



Continuous Quality Improvement Initiative - Interim Report 2024

Omni Quality Living-Rosebridge Manor Quality Improvement Lead Tracy Foster

Overview

At Omni Quality Living- 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 Quality Living 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 Quality Living 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 Quality Living 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.

The home's Residents and/or Substitute Decision Makers had the opportunity to participate in the completion of the annual Resident Experience Survey from November 7, 2023 to December 18, 2023. This survey solicits feedback from Residents regarding the level of satisfaction with the care and services provided and gives Residents and their families an opportunity to communicate suggestions for improvement for programs and services offered in the Home.

The compiled results of the survey responses were provided to the home on February 26, 2024, by our partners at Metrics@Work. The home reviewed the results of the Resident Experience Survey and worked together to develop a Continuous Quality Improvement Action Plan for areas with a satisfaction result of less than 80% positive response rate. The home's CQI Action Plan was submitted to Omni Quality Living on March 11, 2024.

The Administrator presented the Resident Experience Survey Results, to members of the Residents' Council on February 26, 2024, at their monthly meeting. The residents had the opportunity to provide input and recommendations for the action items. The survey results and the home's CQI Action Plan was also communicated with members of the staff.

The home communicated with Families on March 28, 2024, that the Survey Results had been received and were posted along with the home's specific CQI Action Plan on the Family Board.

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 Quality Living. 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.

Our home Administrator communicates with our families and Essential Caregivers through regular email communication. We ensure that our email distribution lists are current as an email to all intended recipients has proven to be a very effective communication tool, where there is no email, the Administrator and/or designate will provide phone calls.

The plan for improvement includes continuing to invite all Rosebridge family to attend a Resident Friends and Family BBQ through the Summer months to promote our home and desire to increase family council members. To keep residents' families up to date the DOC/LEC will be providing a bi-monthly "check up" by phone call.

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.

The 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.

Priority #3 Infection Prevention and Control

We have a full time IPAC Lead whose role is dedicated to measures, audits, education, and compliance of all matters related to IPAC.

We are enrolled in Speedy audit program, Public Health audits are completed quarterly 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 monthly, as well as corporate monthly meetings, and onsite home level meetings

The plan for improvement includes continued vigilance in implementing, adapting, communicating, and enforcing all IPAC guidelines and necessary changes as prescribed by the Ministry of Long-Term Care, Public Health Ontario and the Leeds, Grenville and Lanark District Health Unit

Summary

Omni Quality Living 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 extension 22, tfoster@omniqualityliving.ca