

Elgin Manor

Continuous Quality Improvement (CQI) Annual Report

April 1, 2023- March 31, 2024

DESIGNATED LEAD(S)

Terri Benwell, Administrator, Elgin Manor and Bobier Villa
Bev Drouillard, Education & Quality Improvement Coordinator

Membership includes:

Administrator
Medical Director
Manager of Resident Care
Resident Care Coordinator
Manager of Support Services
Infection Prevention and Control
Manager of Program Therapy
Dietitian
Pharmacist
Physiotherapist
Quality Improvement lead
Personal Support Worker
Registered Nurses (RN/RPN)
Resident Council Member
Family Council Member

Elgin Manor Continuous Quality Improvement meetings are combined with our Professional Advisory Committee (PAC) meetings. Meetings occur quarterly on the second Wednesday of the month.

Attendance in person is preferred, however, in the event that members cannot attend in person, a virtual option is available.

In between quarterly CQI meetings Elgin Manor hosts monthly CQI subcommittee meetings. Information provided by (quarterly) CQI-PAC members is incorporated into process discussions at the monthly meetings and to our program evaluations allowing the subcommittee meetings to build upon the discussion from the quarterly meetings and provide information for our program evaluations.

Our meetings are built upon the County of Elgin Homes Mission, Visions and Value statements:

Mission: The County of Elgin Homes and Seniors Services are committed to creating a caring environment where residents and staff feel safe, respected and valued.

Vision: Through Continuous Quality Improvement, using best practice initiatives, we will be influential leaders in the provision of person-centered care within the long-term care sector.

When initiating change ideas Elgin Manor strives to meet the Residents rights by placing 'Residents First' as per our Value Statement. This is the highest priority at Elgin Manor and this acronym identifies the organizational values:

R- Resident
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

Resident and Family Satisfaction Survey

The Manager of Program and Therapy leads the annual review, revisions and distribution of the resident and family satisfaction surveys and serves as a liaison between the CQI committee and Resident and Family Council. Residents are provided an opportunity to review the survey and provide feedback on the questions prior to survey distribution.

The annual satisfaction survey is based on a calendar year which is our fiscal year, meaning that the 2023 action plan was developed based on information gathered from the October 2022 survey and the 2024 action plan has been developed using results from the 2023 survey.

The annual Resident and Family Satisfaction survey was completed between October - November 2023.

The Manager of Programs and Therapy presented the survey results to Resident Council in January 2024 for the development of the action plan.

Additionally, survey results were communicated to Family Council for input into the 2023 quality improvement plan. The results were also shared with the Homes management team for review at the December 2022 and January 2023 CQI committee meetings with specific information taken back to individual departments and program teams for further review.

The Manager of Program and Therapy leads the annual review, revisions and distribution of the resident and family satisfaction surveys and serves as a liaison between the CQI committee and Resident and Family Council. Residents are provided an opportunity to review the survey and provide feedback on the questions prior to survey distribution.

Action Taken to improve results:

Beginning in January 2023 the CQI team reviewed the areas of focus and formatted a plan to address the areas for improvement that were identified in the Satisfaction survey. The plan was presented to Resident Council in February 2023.

The implementation plan was reviewed at CQI meetings.

Survey focus	2022 Results	2023 Results Outcomes	Dates the actions were implemented
How well staff listen to you	71%	77%	Jan - April 2023 ~ Manager discussion at Huddles. June 2023~ Education assigned to all staff on the value of using Resident centered language. Reinforcement at team meetings and through documentation audits.
Call bell response time	57%	89%	February 2023 ~ call bell response time audits, Staff education
Staff wear a name tag, introduce themselves and explain their roles	71%	75%	January 2023- September 2023 Extra name tags on site for staff who have forgot to wear, peer and resident reminders. Name tag audits were conducted. Managers discuss with staff at meetings, huddles and rounds.
Participation in plan of care	84%	85%	2022 ~ Reviewed and improved our process of ensuring that Residents/Families are encouraged to actively participate in their care planning through improvements to our care conference process/structure. Jan 2023- Continued work on Person and Family Centered Care BPG, staff education
Noise Level in the Home	75%	100%	Jan -March 2023 ~ Reminders to use phones for communication rather than overhead paging. March 28, 2023 approval of Administration Policy Overhead/Paging Public Address System; followed by staff education.

			Planned upgrade of existing phone system.
--	--	--	---

Quality Improvement Plan Process

Quality improvement planning cycle and priority setting process

To identify preliminary priorities with our teams, an evaluation of the following occurs:

- 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
- 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 (OH)

Preliminary priorities are presented and discussed at committees/meetings to validate priorities and to identify additional priorities. These committees/meetings include weekly leadership team meetings, monthly project management meetings, Resident Council, Family Council, Joint Health and Safety Committee, PAC-CQI team, CQI subcommittee meetings, mandatory program teams, staff meetings and Committee of Management.

The process used is one of building, refining, and improving a project or initiative. Teams create and revise the process until they're satisfied with the result. This process is a Plan Do Study Act (PDSA) methodology that brings the project closer to its goal but requires engagement and communication with various stakeholders along the way.

Final review of the QIP is completed by the CQI team, approved by resident council then reported to the Committee of Management. The final QIP is submitted to Health Quality Ontario.

Approach to CQI (policies, procedures and protocols)

County of Elgin Homes policies, combined with practice standards, provide a baseline for staff in providing quality care and services. We have an interdisciplinary CQI team, which includes resident and family advisors, who meet quarterly. Additionally, we have CQI subcommittee team and Mandatory Program teams that report to the CQI team, as they work through the phases of the model to:

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.

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 sometimes 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.

Implement 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 PDSA's, 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

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

Process to communicate outcomes

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

The team ensure that regular reviews of the changes to ensure sustainability remains viable. This is typically conducted at the monthly CQI meetings and the project management meetings.

2024/2025 Elgin Manor, Health Quality Ontario Quality Improvement Plan

The Elgin Manor CQI committee develops and submits a Quality Improvement Plan (QIP) to Health Quality Ontario annually. The QIP includes a progress report which captures the progress/lessons learned while the narrative summarizes the CQI journey in the prior year's QIP. The workplan outline the aims, measures and change ideas for the 2024/2025 QIP.

Quality Objectives for 2024/2025 Ontario Health QIP

FOCUSED ACTION:

1. Access and Flow
Reduce the rate of potentially avoidable emergency room visits by 20% by refreshed utilization of Comfort Care Rounding and improved use of the clinical data using an interdisciplinary approach to care.
2. Equity
Development of diversity, equity, and inclusion policy.
Planned implementation of Respect Lives Here education to include Civil & Respectful workplace and Diversity, Equity and Inclusion.
Collecting the data to determine integration of noted policies to attain a rate of zero incidents of staff who engage in disrespectful behaviour
Introduction of our 5th RNAO Best Practice Guideline: "Developing and Sustaining Nursing Leadership"
3. Resident Experience:
Improve the rate of Resident/Substitute Decision Maker satisfaction to 100% as it relates to how Residents participate in their plan of care, with a focus on communication during Resident Care Conferences
Refine our Resident Satisfaction Survey to better identify the areas of potential dissatisfaction.
4. Safety
Reduce the number of Residents who fall in the 30 days leading up to their assessment by increasing the number of staff who have received lift training and identifying residents who would benefit from Comfort Care Rounds.
Reduce the % of Residents, without a supporting diagnosis or indication for use, who were given an antipsychotic medication in the 7 days preceding their resident assessment.

MODERATE ACTION: Program Evaluations

These are reviewed and updated quarterly at PAC-CQI.

1. Medication Program: smooth integration to new pharmacy, staff fully trained and reduction in medication incidents to less than 1 per month by Dec 2024
2. Skin and Wound: improvements to the committee,
3. Restraints: reduction in bed rails, increase number of staff trained to conduct a bed entrapment assessment
4. Continence: reduction in worsening incontinence, resident satisfaction with the products
5. Falls: embedded in OH QIP, reduction in falls and injuries
6. Responsive Behaviors: Reestablish regular meetings with BSO team, staff education
7. Restorative Care: maintain 10% of residents on the program, increase number of staff educated in restorative care

For further information please refer to the Elgin Manor QIP progress report, narrative and workplan. The QIP is available on the County of Elgin Homes website <https://www.elgincounty.ca> and posted on the QIP board located within the Home. The progress report details the action taken and the outcomes of the actions for the 2023/2024 QIP.