



Continuous Quality Improvement – Interim Report, Terrace Lodge

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2022/23

Terrace Lodge is pleased to share its 2022/23 Quality Improvement Plan (QIP). Terrace Lodge is a 100 bed Long-Term Care Home located in Elgin County. There are four Resident Home Areas with one dedicated as a memory care area. Terrace Lodge is currently undergoing Phase one of Redevelopment, and, once complete in 2024, will provide residents with increased space, amenities, and, as per the fundraising campaign, the “Comforts of Home”.

Our ongoing commitment to quality is reflected in our mission of being “committed to creating a caring environment where residents and staff feel safe, respected and valued”. We utilize a model of “continuous quality improvement, educating and implementing Best Practice Guideline (BPG) initiatives with staff, residents and families.

“Residents First” is the highest priority at Terrace Lodge 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

Our overall goal of continuous quality improvement is to meet or exceed provincial benchmarks and work toward overall organizational improvement in care. Our quality priorities are driven by several factors including, but not limited to: Program Evaluation goals, legislative changes and requirements including compliance with the new Fixing Long-Term Care Act (FLTCA), Resident and Family Satisfaction Surveys, and Health Quality Ontario (HQP) priority indicators.

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). Our Homes worked diligently to implement BPGs that focused on Health Quality Ontario priority indicators: Reducing falls, and Injuries from Falls, Alternative approaches to the use of Restraints, and Assessment and Management of Pressure Injuries. 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.

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. Enhanced Resident Experience by establishing a therapeutic relationship with the person using verbal and non-verbal communication strategies with focus on ensuring staff are wearing names tags, introducing themselves and explaining their roles when interacting with residents. (from 82% to 100%)
2. Reducing the number of potentially avoidable Emergency Room (ED) visits (from 34.6 to 31.0)
3. Implementation of the Person and Family Centered Care BPG

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. Improved dementia care, including reducing staff injuries by resident contact, reducing use of antipsychotic medication without a diagnosis, improved resident experience during care, by providing Gentle Persuasive Approach training to all staff.
4. Improve pain management: ensure residents who “have pain” are < 5.0%, and those with “worsened pain” are < 15.0%, as per the Canadian Institute for Health Information (CIHI)
5. Eliminate staff to resident abuse/neglect (substantiated) incidents reported to the MLTC from 1% to 0%.
6. Recreational department goals include increasing volunteer involvement by introducing a new software program.
7. Adjusting our policies and procedures to align with the new FLTCA legislation.

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Terrace Lodge has developed the QIP 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 presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. These forums include the broader leadership team (Elgin County Homes leadership team), Resident Council, Family Council, Joint Health and Safety Committee, CQI Team, Elgin County Council.

This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP targets and high-level change ideas are identified and confirmed. Final review of the QIP is completed by the CQI team, which endorses the plan for approval by the Elgin County Council, 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>

TERRACE LODGE'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Terrace Lodge's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and services. Terrace Lodge has adopted the Model for Improvement to guide quality improvement and activity. We have an interdisciplinary Continuous Quality Improvement (CQI) team, which will include resident and family advisors, that meets 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, Gemba, 5 Whys, fishbone, etc. Also included in this work, is an analysis of relevant data and the completion of a gap analysis of the relevant 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 Terrace Lodge, 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 – e.g. 30%), "by when" (a month and year), "as measured by" (a big dot indicator or a general description of the indicator) and/or "target population" (e.g. all Terrace Lodge residents, residents in specific area, etc.)

3. Develop and Test Change Ideas

With a better understanding of the current system, improvement teams identify various change ideas that will move Terrace Lodge towards meeting its goal. During this phase, teams will prioritize alignment with best/prevaling practices when designing preliminary change ideas for testing. Additionally, teams leverage the Hierarchy for Effectiveness when selecting change ideas, with teams favouring system redesign, process standardization, and force function over education and policy change.

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 (e.g. Change Champions)
- Communication required to various stakeholders, both 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 family of measures 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