

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

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### Overview

At OMNI Health Care 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 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 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 Resident and Family Engagement**

Our goal is to increase Family Engagement in the Home by establishing an active Family Council.

Prior to the declaration of the COVID-19 Pandemic, Pleasant Meadow Manor had a small but active Family Council. We hope to engage new interest in 2022.

The plan for improvement includes:

- Promotion of the opportunity for Family Council during the admission process
- Communicate regularly with families and caregivers through email and newsletters regarding opportunities for engagement.
- Schedule virtual and/or in-person information sessions and open-house events
- Work with community partners and Home and Community Care Services to promote involvement and engagement when providing information about the home to potential residents and families
- Access and utilization of Family Councils Ontario resources and support for engagement

Pleasant Meadow Manor is also committed to increasing opportunities for Resident Engagement. Our quality team will work to create a specific plan to address this priority. Ideas

include promotion and encouragement to attend and participate in Resident Council and extending invitations to participate and contribute on various committees in the Home, for example the Quality Committee.

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

Our goal is to recruit and retain a full complement of qualified staff for all departments and positions and to reduce the use of agency staffing by 50% within the next year.

At present, Pleasant Meadow Manor is experiencing challenges in the recruitment of qualified registered and non-registered staff. Pleasant Meadow Manor is currently partnered with numerous local colleges and support nursing and PSW students during their placements. As we prepare to expand from 61 to 96 beds, the need to increase recruitment efforts is significant, as staffing needs will grow along with our resident population.

The plan for improvement includes:

- Continuous promotion of Pleasant Meadow Manor as an employer of choice
- Attend job fairs throughout the year at local high schools, colleges, and universities to promote careers in Long Term Care, at Pleasant Meadow and at OMNI.
- Continue partnerships with colleges and universities and explore new partnerships for placement and learning opportunities
- Exploring new technologies and looking for other opportunities to enhance and recruit qualified employees.
- Review and revitalize job ads
- Improve onboarding and orientation process, assigning a peer mentor to new employees.
- Providing regular feedback and guidance to new employees
- Promotion of OMNI bursary program for educational opportunities

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

Pleasant Meadow 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.

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 any infectious outbreaks in our home.

To date, Pleasant Meadow Manor has experienced two COVID-19 outbreaks. Both outbreaks were promptly managed and well-contained.

Pleasant Meadow is committed to a collaborative working relationship with Public Health and other regulatory authorities.

We have a dedicated Infection Prevention and Control lead in the Home that is responsible for overseeing the IPAC program and ensuring compliance with legislative requirements. A recent Ministry of Long-Term Care inspection identified some opportunities for improvement in the IPAC program, including monitoring for symptoms of infection, PPE use, education and communication.

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.

Our plan for improvement further includes:

- Staff huddles
- Education on PPE use, including donning and doffing and what is required for resident precautions
- Assignment of responsibility for line listing resident and/or staff symptoms of infection
- Enhanced education for Hand Hygiene and increased monitoring
- Ongoing education and mentoring of IPAC Lead with Director of Clinical Services
- Ongoing promotion of immunization against communicable disease for all residents and staff

## 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 Shelley Vandenburg, RN.