Continuous Quality Improvement Initiative - Interim Report 2023-24

OMNI Health Care Riverview Manor Quality Improvement Lead: Becky Dennie

# Overview

At OMNI Health Care Riverview 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 Indictors 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 Riverview Manor has identified the following 3 areas as the top priorities for Quality Improvement:

Priority #1 – Reduction in Falls

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, Riverview 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 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 decrease the number of falls over the next year.

In 2023 Riverview had a total of 304 falls with 29 (31%) residents having multiple falls. Multiple falls equals more than one fall per month. Currently 72/90 (80%) residents are considered a high risk for falls as per their MORSE score. 213 (70%) falls occurred with no injury noted to resident. 9 (2.9%) falls resulted in transfer to hospital-6 falls with fractures and 2 falls resulted in laceration requiring sutures and 1 fall resulted in admission to PRHC for pneumonia. Riverview will be participating the int PREVENT Study with McMaster University. This study is for 122 profit and non-profit LTC homes with a minimum of 70 residents.

Riverview Manor also currently has a Falls Committee consisting of Director of Care, Administrator, Physiotherapist, RAI-Coordinator, Clinical Care Coordinator and Resident Quality Manager. Monthly meetings are held to review the falls that occurred in the home monthly and to review any further interventions that could be implemented.

The plan for improvement includes:

-To participate in the PREVENT Study with McMaster University

-Continue monthly Fall meetings

-Review any educational opportunities for Fall Reduction

-Review BEERS list for high-risk fallers

-Review any further fall reduction devices not currently being utilized.

The goal for Riverview Manor is to decrease falls by 10% over the next year.

## Priority #2 Recruitment and Retention

Riverview Manor continues to actively recruit staff for all disciplines.

Continue to have nursing, PSWs, OT, dietary, recreational leadership students from Fleming University, Sir Sandford Fleming College complete their placement hours. Actively advertise positions available in the home via OMNI website.

The plan for improvement includes:

- Maintain the continued hiring and onboarding process.

-Continued development of relationships with local educational institutes.

-Continue relationships with staffing agencies to ensure staffing support in times of need.

The goal for Riverview Manor is to continue the hiring and onboarding process that has led to successful recruitment of new staff. The home intends to maintain staff morale through recognition to improve retention.

Priority #3 Infection Prevention and Control

The home has a dedicated IPAC lead to oversee the IPAC program within the home and to ensure compliance. Riverview Manor has continued to stay up to date with the most recent guidance provided by both Public Health as well as the Ministry of Health and Long Term Care, and implemented any new required changes as necessary.

Currently the home has an IPAC team that meets monthly to review items of importance to Riverview Manor’s IPAC program. Riverview has four members of our team with the Queens University IPAC program.

The plan for improvement includes:

-Maintain the auditing in the home to monitor compliance with our IPAC program.

-IPAC lead to prepare for the LTC-CIP exam

-If any type of outbreak occurs, will continue to strive for reduced number of days in outbreak.

The goal for Riverview Manor is to continue to increase the membership of the IPAC team, through this continuing to develop champions of the 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 Becky Dennie.