



## Continuous Quality Improvement Initiative - Interim Report 2024

OMNI Health Care – Wildwood Care Centre Quality Improvement Lead Stephanie Bauman

### Overview

At OMNI Health Care – Wildwood Care Centre 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 Health Care 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 Health Care 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 Health Care 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.

## Priority Areas for Quality Improvement

OMNI Health Care – Wildwood Care Centre 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, Wildwood Care Centre 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**

Our goal is to increase Family Engagement in the Home by establishing an active Family Council and a membership of at least 4 family members

At present, we do not have an active family council and have not had one since the pandemic.



- The plan for improvement includes advertising in our resident/family activities calendar each month to request for interested individuals to meet and discuss the importance of Family Council and what it can bring to the home.
- Utilize access to virtual platforms that can assist those who are further away so that they can participate in the process.
- Reintroduce formal resident and family Quality Improvement meetings that were paused during the course of the pandemic
- Speak with other Omni homes and see what their successes/strategies are for recruiting members

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

Wildwood Care Centre is actively recruiting in all of our departments. Like many employers in Ontario we are struggling to recruit new staff and recognize that if we want to be successful we have to stand out as an employer of choice.

Our goal is to decrease the number of vacant PSW positions in the home to zero and reduce our reliance on agency staff. At present, we are trying to fill 3 Full time PSW, 6 Part time PSW, 2 Full time RPN, 1 Part Time RPN positions

The plan for improvement includes advertising on recruitment sites such as LinkedIn, Indeed, Facebook as well as the colleges both Fanshawe and Conestoga.

Working with the colleges and partnering with them as a placement organization for their students

Review the current vacant postings to see if there are possibilities of making them more attractive for employees

Lobby through our association, the OLTC, for additional funding for Long Term Care homes in order to create more attractive PSW positions.

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

Wildwood Care Centre has a robust IPAC program which includes comprehensive educational programs for staff, families and essential caregivers. The home also employs numerous auditing tools to monitor for compliance with our various IPAC practices. Our goal is to protect residents from health care acquired infections, resulting in reduced severity and morbidity.

At present, in non outbreak situations we average 39 hand hygiene audits and 2 high touch surface area audits each week. Our goal is to increase the number of hand hygiene audits to 80 per work and the high touch surface audits to 5 per week in randomized locations.

Our infection, prevention and control policies are updated regularly and reflect all required regulatory measures. Our policies are steeped in best practice and reflect the highest quality requirements.

We proactively ensure that the home has a minimum 2-week supply of all necessary PPE onsite. Our corporate body also maintains large stores of PPE off-site. We are proud to say that we have never been short of required PPE during infectious disease outbreaks in our home.



The plan for improvement includes completing audits in accordance with an established schedule and any deficiency identified will have a corrective action plan completed, or on the spot coaching is provided.

Our plan for improvement includes further strengthening IPAC practices throughout each department with involvement from all managers and staff in the home to continue to create awareness of IPAC needs and recognize possible deficiencies early to prevent the spread of infectious diseases.

The plan for improvement includes hiring a IPAC manager to take on the role specifically and focus on audits, education, statistics and working with Public Health and other agencies to meet and exceed legislative requirements.

## Summary

OMNI Health Care is committed to promoting a Person-Centred culture of quality. Our Quality Matters program incorporates the principles of quality improvement which is imbedded in our policy and procedures to monitor, measure, evaluate, plan and implement continuous improvement initiatives.

For more information about the OMNI Health Care – Wildwoods Quality Matters Program, please contact Stephanie Bauman.

*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 7, 2024, for review.*

*The Administrator/Quality manager 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 25<sup>th</sup> at their monthly meeting and minutes posted. The survey results and the home's CQI Action Plan was also communicated with members of the staff on April 4<sup>th</sup>.*

*The home communicated with Families on April 4, 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.*