



## Continuous Quality Improvement Initiative - Interim Report 2024

Omni Quality Living – Almonte Country Haven

Quality Improvement Leads – Dustin Brown – Director of Care, Carolyn Della Foresta – Administrator

### Overview

At Omni Quality Living – Almonte Country Haven, we believe that each step taken in our quality journey is a step closer to providing our Residents with the highest standard of excellent care. Overall, our Quality Improvement goals and objectives are intended to enable change so that improvements can be realized. Our QIP aligns with strategic and operational plans as we focus on change management; creativity in the development and implementation of unique Resident programs and fostering a culture of making a difference at the front line.

Our Quality Improvement Program has a strong focus on safety, well-being and overall quality Resident experience.

### Setting Priorities

It is recommended that indicators where performance has been below organizational goals or provincial benchmarks be given the strongest consideration. High priority indicators must be closely aligned with organizational strategic priorities and will receive a greater emphasis in terms of change plans and resources for implementation than lower-priority indicators. When results have been sustained at rates that are consistent with organizational goals or performance is at or near theoretical best, a lower priority rating is to be considered.

### Calculating Priorities

Omni Quality Living uses a tool called a Priority Calculator to determine which improvements will have the biggest impact on helping to realize its quality improvement goals. The priority calculator helps the Home decide where to focus time and effort on Quality Improvement. This tool enables Omni to make strategic choices about which quality improvement activities the Home will plan to undertake.

**The Priority Calculator lists a set of questions that are grouped into three categories:**

- **Impact:** The questions in this section focus on identifying a quality problem that is common, whether it has consequences for Residents, if it has an impact on related areas, if there is a gap between the current and desired state, the costs to the organization and if the problem constitutes a business case. (Scale of 1-8)

- **Ease of implementation:** The questions in this section focus on a quality problem for which there is already a good change package, measurement tools available or in use, the successes achieved by other LTC homes and the change ideas that are actionable by the LTC home staff. (Scale of 1-8)
- **Alignment:** The questions in this section ensure that the organization's efforts are focused on a quality problem that is aligned with the provincial priorities, accountability agreements, public reporting and organizational strategic plans. (Scale of 1-10)

The impact and ease of implementation questions are rated on a scale from 1 to 8, while the alignment questions are rated on a scale from 1 to 10.

Alignment questions are given more weight to ensure that LTC home leaders focus on quality topics that are aligned with provincial priorities and organizational strategic plans.

The Priority Calculator is reviewed and updated annually, at minimum and posted in the Home on the Quality Improvement Communication Board.

## Monitoring and Measurement

Omni Quality Living monitors and measures progress on home specific, organization specific and provincial priorities. Quality Improvement meetings are scheduled monthly and expanded on a quarterly basis to include key stakeholders, including Residents, families, and other interested parties. Clinical and non-clinical indicators are reviewed at each meeting and measured against established benchmarks, such as organizational and provincial averages or benchmarks, goals and aim statements. Meeting Minutes, Quality Indicator Reports and Topic Specific Plans are all posted in the Home on the Quality Improvement Communication Board.

## Clinical Indicators

Omni Quality Living provides each Home with a comprehensive and comparative quarterly corporate report of clinical indicator data for all Omni Homes based on the RAI-MDS data for that quarter. The following Clinical Indicators are monitored and measured:

- Symptoms of Delirium
- Use of Anti-Psychotics without a Diagnosis of Psychosis
- Falls
- Stage 2-4 Pressure Ulcer, New Stage 2-4 Pressure Ulcer, Worsened Stage 2-4 Pressure Ulcer
- Daily Physical Restraints
- Pain, Worsened Pain

Topic specific quality improvement plans are developed for any clinical indicator at or above the provincial average.

## Non-Clinical Indicators

Each Omni Home also reviews home-specific non-clinical indicators each quarter. The following Non-Clinical Indicators are monitored and measured:

- Number of ED Visits
- Resident and/or Family Complaints
- Legislative Compliance
- Staffing – 24/7 RN Coverage, Staffing Shortages, Agency Use
- Surge Learning
- Outbreak Status
- Critical Incidents

## Resident Experience Surveys

The home's Residents and/or Substitute Decision Makers had the opportunity to participate in the completion of the annual Resident Experience Survey from November 7, 2023, to December 18, 2023. This survey solicits feedback from Residents regarding the level of satisfaction with the care and services provided and gives Residents and their families an opportunity to communicate suggestions for improvement for programs and services offered in the Home.

The compiled results of the survey responses, as well as a home specific Commentary Report, were provided to the home on February 26, 2024, by our partners at Metrics@Work. The home reviewed the results of the Resident Experience Survey and worked together to develop a Continuous Quality Improvement Action Plan for areas with a satisfaction result of less than 80% positive response rate. The home's CQI Action Plan was submitted to Omni Quality Living on March 11, 2024, for review.

The Administrator presented the Resident Experience Survey Results, as well as the home's Continuous Quality Improvement Action Plan, to members of the Residents' Council on March 20, 2024 at their monthly meeting. The survey results and the home's CQI Action Plan was also communicated with members of the staff on March 20, 2024.

The home communicated with Families on March 28, 2024, that the Survey Results had been received and were posted along with the home's specific CQI Action Plan on the Family Board. Residents and Families were advised that if they would like a copy of the Survey and Action Plan, or if they had any questions, to speak with the Administrator.

## Priority Areas for Quality Improvement

Omni Quality Living – Almonte Country Haven has identified the following 3 areas as the top priorities for Quality Improvement:

Priority #1 – Resident and Family Engagement

Priority #2 – Recruitment and Retention

Priority #3 – Infection Prevention and Control

## Continuous Quality Improvement Process

Quality Improvement is achieved through the Quality Matters Program at Omni Quality Living. Once priority areas for improvement are identified, Omni Quality Living – Almonte Country Haven undertakes the process for improvement in alignment with organizational policy and the Model for Quality Improvement, including use of the PDSA (Plan-Do-Study-Act) Cycle.

The following is a brief summary of the QI Plan for these priority areas. Complete plans and are available for review in the Home or by contacting the Quality Improvement Lead in the Home.

### **Priority #1 Family Engagement**

We believe that our Residents' families must be active partners in their care. We welcome them as part of our care circle and as advocates for their loved ones' overall quality of life.

At present, our home does not have an active Family Council.

Our home Administrator has communicated with all Resident POA's and ECG's the home's desire to partner with a Family Council and has asked that family members consider forming a Council with home support.

Our home Administrator communicates with our families and Essential Caregivers through regular email communication. We ensure that our email distribution lists are current as an email to all intended recipients has proven to be a very effective communication tool here at the Haven.

The Haven is currently home to 80 Residents. Through the ever-changing days of COVID, we have communicated with our families regarding all provincial changes and home specific changes relating to matters such as vaccination, IPAC efforts, visitation etc. We have encouraged our families since the introduction of Essential Caregivers to take advantage of this opportunity and join our home as an ECG for their loved one. We are proud that at this moment we have 166 approved Essential Caregivers for our Residents.

### **Going forward, our plan for improvement includes –**

- Continuing to encourage all family members to become Essential Caregivers for their loved ones.
- The home will host quarterly Family Information Meetings. Administrator will seek requests for information and topic ideas to review at these meetings.
- Home will continue to promote the formation of a Family Council through email communication as well as Family Information Sessions that we will host.
- Home will communicate the need and desire for more family volunteer opportunities in the home as restrictions continue to ease.

Our home goal is that every Resident would have at least one approved Essential Caregiver and that every Resident would have an active family member working with the home as their advocate.

### **Priority #2 Recruitment and Retention**

At present, our home is affected by the same provincial and federal shortages that are currently impacting all levels of health care across the province. Currently, we have a continued need for Personal Support Workers and Registered Practical Nurses.

The home has the following measures in place for the recruitment of new staff and the retention of all current Haven personnel –

- Advertisements currently active on Indeed, RNAO, Hospital News, Kijiji, Mississippi Mills Millstone News, Omni Quality Living website
- Omni Bursary Program to financially assist employees in their pursuit of further education.
- Partnerships with Pathway2PSW, Careers Canada, Catholic District School Board of Eastern Ontario, Native Education & Training College, Algonquin College
- Provision of paid placement opportunities with guaranteed employment post-graduation for PSW students.
- Regular communication with schools in the surrounding area to recruit students from various disciplines.
- Staff Meetings with each discipline to discuss matters/issues within their role/department and work towards common goal of improving our home and achieving solutions together as a team.
- Regular Staff Appreciation events held such as PSW Day, Nurses Week, Holiday events to celebrate St. Patrick's Day, Easter etc.
- Monthly Staff engagement activities held such as "Catch the Ace", Scavenger Hunts and other draws.
- Staff BBQs held Fridays during the Spring/Summer/Fall months where Managers cook and serve all staff.
- Provision of education in-services at the home for staff to further develop their skills. Example – Gentle Persuasive Approach, Achieva Physiotherapy training for staff including Proper Body Mechanics, Lifts and Transfers.
- Promotion of Skills Advance Ontario curriculum and the provision for staff to participate in programs with no loss of earnings.
- Encourage all staff to explore new roles and opportunities within the home.

Going forward, our plan for improvement includes –

- RNAO gap analysis around developing and sustaining Nursing Leadership. Gain knowledge in leadership practices that result in healthy outcomes for nurses, patients/clients, organizations, and systems. This guideline addresses –
  - o System resources that support effective leadership practices and behaviours for formal leaders and nurses at the point of care
  - o Organizational culture, values and resources that support effective leadership practices and behaviours at all levels
  - o Personal resources that support effective leadership practices across the continuum of care

- Anticipated outcomes of effective nursing leadership
- RNAO gap analysis around managing and mitigating conflict in health-care teams
  - This Best Practice Guideline focuses on nursing teams and processes that foster healthy work environments. The focus for the development of this guideline was managing conflict among nursing and healthcare teams with the view that while some conflict is preventable, healthy conflict can also be beneficial.
- Communication and further connections with additional educational institutions in our area.
- The home has formed a partnership with Algonquin College for the placement of RPN Students. Our first group of students began placement in late July 2022. Since that time, the home has worked closely with three different classes of RPN students and placement supervisor to ensure success of the program with the goal of continued partnership and placement of future students.
- Almonte Country Haven is currently in the middle of a new build and redevelopment project. As we transition to our new home from our 40+ year old home, we will capitalize on our new build to advertise exciting opportunities.
- Development of RNAO champions, which will allow staff to become experts in incontinence products, wound care, infection control, health and safety, Palliative Care etc.
- Further promotion of the Omni Bursary Program to encourage all Haven staff to take advantage of the program and its benefits.
- Providing further opportunities for Gentle Persuasive Approach education for all levels of staff in the home and from all departments.

Our home goal is to eliminate the use of Agency Personnel and have a full complement of Almonte Country Haven staff within each department. Our desire is to be known as a home with a positive work culture where individuals can achieve autonomy in their day-to-day with the objective of excellent Resident care as well as staff wellness.

### **Priority #3 Infection Prevention and Control**

Our home has learned painful yet incredibly valuable lessons since the beginning of the COVID pandemic and has continued to adapt to a multitude of changes within the home as well as best practice standards sector wide. We are proud to report that the cognizance level of the entire Haven staff population for IPAC measures and standards has exponentially increased since the beginning of the pandemic.

In the Spring of 2021, the home welcomed to our team an IPAC Lead whose role is dedicated to measures, audits, education, and compliance of all matters related to IPAC. The home's Clinical Care IPAC Coordinator has successfully completed the Queen's Infection Prevention & Control (IPAC) Online Professional Development Course and is currently working towards obtaining their Long-Term Care Certification in Infection Prevention (LTC-CIP)

The Haven currently employs the following practices in their IPAC efforts –

- Mask Fit Testing on-site for all staff and ECGs. Mask Fit Test results are maintained on file for implementation should the need arise. The home's Clinical Care IPAC Coordinator is trained to complete Mask Fit Tests and ensures all new staff, ECGs are tested and ensures updated testing completed when required.
- Clinical Care IPAC Coordinator completes weekly audits regarding hand hygiene for staff and Residents as well as proper PPE donning/doffing audits for staff and visitors to the home. Compliance monitored and when necessary, redirection is provided.
- Regular communication with Leeds, Grenville and Lanark District Health Unit regarding Infection, Prevention and Control. Home representatives participate in bi-weekly Zoom meetings with the Health Unit.
- All IPAC policies are maintained, revised and available on Surge Learning platform available to all staff within every department.
- Timely communication with families/visitors regarding any updated policy or home process.
- Handy Metrics Program utilized to provide staff the opportunity to learn and gain further knowledge regarding proper hand hygiene.
- Twice daily temperature checks are completed on the Medication Room refrigerators that store vaccinations, specimens and certain medications.
- On-going SURGE education assigned to staff related to IPAC measures and best practice.
- Home provides annual Influenza Vaccination on-site for all staff to access. Home maintains records of staff vaccination and encourages all staff to participate in vaccination program.
- Home compliant with Ministry of Long-Term Care COVID Vaccination Policies for all Staff.

Going forward, our plan for improvement includes –

- Continued vigilance in implementing, adapting, communicating and enforcing all IPAC guidelines and necessary changes as prescribed by the Ministry of Long-Term Care, Public Health Ontario and the Leeds, Grenville and Lanark District Health Unit.
- The home has obtained approval from our Medical Director to allow the Director of Care to administer TB skin testing for staff and Residents. A Medical Directive has been signed by Dr. H. Bocz and home will begin to provide TB testing on-site.
- The home is in regular contact with 3M and Smith & Nephew representatives regarding certain dressing products to address wounds present in our home. Wound Care Specialists from 3M and Smith & Nephew to provide training to home Registered Personnel related to IPAC measures for wound care.
- Clinical Care IPAC Coordinator enrolled in Skills Advance Ontario Nurse Manager course.
- Home to expand educational opportunities for family members and Resident ECGs related to IPAC measures.
- Home to encourage staff to receive their annual Influenza Vaccination through incentive measures open to all that participate.

Our goal is to ensure that the highest standards related to IPAC measures are achieved and maintained at Almonte Country Haven. Our goal is that all partners in our home, staff, family members, ECGs, visitors etc., work together to provide a home and work environment that is clean and safe for all that live and enter.

## Summary

Omni Quality Living is committed to promoting a Person-Centred culture of quality. Our Quality Matters program incorporates the principles of quality improvement to monitor, measure, evaluate, plan and implement continuous improvement initiatives.

For more information about the Omni Quality Matters Program, contact Omni Quality Living – Almonte Country Haven’s Quality Improvement Leads Dustin Brown – Director of Care at #613-256-3095 ext. #235 or via email – [dbrown@omniqualityliving.ca](mailto:dbrown@omniqualityliving.ca) or Carolyn Della Foresta – Administrator at #613-256-305 ext. #222 or via email – [cdellaforesta@omniqualityliving.ca](mailto:cdellaforesta@omniqualityliving.ca)