality Improvement Committee provides oversight and functions as the central clearing house for quality data and information collected throughout the home. The CQI Committee tracks, trends, and aggregates data from all sources to prepare reports for the Board of Directors and the medical staff. A quarterly CQI newsletter is published to update residents, tenants, families, staff, and volunteers.

Education:

All staff and volunteers are given the responsibility and authority to participate in our Continuous Quality Improvement Plan. To fully accomplish this, all volunteers and staff are provided with education regarding the CQI Plan during their initial orientation, and on an annual basis thereafter. This education will include a description of the CQI Plan and how they fit into the plan, based on their particular job or volunteer responsibilities. Education is also provided to contractors and agencies who are involved in resident care.

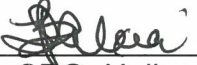
Evaluation (Monthly, Quarterly, Annually):

Our CQI Plan is evaluated monthly during our CQI committee working groups where all CQI activities for all programs and services offered within Faith Manor and Grace Manor are benchmarked against our set goals and action plans are revised to ensure a focus on continuous improvement. Our established CQI Committee meets quarterly with identified key stakeholders, including representation from family/resident councils where Faith Manor and Grace Manor reviews quarterly metrics and completes a comparative analysis of all action items, and sets further action priorities. Our overall CQI Plan (and all associated activities, program matrices, and benchmarks) is evaluated on an annual basis for effectiveness in achieving the goal of assuring that the most appropriate quality of care and services is being provided to our residents, tenants, and clients. This will be done following the Holland Christian Homes standard template provided for this purpose. A summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this CQI Plan, are compiled and maintained on file.

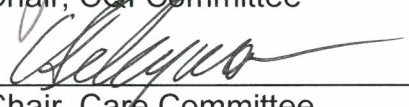
Documentation and Reporting:

A detailed summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this Quality Improvement Plan, are compiled and maintained on file. In addition to regular CQI updates, a detailed formal summary highlighting the quality improvement activities for the year will be prepared and posted publicly within the home and on the Holland Christian Homes website.

Reviewed on: March 16th 2023, 2023

Signed: 
CEO, Holland Christian Homes

Signed: 
Chair, CQI Committee

Signed: 
Chair, Care Committee