

Continuous Quality Improvement Initiative - Interim Report 2022-23

OMNI Health Care Village Green

Quality Improvement Lead, Kyah Dillon, RN.

Overview

At OMNI Health Care Village Green, 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 Village Green has identified the following 3 areas as the top priorities for Quality Improvement:

Priority #1 – Palliative care

Priority #2 – Retention with a focus on Orientation

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, Village Green, 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. Completed plans are available for review in the Home or by contacting the Quality Improvement Lead in the Home.

Priority #1 Palliative Care

Our goal is to raise awareness of the Home's Palliative Care Program while also enhancing the team and focusing on increasing Family and Resident engagement to support early palliative care and end of life care that focuses on the resident's quality of life improvements, symptom management and psychosocial support.

At present, we actively strive to engage our families from the moment the resident is admitted to our Home. Families help us form a foundation that supports the person-centred approach to care that ultimately impacts the individualized quality of care that we can give our residents. We also encourage families to get involved through Family Council and different committees that we have established in the home on a monthly ongoing basis, including our Palliative Care Committee. Given the last couple of years with Covid our attendance of family members has dwindled therefore it is important for us to encourage family participation and feedback in the coming year and beyond. Our Palliative Care Committee has been informal with no set goals, we wish to formalize our terms of reference and increase our membership to include family and Resident partners.

The plan for improvement includes

1. Provide ongoing education addressing aspects of care such advanced care planning, end of life trajectory, pain and symptom management, and communication.
2. Education in Palliative Care, Fundamentals, CAPCE, and the project listed above as well as New Residents Bill of rights, education on Palliative care vs. End-of-Life Care.
3. Implement Bereavement Support Group for residents
4. Complete the TRC Palliative and End of Life Management CST for every Resident
5. Provide education at Resident Council and Family council
6. Explore different communication formats with families and find out what communication is preferable to them.
7. Consider combining our different committee meetings that occur monthly into one in hopes of encouraging attendance This meeting could also be offered out virtually to those that could not attend the home in person by a virtual platform such as Zoom.
8. Initiate monthly educational topics to families, residents and staff that will focus on a specific topic each month. This will help encourage engagement amongst those that participate while focusing on quality improvement plans
9. Develop a feedback questionnaire for families and residents.

How we will measure:

- Number of TRC Palliative and End of Life Management CST completed
- Number of attendees at Education for staff, residents, and families on the meaning of palliative care vs end of life care and integrate their choices into their daily lives
- Number of staff Educated on the new Resident Bill of Rights for palliative care
- Number of Family and resident engaged and educated through Family and Resident Council and Palliative Care Committee.
- Data collected and analyzed from feedback from questionnaires/feedback forms.

Priority #2 Retention with a Focus on Orientation

Our goal is to create a wholesome orientation process to improve our retention rates of staff in all departments focused on individual learning needs. To be measured by number of new hires still employed after 1 year as well as a Satisfaction survey.

At present, recruitment and retention of staff remains a priority. We are still actively required to use Agency Nursing Staff to backfill our existing Nursing complement, however, we have been able to recruit permanent nursing staff over the last few months. All departments have struggled with recruitment and retention. During COVID orientation was in many cases an independent review of policies and procedures.

The plan for improvement includes

1. Review and enhance the orientation process to formalize orientation across the departments, ensuring that it supports the individual learning needs of the new staff
2. Increase days of orientation Dedicated preceptor for orientation on the floor with a follow up day with the manager in 2 weeks.

3. Continue to collaborate with local colleges and universities, to provide placement opportunities for nursing students, social work students, and PSW's.
4. Develop a mentorship program with new employees during their orientation and probationary period to provide peer support.
5. Explore our hiring process and means to attract staff to our facility.
6. Continue with staff engagement through feedback, committee meetings and daily huddles.
7. Continue with staff appreciation events/activities in the home.
8. Develop a feedback questionnaire on orientation satisfaction

How we plan to measure:

- Retention numbers after hire, employees retained after one year
- Feedback from staff after orientation and at probation, including satisfaction of the orientation process, areas to improve, what is working well, what support is still required

Priority #3 Infection Prevention and Control

Our Goal is to prevent outbreaks and reduce infections in the home.

At present, we currently have not had an outbreak in over 2 years, our infection rates are low as benchmarked provincially. Hand Hygiene audits show a marked improvement in the past 2 years as well as IPAC audits.

The plan for improvement includes

1. Communication and education
2. Engagement of staff, families and residents through resident and family council and IPAC Committee.
3. Continue with schedule of IPAC auditing including hand hygiene audits, looking at all departments all shifts.
4. Recruit staff all shifts and develop IPAC champions to increase auditing and education on IPAC procedures.
5. Recruit staff all departments for IPAC team
6. Continue to work closely with Public Health and the Local IPAC HUB to support education and auditing.
7. More Registered staff participating in Queens Infection Prevention and control Program

How we plan to measure:

- Data from outbreaks, infections, and audit compliance (IPAC and Hand Hygiene)
- Number of staff who have completed the IPAC course through Queens or any other IPAC educational offering.

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 Kyah Dillon, RN.