

Continuous Quality Improvement Initiative - Interim Report 2022-23

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Overview

At OMNI Health Care Rosebridge 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 Rosebridge 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, Rosebridge 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 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. At present, we have a small Family council who meets monthly September-June. We have a family and resident Christmas Party. Families are invited to attend all parties, outings, and social events through the monthly Newsletter. Updates are provided through email by our Administrator to ensure that Families are kept abreast of the news and changes within the home.

Through the ever-changing days of the ongoing global covid-19 pandemic, we have communicated with our families regarding all provincial changes and home specific changes relating to matters such as vaccination, IPAC efforts, visitation etc. We have encouraged our families since the introduction of Essential Caregivers to take advantage of this opportunity and join our home as an ECG for their loved one.

Rosebridge Manor is looking forward to future redevelopment in nearby Smiths Falls. OMNI Health Care is in the very early stages of planning for this project but we know our residents, families and community are eager to be involved in the planning of this new home and we look forward to actively involving everyone as we move forward. The home administrator will work to keep families, residents and staff updated as new information becomes available. The home will post information throughout the home and the administrator will also host information sessions in the months ahead.

Our plan for improvement includes:

- Inviting all Rosebridge family members to attend a Resident, Friends and Family BBQ this summer
- The DOC and/or LEC will be providing a bi-monthly “check up” by phone calls
- Continuing to encourage all family members to become Essential Caregivers for their loved ones.
- The home welcomes the easing of restrictions, when safe to do so, and plans to invite families to participate in more Resident programming as done so prior to the pandemic.
- Home will communicate need and desire for more family volunteer opportunities in the home as restrictions ease.

Priority #2 Recruitment and Retention

At present, we are actively recruiting for Staff. We are using online job boards as well as advertising through social media and print media. We have staff who have been a part of the OMNI team for many years and who have been acknowledged through service awards for their long-standing commitment. Our staff are recognized with appreciation meals and special days throughout the year.

We actively encourage staff to explore new roles and opportunities within the home. And we also promote the OMNI Bursary Program to financially assist employees in their pursuit of higher education.

Our plan for improvement includes active involvement in post secondary Nursing and PSW programs to encourage involvement of students, in hopes that they will be familiar with and choose Rosebridge as a permanent placement after their education is complete. In an effort to improve morale, the DOC will begin writing note cards to celebrate our special staff who have made a positive impact on the lives our residents, their families and our staff throughout the year.

Priority #3 Infection Prevention and Control

At present, both DOCs have completed the Queens IPAC course and have taken the lead on this program. DOC is the IPAC lead. Audits are completed by DOC and her delegate as assigned through out the month. Enrolled in Speedy audit program, Public Health audits are completed every 2 weeks and weekly in event of an outbreak. Line listing occurs when resident become symptomatic of a like infection and results are communicated to public Health. Public Health Meetings occur every other Wednesdays and are generally attended by one Nursing Manager.

Some examples of measures currently in place:

- Home continues with Active Health Screening prior to entry to the home for all staff, family members, ECGs and visitors. Active Health Screening includes a health questionnaire and Rapid Antigen Testing daily for all entering the Haven.
- Mask Fit Testing on-site for all staff and ECGs. Mask Fit Test results maintained on file for implementation should the need arise.

- The IPAC Lead completes weekly audits regarding hand hygiene, proper PPE, screening & testing audits for staff and visitors to the home. Compliance monitored and when necessary, redirection is provided.
- Regular communication with Leeds, Grenville and Lanark District Health Unit regarding Infection, Prevention and Control. Home representatives participate in bi-weekly Zoom meetings with the Health Unit.
- All IPAC policies maintained, revised and available on Surge Learning platform available to all staff within every department.
- Handy Metrics Program utilized to provide staff the opportunity to learn and gain further knowledge regarding proper hand hygiene.
- On-going SURGE education assigned to staff related to IPAC measures and best practice.
- Home provides annual Influenza Vaccination on-site for all staff to access. Home maintains records of staff vaccination and encourages all staff to participate in vaccination program.
- Home compliant with Ministry of Long-Term Care COVID Vaccination Policies for all Staff.

Our plan for improvement includes the imminent hiring of an Infection Prevention and Control Manager. Increase audit frequency, completing Speedy Audits, IPAC PPE audits, Break Room audits, Equipment cleaning audits to weekly. Update IPAC board each month with relevant statistics and changes to the home This board will include internal and external education opportunities for staff. IPAC manager will attend Public Health weekly meetings as well as all IPAC initiative led through OMNI Health Care – Home Office.

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 Tracy Foster at 613-283-5471 or via email to tfoster@omniway.ca