

## Continuous Quality Improvement Initiative - Interim Report 2022-23

OMNI Health Care Frost Manor - Quality Improvement Lead: Angie Wright, ADOC

### Overview

At OMNI Health Care Frost 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 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 Frost 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, Frost 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**

Our goal is to increase Family Engagement at Frost Manor by enhancing membership in our Family Council and encourage participation in our monthly meetings. Our goal is also to continue to communicate with family and friends of our residents regarding events such as upcoming fun initiatives or if experiencing an outbreak.

At present, our Family Council currently meets monthly and has 6-7 members. The management team continues ongoing communication via email, phone and face to face interactions when family or friends are in the home.

The plan for improvement includes aiming to enhance Family Council participation with family and friends during our admission process, at resident's 6-week post admission conference and at annual care conferences.

As covid 19 measures continue to loosen we are looking forward to once again hosting family bbq's and special holiday parties at Frost Manor. In our experience these events have been pivotal in our efforts to connect with our many families and friends.

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

Frost Manor 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 achieve 100% staffing levels in all departments, without the use of staffing agencies, and to retain new hires that will continue employment at Frost Manor.

At present, we utilize staffing agencies and/or the management team to achieve appropriate staffing levels for Registered Staff, Personal Support Workers, Dietary, and Housekeeping.

Our plan for improvement includes ongoing advertising using various social media platforms and print media. OMNI Health Care has an attractive bursary program that we believe we can use to leverage interest from prospective candidates. We also recognize the need for a thorough onboarding and orientation program for employees to be successful in their roles at Frost Manor.

The plan for improvement regarding staff retention includes communicating expectations to new staff, providing additional orientation shifts, introducing new staff to their team prior to the start of their first shift, encourage new staff to provide feedback, and for managers to monitor new staff's development and understanding.

We will continue to work with local schools and colleges in supporting clinical and work placements.

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

At present, Frost Manor 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, the Infection Prevention and Control team meets quarterly and debriefs with staff after each outbreak. Quality huddles are completed twice a week to review donning and doffing of PPE and to share new information related to Infection Prevention and Control. Hand hygiene audits are completed daily, monitored weekly and results are shared monthly and quarterly. Daily surveillance is completed for both staff and resident infections. Resident infections are reviewed monthly.

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 Covid 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.

## Summary

OMNI Health Care 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 Angie Wright.