

**Continuous Quality Improvement Initiative Report  
For the Year Ended March 31, 2023  
Interim Report – June 15, 2022**

**Designated Lead** - Ms. Lynn Mellows, Administrator

**Quality Improvement Initiatives for 2022-2023** - The following priority areas were identified as quality improvement initiatives for fiscal 2022-2023:

- An increase in residents’ involvement in decisions related to their care
- A decrease in the percentage of residents with worsened bladder continence
- A decrease in the percentage of residents who had a recent fall
- A decrease in the percentage of residents experiencing a worsening ulcer
- A decrease in the percentage of residents who die in a setting not of their choice

These priority areas were identified based on a review of the following data sources:

- Strategic Quality Plan and desired quality dimensions
- Prior year Quality Improvement Plan (QIP) results
- A collaborative informed engagement process to identify desired outcomes
- Provincial indicators, organizational indicators, compliance to legislation and critical incidents
- Resident and family survey results
- Risks associated with the current environment

These desired outcomes and indicators were identified by the home’s Performance Improvement Team (predecessor to the Continuous Quality Improvement Committee). They were then reviewed by the Quality Committee of the McCormick Care Group board and recommended to the board for its approval. The board-approved outcomes and associated indicators for fiscal 2022-2023 are as follows:

<b>Outcome</b>	<b>Indicator</b>
Staff involving residents in decisions related to their care will increase in the annual resident/family satisfaction survey	Percent will increase from previous score of 72.25% to 75% by 2023
Percentage of residents with worsened bladder continence is within 2% of the provincial average by March 2023	Percent of residents with worsened bladder continence
Percentage of residents who had a fall is within 2% of the provincial average by March 2023	Percent of residents who had a recent fall
Percentage of residents experiencing an ulcer that worsened is within 2% of the provincial average by March 2023	Percent of residents with a pressure ulcer that recently worsened
Percentage of residents not dying in their preferred setting annually will decrease by 2% by December 2022	Percent of residents who die in hospital during the calendar year

**How We Monitor and Measure Progress** - Once targets have been established, ranges of values (Red, Yellow, Green) are set to track progress on a quarterly basis. The quarterly results are reviewed by home’s Performance Improvement Team (predecessor to the Continuous Quality Improvement Committee), who identify and implement adjustments to care. The Quality

Committee of the board reviews the results through their review of the “Quality Monitoring Plan” (Red Yellow Green report) and discusses actions with the home’s leadership. The Quality Monitoring Plan is reviewed by the board. In addition, a Quality Dashboard that incorporates these indicators is prepared and reviewed by the board.

**How We Communicate Outcomes** - The Quality Monitoring Plan is posted within the home on a quarterly basis. The portion of the plan that relates to the quality improvement initiatives for 2022-2023 is provided below. This Continuous Quality Improvement Initiatives Report is reviewed with the Resident Council and Family Council on an annual basis.

**How We Document Reviews** - Minutes of the home’s Performance Improvement Team (predecessor to the Continuous Quality Improvement Committee) document its review and indicate attendance at that meeting. Minutes of the Quality Committee meetings and the McCormick Care Group board meetings document these reviews and indicate attendance at their respective meetings. Minutes of the Resident Council and Family Council meetings document these reviews and indicate attendance at their respective meetings.

## McCormick Home – Quality Monitoring Plan for Continuous Quality Improvement Initiatives April 2020—March 2022

Numbers indicated in blue font are the provincial statistics for the indicators where this information is available.

Quality Dimension/ Attribute	Outcome	Indicator	Provincial Average Q4 2019	McCormick Home Q4 2019 Results	Red	Yellow	Green	Q1 2020 Apr- Jun (2020)	Q2 2020 Jul-Sep (2020)	Q3 2020 Oct-Dec (2020)	Q4 2020 Jan-Mar (2021)	Q1 2021 Apr- Jun (2021)	Q2 2021 Jul-Sep (2021)	Q3 2021 Oct-Dec (2021)	Q4 2022 Jan-Mar (2022)
Patient Centered	Staff involving residents in care decisions will increase in our annual resident/family satisfaction survey.	% will increase from previous score of 72.25% to 75% by 2022.	N/A	72.5% (Q3)				N/A	N/A	N/A	N/A	68%	N/A	N/A	
Effective	Percentage of residents with worsened bladder continence is within 2% of the provincial average by March 2022.	% of residents with worsened bladder continence	17.7%	21.3%	>21.3%	17.7%-21.3%	<17.7%	16.9%	14.8%	15.8%	14.2%	12.7%	16.5%	13.4%	
				17.8%				17.9%	17.9%	17.9%	17.8%	18.0%	18.0%		
Safe	Percentage of residents who had a fall is within 2% of the provincial average by March 2022.	% of residents who had a recent fall	16.6%	19.6%	>18.6%	16.6%-18.6%	<16.6%	18.8%	16.2%	16.7%	17.0%	18.8%	20.5%	18.6%	
				16.5%				16.7%	16.7%	16.6%	16.7%	16.2%	16.3%	16.2%	
Safe	Percentage of residents experiencing an ulcer that worsened is within 2% of the provincial average by March 2022.	% of residents with a pressure ulcer that recently worsened	2.5%	3.4%	>3.4%	2.5%-3.4%	<2.5%	2.9%	2.5%	2.6%	2.6%	2.8%	3.0%	2.8%	
				2.5%				2.5%	2.5%	2.5%	2.5%	2.4%	2.3%		
Resident Experience	Percentage of residents not dying in their preferred setting annually will decrease by 2% by December 2022.	% of residents who die in hospital during the calendar year		14.8% 2019 Annual	>14.8%	12.8%-14.8%	<12.8%	3% YTD Total 2020	5% YTD Total 2020	6% YTD Total 2020	6% YTD Total 2021	4% YTD Total 2021	5% YTD Total 2021	6% YTD Total 2021	