Continuous Quality Improvement – Interim Report, Elgin Manor

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2022/23

Elgin Manor is pleased to share its 2022/23 Quality Improvement Plan (QIP). Elgin Manor is a 90 bed Long-Term Care Home located in Elgin County. There are three Resident Home Areas with one dedicated as a memory care area. When developing the quality improvement plan "QIP" for 2022-23 the team wanted to ensure that the plan aligned with the County of Elgin Homes and Seniors Services Mission, Vision and Values.

The QIP aligns with the Mission of being "committed to creating a caring environment where residents and staff feel safe, respected and valued"; incorporating the Homes' vision of accomplishing this through the utilization of Continuous Quality Improvement (CQI) model and utilizing best practice initiatives. Through the CQI work being done, and the use of best practice guidelines (BPGs), the Home will continue the proactive approach of person and family centered care. We have processes in place that encourage our residents to be active participants in their individualized plan of care. The organization and staff meet the resident's rights by placing "Resident's First".

"Residents' First" is the highest priority at Elgin Manor and this acronym was adopted to identify the organizational values:

R-Residents

E-Education

S-Staff

I-Individualized Care

D-Diversity

E-Excellence

N-Nurturing

T-Teams

S-Safety

F-Family

I-Innovation

R-Restorative Care

S-Satisfaction

T-Technology

The overall goal is to meet or exceed provincial benchmarks and work toward overall organizational improvement in care.

After three years of best practice guideline (BPG) implementation, in June 2022, the County of Elgin Homes was designated a Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO). This year, in addition to implementing the changes from the Fixing Long-Term Care Act, 2021 and the Health Quality Ontario QIP, we will also focus our CQI work on meeting the recommendations in the RNAO Best Practice Guideline (BPG), Person and Family Centered Care.

Our Resident Experience improvement plan is based on results taken in combination from our Resident Satisfaction survey and our RNAO gap analysis focused on the "Person and Family Centered Care" BPG. The Elgin Manor CQI team, in collaboration with both our Resident Council and Family Council will work to implement the quality improvement plan(s).

Additionally, Elgin County has embarked on a journey of culture change with consultant Sara Luther, "Forward Working (Respect Lives Here)". Elgin County management employees participated in interactive sessions with Sara Luther. A focus group was established during our sessions and worked with all participants to create a draft policy that will replace existing policies on Workplace Harassment and Discrimination and Commitment to Civil Workplace Environment and Workplace Interactions. Once approved by council the learnings will be adapted by the supervisors and managers and shared with all employees.

QUALITY OBJECTIVES FOR 2022/2023

Focused Action

1) Reduce the number of potentially avoidable Emergency Department (ED) visits (from 22.13 to 15.0)
2) Reducing the number of Residents who receive an anti-psychotic without a supporting diagnosis (from 28.57 to 20.0)
3) Enhanced Resident Experience by establishing a therapeutic relationship with the person using verbal and non-verbal communication strategies with the focus on ensuring that staff are wearing name tags, introducing themselves and explaining their roles when interacting with residents and family and residents and family will know who to contact with questions or concerns (from 53% to 75% resident satisfaction)
4) Implementation of RNAO Person and Family Centered Care Best Practice Guideline

Moderate Action:

1) Decrease the number of residents who fall in 30 days
2) Decrease the number of residents who fall more than 1x/month
3) Improve dementia care; including reducing staff injures by resident contact, improved resident experience during care by providing Gentle Persuasive Approach training to all staff.
4) Improve pain management; ensure that those who have pain are < 5% and that worsening pain is <10%.
5) Recreational goals include a projected increase in volunteer recruitment and retainment
6) Adjusting our policies and procedures to align with FLTCA.

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Elgin Manor has developed QIPs as part of the annual planning cycle with QIPs submitted to Health Quality Ontario (HQO) every March. The planning cycle typically begins in September and includes an evaluation of the following factors to identify preliminary priorities:

- Inspection reports: Ministry of Long-Term Care, Ministry of Labour, Public Health, Fire Marshall, Joint Health and Safety
- Complaints, Requests, Concerns and Input: Concern/Request forms, Resident Council input, Family Council input, Written complaints, Critical Incident reports.
- Operational Analysis: Program Evaluations, Policy Review recommendations, Peer Review Audits (future)
- Time Studies/Focused and Routine Audits
- Public website reporting
- MDS/RAI – Indicator review
- Departmental Audits
- Ongoing analysis of performance data over time available through CIHI; with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- Mandated provincial improvement priorities (HQO)

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. These forums include weekly leadership team meetings, Resident Council, Family Council, Joint Health and Safety Committee, CQI team, staff meetings and Elgin County Council.

This process used is one of building, refining, and improving a project or initiative. Teams create, test, and revise the process until they're satisfied with the end result. This process is a trial-and-error methodology that brings the project closer to its end goal but requires engagement and communication with various stakeholders along the way.

Final review of the QIP is completed by the CQI team then forwarded to Elgin County Council for approval, followed by submission to Health Quality Ontario.

Click here to view the 2022/23 QIP submitted to Health Quality Ontario:

https://www.elgincounty.ca/homes-seniors-services/our-services/#qip

ELGIN MANOR APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Elgin Manor's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and services. We have an interdisciplinary CQI team, which will include resident and family advisors, that meet monthly, with subcommittees that report to the CQI team, as they work through the phases of the model to:

1. Diagnose/Analyze the Problem

Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping or value stream mapping, 5 Whys, fishbone. Also included in this work, is an analysis of relevant data and the completion of a gap analysis of the relevant RNAO Best Practice Guidelines.

2. Set Improvement Goals

An improvement aim is identified once the teams have a grounded understanding of what is most important to the Resident. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

At Elgin Manor improvement teams develop goals that are SMART goals: Specific, Measurable, Attainable, Relevant, Time-Bound. A good aim statement includes the following parameters - "How much" (amount of improvement) "by when" (month or year), "as measured by" (general description of the indicator) and/or "target population."

3. Develop and Test Change Ideas

With a better understanding of the current system, improvement teams identify various change ideas that progress towards meeting the goal. During this phase, teams will prioritize alignment with best practices when designing preliminary change ideas for testing.

Plan-Do-Study-Act (PDSA) cycles are used to test change ideas through small tests of change. PDSA's provide an opportunity for teams to iteratively refine their change ideas and build confidence in the solution prior to implementation. Change ideas typically undergo several PDSA cycles before implementation.

4. Implement, Spread and Sustain

Improvement teams consider the following factors when developing a strong implementation/change management plan:

- Outstanding work to be completed prior to implementation (e.g. final revisions to change ideas based on PDSAs, embedding changes into existing workflow, updating relevant policies and procedures, etc.)
- Education required to support implementation, including key staff resources i.e. team leaders
- Communication required to various stakeholders, before, during and after implementation

- Approach for spread across the facility

At this stage, teams will also identify key project measures to determine if the changes implemented resulted in improvement. This includes the following types of measures:

Outcome:
- Measures what the team is trying to achieve (the goal)

Process:
- Measures key activities, tasks, processes implemented to achieve goal

Balancing:
- Measures other parts of the system that could be unintentionally impacted by changes

Prior to implementation, improvement teams develop a sustainability plan. The plan identifies the different strategies the team will use to evaluate and address both short term and long-term sustainability of the changes implemented.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

A key component of the sustainability plan is the collection and monitoring of the key project measures over time which are essential to understanding if there has been an improvement or deterioration in performance. Analysis of the outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not. If not achieving desired outcomes, the team can review the process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed. Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc.

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Posting on unit quality boards, in common areas and in staff lounges
- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Handouts and 1:1 communication with residents
- Presentations at staff meetings, Resident Council, Family Council
- Huddles at change of shift
- SURGE Learning
- Use of Champions to communicate directly with peers
- RNAO BPSO Knowledge Exchange and engagement sessions