St. Joseph's at Fleming

CONTINUOUS QUALITY IMPROVEMENT REPORT

2025/2026

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Overview

St. Joseph's at Fleming is a 200 bed stand alone, not for-profit long-term care home. We are sponsored by the Catholic Health Sponsors Organization of Ontario. We serve a diverse, multi-denomination population with a streamlined focus involving behaviours, designated Leads dementia, mental health & chronic care.

St. Joseph's at Fleming has had a Cease Admission Order since May 2024 and is currently under a Management Order since January 09, 2025. We have been working with SE Health since February 28, 2025.

Mission

Building on the legacy of the Sisters of St. Joseph, St. Jospeh's at Fleming will provide compassionate person-centered long-term care support to ensure that the care and comfort of each of our residents.

Vision

We will strive to ensure the well-being of each person we serve by providing purpose, dignity, and individual choice.

Values

- Selflessness
- Integrity
- Compassion

Strategic Plan

St. Joseph's at Fleming strategic plan will be revised in 2025.

Designated Leads

Susan Grant, Quality & Risk Advisor; Susan Miles, Director of Care

Quality Framework –

The Quality Framework focuses on person-centered care and continuous quality improvement initiatives for all areas of resident care, safety, satisfaction and services. The home's framework aligns with the Ontario Quality Framework for Long-Term Care Homes, emphasizing the importance of safe, effective, person centered, timely, efficient and equitable care.

Continuous Quality Improvement (CQI)

CQI is a systemic and ongoing process that involves identifying areas for improvement, developing strategies to address these areas, implementing changes, and measuring the impact of those changes. CQI is an essential component of ensuring high-quality resident centered care. There are always opportunities to optimize, streamline, develop and test processes and this process needs to be an integral part of everyone's work, regardless of role or position within the home.

In 2025, knowledge sharing with the health care team is on quality improvement tools and techniques to provide a collective understanding of a structured process that identifies underlying causes, and improvement opportunities. These tools are Plan do Study Act (PDSA), Root Cause Analysis (RCA), Failure Mode Effect Analysis (FMEA), Just Culture and Service Recovery/Complaint Opportunities.

Process to Identify Priority Areas for Quality Improvement

St. Joseph's at Fleming is committed to using evidence-based resources to support and sustain best practices that ensure the best possible outcome.
The steps to develop sustainable improvement strategies:

- Assess and prioritize areas for improvement.
- Formulate improvement initiatives.
- Execute improvement initiative.
- Monitor achievements and obstacles.
- Adjust strategies, as necessary .

Data is consistently reviewed and analysed throughout the year as part of the CQI program.

- **Experience Survey**: Resident /Family survey results identify priority areas for quality improvement, and the interdisciplinary teams/committees work to act on the feedback to improve services and programs.
- **Annual Quality Improvement Plan:** (QIP)
- **Ministry of Health and Long-Term Care:** MOHLTC Inspections Reports, Compliance orders, written notifications. Reports are reviewed by leadership team, compliance team and the appropriate programs/committees.
- **Accreditation Report**: Commission on Accreditation of Rehabilitation Facilities (CARF)
- **Performance Indicators:** Tracked at the home level (regular internal audits, Safety Incident reporting system and quality assessments) and provincially Canadian Institute Health Information (CIHI) quarterly reports. The leadership team and or program chairs review and analyzes outcomes and compares against set standards and historical performance. Results are shared at CQI Committee, Management Team, Programs, staff meetings and Board of Governors. In 2025 Quality and Safety huddle boards with quality indicators will be placed on each home unit.
- **Resident and Family Councils:** Representative from each council also attend CQI Committee meetings.
- **Legislative and Regulatory Frameworks**: Fixing Long Term Care Act, 2021 (FLTCA 2021)

- **Analysis of Complaints and Critical Incidents:** The leadership team reviews and analysis all documented complaints and critical incidents at least quality.
- **Program Committees:** Collaborative, inter-disciplinary committees and working groups that support data sharing, development of improvement ideas, and monitoring progress.
- **Staff Meetings;** Sharing of information and suggested quality improvements.
- **Healthcare Insurance Reciprocal of Canada (HIROC)** Risk Assessment Checklist will be completed in 2025, and the priority focus will be presented with the quarterly quality report.

Committees

Continuous Quality Improvement (CQI) Committee:

- CQI Committee is an interdisciplinary team including representation from Resident and Family Counsels. The meetings are held quarterly to monitor and report on quality-related issues, residents' quality of life, overall quality care and services provided using relevant data.
- The meetings are a forum to monitor and measure progress, identify and adjustments and communicate outcomes for the home's key quality priorities.

The home holds regular meetings through structured organizational committees

- The Management Meeting
- The interdisciplinary Infection Prevention and Control (IPAC) Committee
- The interdisciplinary Falls, Restraints Committee
- The interdisciplinary Palliative Pain Committee
- The interdisciplinary Skin and Wound Care Committee
- The Behavioural Support Ontario (BSO) Committee
- The interdisciplinary Professional Advisory Committee (PAC)
- The Joint Health and Safety Committee
- The Continence Care Committee
- The Food Focus Group (resident representative from each home unit)

These committees support the quality of care, and the services provided to residents. The progress of the committee's quality initiatives is shared at the CQI committee meeting

Home Specific Priority Areas

The data sources outlined above guide the interdisciplinary committees / teams, residents, families, community partners in deciding on the quality improvement priorities. This includes utilizing the QIP indicators.

Quality Improvement Workplan 2025/26

The Quality Improvement Plan (QIP) is an integral part of the annual process that establishes the home's plan for quality improvement over the coming year. The teams focus during the last fiscal year was on meeting MHLTC compliance orders, so the QIP indicators were not all met. The interdisciplinary care team selected the same indicators for the 2025/26 plan.

Priority Area	Priority Indicator(s)
Patient-Centered	Percentage of residents responding positively to "What number would you use to rate how well the staff listen to you?
Safe	Percentage of LTC home residents who fell in the 30 days leading up to their assessment
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.
Efficient	Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long term care residents

Process to Measure, Evaluate and Monitor Progress

A key component of quality improvement is setting clear goals. Goals are Specific, Measurable, Attainable, Relevant and Timeframe (SMART), then key performance indicators are developed. The key indicators are measured and regularly monitored to ensure the outcomes are trending in the positive direction. This allows the interdisciplinary committees/teams to consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in process, compliance, etc. The homes leadership team and the CQI committee set the direction for quality improvement work but also monitor data to determine if the changes are effective and sustainable .

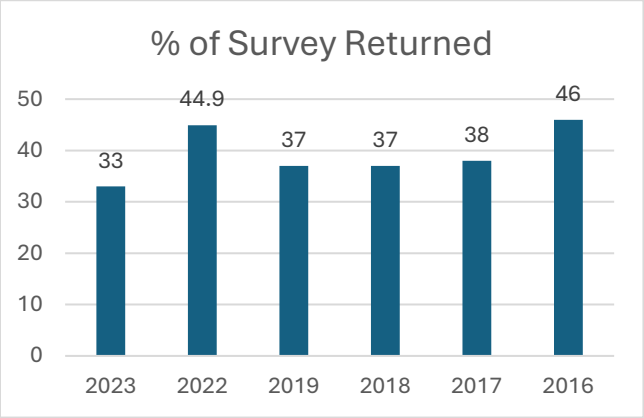
Communicating the progress and outcomes of the improvement initiatives effectively involves a structured approach utilizing appropriate channels. Currently departmental/home unit staff meetings, all staff meetings, committee/council meetings, emails, memos, notices on landing page of Point Click Care, huddles, website are currently being utilized.

The focus for 2025 is posting quality boards, the quality safety indicators and implementing quality safety huddles on each home unit to discuss the units progress, coaching staff and answering any questions.

Resident / Family Experience Survey

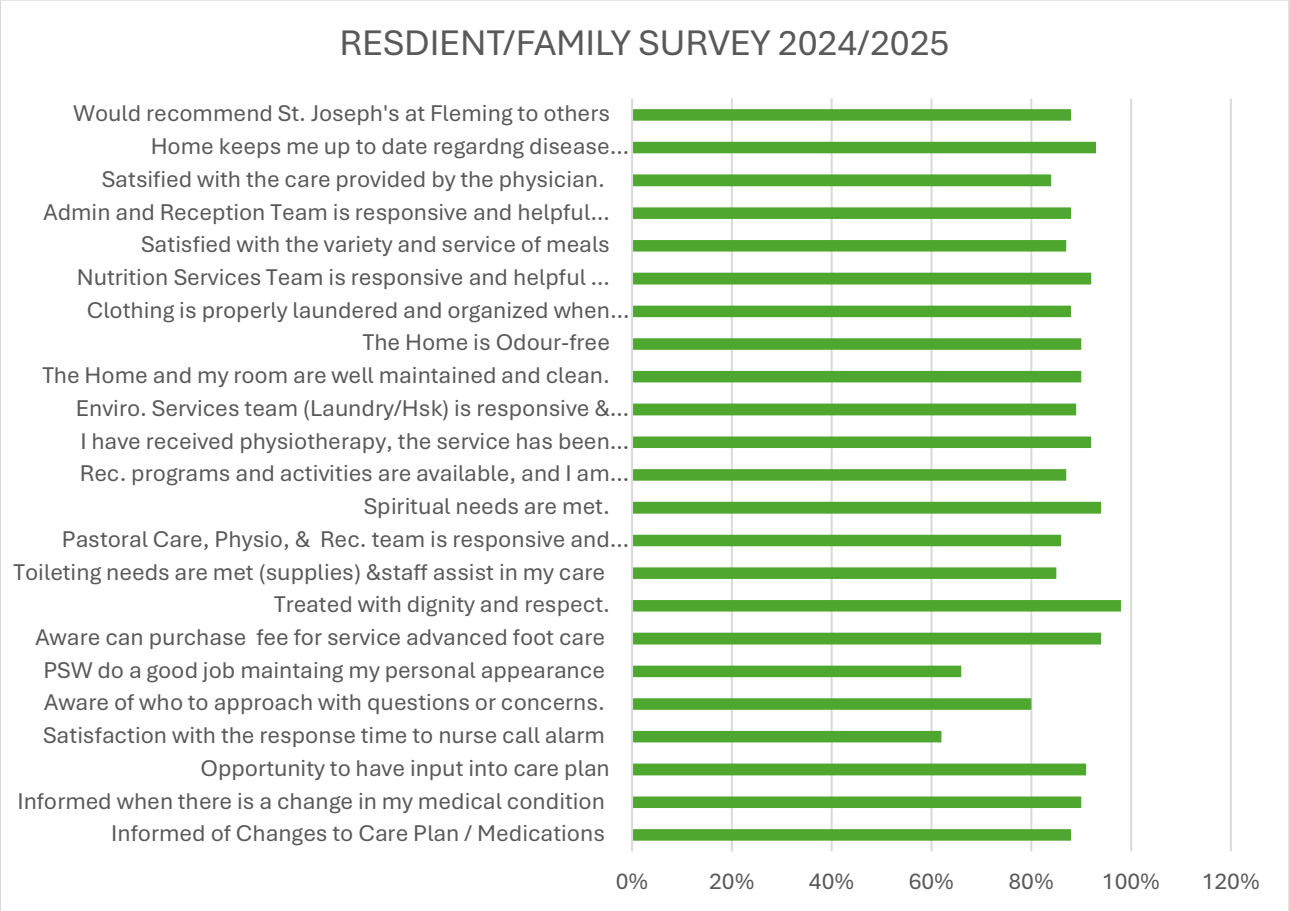
The Resident/Family Experience Survey is an important data source used to understand the resident/family, experience. The survey was distributed in paper copies to residents and by mail to families the last week of August to September 27th, 2024. The response rate for 2024 was 37 %. The quality lead was responsible for sending the survey out and tallying the results. The results were shared with the management team and the CQI Committee on October 9, 2024, Resident Council December 2024.

Survey Results



The team is working to make our survey more accessible and to improve response rate. Having volunteers to assist residents in completing the survey, while the family ones could be distributed by both mail as paper copies and via email with a SurveyMonkey link for online completion.

Questions related to QIP	Response	Trending
How well staff listen to resident?	93%	↑
Ability to express concerns without fear of consequences	92%	↑



The analysis of our 2024 experience survey results indicated overall satisfaction above 80 % other than;

- Responses to the Nurse Call Alarm system. (Safety)
- Satisfaction relative to maintaining resident appearance and gooming levels. (Care)
- Not knowing who to go to with concerns and questions.(Communication)
- Areas of interests from the comments;
    - Regarding availability of activities in evenings and on weekends. (Activities)
    - Consistency in staffing, less change over. (Care)

Resident Experience Survey Action Plan

Area	Key Actions	Target Date for Completion	Status and Outcomes of Actions
Activities	Programs expanded to include evenings, weekends and statuatory holidays. 3 programs a day for 365 days a year.	Completed March 2025	Activities from 804 a year to 1095 a year. Programs added are Monthly Outings, Armchair travel program, Diners Club Program, Patio Parties,

Area	Key Actions	Target Date for Completion	Status and Outcomes of Actions
			Resident Choir, Increased Pet Therapy, Footloos Friday, Druming Club, Musical Jeopardy.
Safety	Call bell response audits are completed on a monthly basis and analyzed for outliers and root causes. Results will be shared with the teams Quality Improvement Plan proposal developed and will trial on one unit and when successful will spread to other home units.	November 2025	
Communication	Communicate the home's complaints and concerns program to staff, residents and family. Outline timelines and what they can expect and place posters in common areas.	September 2025	Policy and Procedure revised for Complaints, Concerns and Suggestions.
Care	Stabilize the staff by hiring, decrease agency staff, increase staff/resident relationships and improve satisfaction with personl care.	July 2025	Hiring of staff and therefore a decrease in the use of agency staff. Increased number of PSW on each home unit.
Communication	Increase resident/family response to survey. Developing a plan to support residents in completing the survey and making accesibility easier (paper, on line)	September 2025	Consult with Resident and Family Councils

Priorities for April 2025 to March 2026

St. Joseph's at Fleming is committed to strengthening the CQI program and culture through education, data sharing, and staff driven QI initiatives .

Initiative	Actions	Lead(s)
Strengthen and standardize the four priority programs	• Develop specific objectives and indicators for progress tracking. • Recruit staff to take part on each of the program teams and become the champions on the home units	Co-Chairs of each of the Priority Programs, Quality Lead, Director of Care

Initiative	Actions	Lead(s)
	• Revise the TOR for each Committee • Include an education session to each meeting.	
Extending our Continuous Quality improvement toolkit	• Provide resources to define and design improvement initiatives, test small changes, implement improvement projects, monitor data and sustain improvements • Education on tools and data analysis to teams	Co-Chairs, Quality Lead, Director of Care
Upgrade of Documentation System Point Click Care	• Updated modules for care plan and libraries to be implemented in October 2025 • Communication and education plan being developed	Director of Care SE Health Leads
Improved timeliness, accurate documentation of personal care provided.	• IPADs have been provided to the PSW to allow them to document in real time. • Education on the program was provided to all PSW. • Random Audit will occur after 3 weeks to assess compliance and it any changes need to be implemented.	Home Unit Managers, Supervisors, Director of Care
Update RAI-MDS 2.0	• This is a provincial roll out and St Joseph's at Fleming will be the fall of 2025	Director of Care RAI Co-ordinator
Improve process for 7 day wound assessment and documentation	• Education provided on the wound care app and the required documentation for the 7-day assessment. • Defines process for communicating schedule 7-day assessments to all staff • Developed Audit process with staff coaching, education for noncompliance	Co-Chair of skin and wound program Home Are Managers Supervisors

Initiative	Actions	Lead(s)
Improve Continuous Quality Improvement Culture	• Implementation of Quality / Safety boards on each unit, with regular staff huddles – helps teams stay aligned with quality indicators. • Implementation of regular interdisciplinary resident centered rounds on each home unit. These rounds improve communication, enhance resident care, update care plans.	Quality Lead Home Unit Managers
Social engagement /intergenerational activities for the elderly	• Space for the childcare center is currently under construction • Planning for intergenerational programs will occur closer to the opening date in 2026	Management Team

St. Joseph's at Fleming is committed to advancing the quality of care we provide, prioritizing a strong focus on customer service for residents, families, visitors, staff, volunteers and external partners. We are dedicated to a culture of excellence and continual quality improvement.