

Continuous Quality Improvement Initiative - Interim Report 2022-23

OMNI Health Care West Lake Terrace

Quality Improvement Lead: Nicole Stoness

Overview

At OMNI Health Care West Lake 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 West Lake Terrace has identified the following 3 areas as the top priorities for Quality Improvement:

Priority #1 – Resident Experience and Satisfaction

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, West 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 Experience and Satisfaction

Our goal is to increase resident satisfaction by integrating both residents and family input and feedback into planning and delivery of services and care.

At present, the results of the West Lake Terrace Resident Experience Survey indicate that West Lake Terrace has some areas where the home ratings are lower than OMNI Health Care's overall rating. Covid-19 has greatly impacted the residents experience as much as West Lake Terrace's decisions were guided by government directives to maintain resident safety. Keeping residents safe at the expense of their quality of life and mental well being has hung in the balance throughout the pandemic. Visits with loved ones were done either virtually or with loved ones outside of the home. As time passed residents were slowly able to transition back into in-person visits and most recently have been able visit with young grandchildren and pets.

The plan for improvement includes:

- Engagement with residents and families to increase their awareness on how input can be provided on care, services and the life of the home.
- Develop a family council in order to encourage loved ones to become more involved in the life of the home.
- Increase the number of Essential Care Givers for each resident and provide supportive measures for Essential Care Givers to feel comfortable providing care services.

- Managers will be on the floor daily, allowing the opportunity to have a therapeutic relationship with residents and make sure that the residents needs are being met.
- Managers will complete resident care audits daily to ensure quality care.

Priority #2 Recruitment and Retention

Our goal is to increase the number of West Lake Terrace staff to fulfill shifts in order to meet the demands of home and provide quality care to the residents.

At present, West Lake Terrace is experiencing a staffing shortage. We currently do not have enough staff to be able to fulfill all the required shifts. At times, West Lake Terrace is relying on the use of Agency Nursing to assist in fulfilling shift, but even this is not always an available option. Many of times the home is understaffed. Managers at West Lake Terrace do assist on the floor to make sure residents are receiving quality care regardless of the staffing situation. Staff are hardworking and are beginning to grow tired.

The plan for improvement includes:

- Cultural change; create a focus on quality culture. Encourage and promote a positive and inviting resident focused environment in which staff and residents feel valued and respected by all.
- Managers will demonstrate effective leadership by providing clear expectations, excellent listening skills, and strong communications. Managers will work create an environment that promotes better care outcomes.
- Develop orientation strategies that ensure new staff feel competent and safe while working. Provide the opportunity for new staff to follow up once orientation is complete to ensure further training is not required.
- West Lake Terrace will work directly with OMNI Health Care home office to ensure job posting are advertised effectively in order to make the public aware of vacant positions.

Priority #3 Infection Prevention and Control

Our goal is to run an efficient Infection Prevention and Control program to provide resident safety from preventable diseases and infections.

At present, West Lake Terrace has a newly appointed Infection Prevention and Control Lead. The IPAC Lead stays current with Covid-19 trends, policies and procedures. With any change in policy or procedure the IPAC Lead takes initiative and updates staff, educates and implements required procedures. The IPAC Lead monitors all infections in the home and ensures all staff are aware of and follow good hygiene practices. Although we have a solid IPAC Lead, staff at times have not implemented procedures when required, creating potential risk.

The plan for improvement includes:

- Providing staff with continuous education on infection prevention and control, utilize teaching moments when indicated.
- Continue to provide staff huddles to inform staff of policy and procedure changes, what these changes mean for staff expectations and requirements.
- Managers will complete hand hygiene audits routinely and provide teaching at that moment if improper hand hygiene.
- IPAC board is updated monthly with current in-home trends, policy updates and community outbreaks to keep staff informed.

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 Nicole Stoness, QI Lead.