



Continuous Quality Improvement Initiative - Interim Report 2024

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Overview

At OMNI Quality Living Pleasant Meadow Manor, 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 in order 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

Residents and/or Substitute Decision Makers are invited to participate in a Resident Experience Survey on an annual basis. This survey solicits feedback from residents with regard to the level of satisfaction with the care and services provided and gives Residents and their families an opportunity to communicate suggestions for improvement to programs and services offered in the Home.

Survey results and the accompanying Commentary Report are reviewed with Resident and Family Councils and posted in the Home. Quality Improvement plans are developed for any satisfaction result of 80% or less, identified as a priority and evaluated by the QI team.

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 April 30th, 2024, for review.

The Acting 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 April 18th at their monthly meeting. The survey results and the home's CQI Action Plan was also communicated with members of the staff on April 30th.

Staff were notified of the results on April 30^h 2024, subsequent action plan and that the survey is posted on the Quality Matters board.

The home communicated with Families on April 11th, 2024, that the Survey Results had been received and were posted along with the home's specific CQI Action Plan on the Quality 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 Pleasant Meadow Manor 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 Health Care. Once priority areas for improvement are identified, Pleasant Meadow Manor 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

The plan for improvement includes working collaboratively to resolve issues in the Home with a focus on advocating for Residents in a positive forum. The home has been previously unsuccessful in developing a family. The home plans to focus on forming a family council to improve the family engagement within the home.

The strategy to develop a council will involve engaging members on admission, during 6-week post-admission, and annual care conferences. In addition, the home plans to implement a monthly email outreach program headed by the Administrator of the home. Part of this initiative will include using this communication to attract family members to join the family council.

Priority #2 Recruitment and Retention

At present, we remain active in recruitment and retention across all departments throughout the home to coincide with redevelopment that has occurred at the facility.

The plan for improvement includes a thorough onboarding and orientation program for employees to be successful in their roles at Pleasant Meadow Manor and also to create staff engagement in projects and quality initiatives in order to increase multidisciplinary involvement through the Home to improve quality Resident care.

We are committed to partnering with Fleming College PSW and RPN programs and Trent University RN program for student placements which has led to and continues to yield many new graduates working in the Home. The home is actively involved in recruiting through government incentive programs including the PREP LTC program. The home is also active in the Learn and Earn program offered by Humber College. Furthering these efforts the home has also engaged in recruitment of temporary foreign workers and is taking part in a Labour Market Impact Assessment through the Government of Canada.

Omni Quality Living provides a bursary program to support further education pursuits.

Priority #3 Infection Prevention and Control

At present, Pleasant Meadow Manor does have a robust IPAC program which includes education and auditing to ensure success.

The plan for improvement includes developing IPAC throughout each department with involvement from other managers and staff in the Home to continue to create awareness of IPAC needs and recognize possible deficiencies early to prevent the spread of disease.

The home currently has a multidisciplinary IPAC team that includes the homes IPAC lead, Medical Director, Registered Nurses, Registered Practical Nurses, Personal Support Workers,

management team members, and representatives from other departments throughout the home. Four members of the homes multidisciplinary team have completed the Queen's University Infection Prevention and Control professional development course.

Communication surrounding infectious agents in the Home is a priority of the Home, to ensure we prevent the spread of infection and create awareness of proper precautions to always take through a point of care risk assessment process for all staff to adapt.

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 Tamara Loundes.