

Terrace Lodge  
Continuous Quality Initiative (CQI) Annual Report  
April 1, 2023- March 31, 2024

**DESIGNATED LEAD(S)**

Ashley Temple, Administrator  
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  
Manager of Program Therapy  
Dietitian  
Pharmacist  
Physiotherapist  
Quality Improvement Lead  
Personal Support Workers  
Nurses  
Dietary Staff  
Housekeeping Staff  
Resident Council Member  
Family Council Member

Terrace Lodge Continuous Quality Improvement meetings are combined with our Professional Advisory Committee (PAC) meetings. Meetings occur quarterly on the third 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 Terrace Lodge hosts monthly CQI subcommittee meetings. Information provided by CQI & PAC members is incorporated into process discussions at the monthly meetings, which also allows the subcommittee meetings to build upon the discussion from the quarterly meetings and provides information for the program evaluations.

Our meetings are built upon the County of Elgin Homes Mission, Vision 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 Terrace Lodge strives to meet the Residents rights by placing 'Residents First' as per our Value Statement. This is the highest priority at Terrace Lodge 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 from October to November 2023.

The Manager of Programs and Therapy presented the survey results and action plan to Resident Council at the August 2023 resident Council meeting.

Additionally, survey results and action plan were communicated to Family Council during meetings during August and July 2023. The survey questions were also reviewed at this time, with suggestions for changes coming forward. Survey results were shared with the 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.

**Action Taken to improve resident and family satisfaction survey 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 on August 17, 2023.

The implementation plan was reviewed and updated at CQI meetings.

<b>Resident/Family Satisfaction Survey Focus</b>	2022 Survey Results - % of residents/families satisfied	2023 Survey Results <b>Outcomes</b>	<b>Dates the actions were implemented</b>
How well staff listen to you	96%	97%	<p>Jan - April 2023 ~ incorporated education into the redevelopment occupancy training: ensure that residents right to choice is respected and documented appropriately</p> <p>June 2023~ Education to all staff on the value and importance of using Resident centered language. Reinforcement at team meetings and through documentation audits.</p>
Call bell response time	92%	100%	February 2023 ~ call bell response time audits, Staff education
Staff wear a name tag, introduce themselves and explain their roles	97%	94%	<p>January 2023- September 2023 Extra name tags made available for staff who forgot to wear. Manager conducted name tag audits. Managers reminded staff at departmental meetings, huddles and 1:1 during daily walk abouts.</p>
Participation in plan of care	88%	96%	<p>September 2022 ~ Work began to improve the process of ensuring that residents are encouraged to actively participate in their care planning through improvements to our care conference process/structure.</p> <p>Jan 2023- Continued work on Person and Family Centered Care Best Practice Guideline, staff education</p>

Noise Level in the Home	90%	91%	Jan - April 2023 ~ Hands on training of all staff: reminders to use phones for communication rather than overhead paging. March 28, 2023, approval of Administration policy regarding overhead paging/public address system; followed by staff education. Reminders to front line staff to ensure night staff are quiet in conversation and with equipment such as carts (memos, meetings). Redevelopment construction noise is episodic and strategies were implemented to support residents. Phase 2 is near completion with project completion anticipated in 2025.
Laundry/Housekeeping Services related to odour control	90%	91%	Jan 2023 – Manager of Support Services provided education to housekeeping staff during team meetings, ordered special air fresheners, odour control products

### **Quality Improvement Plan (QIP) Process**

#### **Quality improvement planning cycle and priority setting process**

Change ideas are developed in late autumn/early winter. To identify preliminary priorities 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, RNAO BPG Analysis (Gaps)
- 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

Preliminary priorities are presented and discussed at committees/meetings to validate priorities and to identify additional priorities that may have been missed. 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 end result. This process is a Plan, Do, Study, Act (PDSA) 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 and senior leadership, approved by resident council and 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 will include resident and family advisors, that meet monthly. Additionally, we have CQI subcommittees and Mandatory Program teams 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 Terrace Lodge improvement teams develop goals that are SMART goals: Specific, Measurable, Attainable, Relevant, Time-Bound.

#### **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 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. These changes are reflected in the project management and team meeting minutes and communicated to staff via communication boards and huddles.

#### **4. 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 such as RNAO champions, wound care leaders, etc.
- Communication required to various stakeholders (including resident and family council and committee of management), 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

#### **5. 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 ensures 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 Terrace Lodge, Health Quality Ontario Quality Improvement Plan**

The Terrace Lodge 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**

#### **PRIORITY AREAS:**

1. Access and Flow
  - Reduce the rate of potentially avoidable emergency room visits by 20% through development of Comfort Care Rounding and improved use of the clinical data exchange for all transfers and discharges
2. Equity
  - Development and Implementation of diversity, equity and inclusion policy. Collecting data for the percentage of staff (all levels) who have completed relevant equity, diversity, inclusion and anti-racism education.
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.
  - Update the survey to ensure questions are better understood.
  - Introduction of our 5<sup>th</sup> RNAO Best Practice Guideline: Developing and Sustaining Nursing Leadership.
4. Safety
  - Reduce the number of Residents who fall in the 30 days leading up to their assessment through improvement in the lifts and transfer training program
  - Reduce the percentage of Residents, without a supporting diagnosis or indication for use, who were given an antipsychotic medication in the 7 days preceding their resident assessment through collaborative meetings with pharmacy and BSO.

#### **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.
2. Skin and Wound: improvements to the committee, including a new wound tracking tool.
3. Restraints: reduction in bed rails, increase number of staff trained to conduct a bed entrapment assessment
4. Continence: reduction in worsening incontinence, evaluation of resident satisfaction with the products with the decision to implement a new product line in 2024
5. Falls: embedded in QIP, reduction in falls and injuries
6. Responsive Behaviors: review of meeting structure/processes, 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 Terrace Lodge 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.