

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

OMNI Health Care Garden Terrace

Quality Improvement Lead Christine Schyf

### Overview

At OMNI Health Care Garden Terrace, 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 Garden Terrace 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, Garden Terrace 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 re-establishing an active Family Council.

At present, the home is facilitating meetings and encouraging family members to re-establish a Family Council. Guest speakers are being invited to increase attendance and to promote the Family Council Chair and Co-chair position currently available.

The plan for improvement includes

- Facilitate regular meetings to promote the Family Council.
- Continue to invite Residents to our Quarterly Matters meetings where we provide an update on our quality improvement initiatives and seek input on the development of quality improvement plan.
- Continue to share and our Resident Experience survey and encourage Residents and Families to complete it yearly.
- Encourage Residents and Families to attend Care conferences to fully participate in the plan of care.
- Encourage Residents and Families to speak with the leadership team

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

At present, the home is currently actively recruiting Registered Staff and Dietary Staff. Since the pandemic, the health care sector has changed offering many opportunities and incentive for staff who are seeking full-time positions.

The plan for improvement includes

- Promotion of Education Bursary Fund to staff
- Increase our Kudos Program system for staff to feel appreciated.
- Seek out partnership with schools and community colleges to bring in incentives such as free corporate massage for staff.
- Bring in key stakeholders to educate on new innovations.
- Create mentorship program for new hires with regular follow up to develop the idea of belonging in a new workplace.
- Continue with the “open door policy” for staff to feel heard when concerns arise.

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

At present, our home as a robust Infection Prevention and Control program. Our home has been successful in numerous times to control outbreaks in a swift manner and have had several positive feedback from partners such as: Ottawa Public Health, The Ottawa Hospital, Ministry of Long Term Care and Ministry of labour.

The plan for improvement includes

- Continue to promote Infection Control Prevention in the home
- Continue with audits for hand hygiene and IPAC audits
- Continue with staff education
- Continue to invite community partners to audit and provide feedback on our program

## **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 Christine Schyf via email to [cschyf@omniway.ca](mailto:cschyf@omniway.ca) or by telephone at 613-254-9702