

# Continuous Quality Improvement Interim Report

## Designated Lead

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The Regional Municipality of Niagara, Seniors Services Division embraces a commitment to continuous quality improvement. Collaborating with staff, families, volunteers, students, residents, physicians, and the Public Health and Social Services Committee we ensure that resident care, services, goods, and the quality of accommodation are consistently monitored, analyzed, and evaluated in line with resident preferences, best practices and leading practices, the Fixing Long-Term Care Act 2021 (FLTCA), Ontario Regulation 246/22 and Accreditation Canada requirements. When opportunities for improvement are identified, improvement initiatives are developed, implemented and evaluated.

Gilmore Lodge is one of the eight long-term care (LTC) homes owned and operated by the Regional Municipality of Niagara. The home has 79 and the 1 Interim bed.

## Strategic Plan 2020-2023

The Strategic Plan, 2020 to 2023, guides Niagara Region Seniors services actions in quality initiatives that optimize outcomes and enhance quality care delivery. The plan development process incorporated a thorough environmental scan, as well as extensive input from residents, families, volunteers, caregivers, staff and community partners.

The Strategic Plan maps out four strategic directions outlined below with the respective goals that define the directions:

**Enhance communication:** Improve how we engage our stakeholders (staff, volunteers, residents, families and community partners), developing relationships established on open communication, accountability and transparency.

**Improve quality and innovation:** Ensure that our long-term care homes are healthy and safe environments for our staff, residents and clients, making them sought-after locations to live and work.

**Promote a healthy and safe environment:** Optimize the personal care of residents and clients by streamlining our policies and procedures, ensuring consistency across our programs and services, and implementing innovative practices and technology.

**Foster collaboration:** Develop and leverage partnerships amongst internal and external stakeholders to provide greater continuity of the services we provide, contributing to the well-being of our clients and residents.

The strategic directions are operationalized through operations plans that outline key objectives with associated target metrics to ensure continued progress toward identified goals. Outcomes are shared with residents, families, Public Health, and Social Services Committee

## **Reflections since the Last QIP**

The current Gilmore Lodge is preparing for a new build (redevelopment). During 2022, the home continued to work in collaboration with its residents, families and community partners to ensure the project has engagement from all stakeholders.

Residents and families had the opportunity to name the new home's Resident Home Areas and give input on design colours. The collaboration will continue throughout 2023, as the anticipated move-in date is Q1 of 2024.

Each year the home conducts a Resident and Family Satisfaction Survey. For 2022, we had an increase in respondents overall. All of the residents felt safe at the home and would recommend this home to others. The majority of our results fell in the 85-100% satisfaction rate.

We do have two areas that we will be working on as a Quality Improvement Project for 2023. They include satisfaction with the Physicians and the quality of food, snacks and dietary services. We have already started the work on this project, which will include resident participation.

New for 2023 will be the introduction of “Welcome to the Team”.

A group of front-line staff and leaders working as Mentors to the newly hired staff at Gilmore Lodge. They will ensure the new staff feel welcomed, included and competent in their role. This retention strategy will result in better outcomes and experiences for the residents and families.

## **Home’s Priority Areas**

Gilmore Lodge's primary focus for 2022-2023 is working together to continue embracing the philosophy “nothing about me without me” and to guide our work toward engagement and diversity.

Our quality plan serves as a roadmap to achieving excellence in care and service while navigating challenges and opportunities in our environment. It allows us to effectively clarify priorities, direct resources, monitor improvement and act on results.

## **Home-Focused Priorities for 2023/2024:**

### **1. Resident and Family Satisfaction**

Quality Dimension: Resident and Family Engagement and Resident centred

Goals:

- Integrate resident and family input and feedback into both service experience and service delivery planning

- To foster resident-centred care philosophy that aligns with our PoET (Prevention of Error-Based Transfers) approach.
- To remain in the 90th percentile or 100 performance indicators from 2023

Indicators:

- Overall rating of the home
- Percentage of residents responding positively to “What number would you use to rate how well staff listen to you?”
- Percentage of residents who responded positively to the statement: I can express my opinion without fear of consequences”

Target Justification:

The surveys are being conducted on behalf of the Niagara Region Seniors Services Department. We collect this information under the authority of the Fixing Long Term Care Act, 2021, Section 43. (1) This states that every licensee of a long-term care home shall ensure that, at least once every year, a survey is taken of the residents and their families to measure their experience with the home and the care, services, programs and goods provided at the home. Participation in this survey is voluntary and will, in no way, impact the receipt of any services. The information collected is kept anonymous unless otherwise indicated by the participant. Results are used only for program planning and service delivery, which will be addressed in our Operational Plan. We will be administering the survey between November and December of 2023. The survey results will be shared in early January 2024 with Residents and Families and posted on each home information board.

## **2. Number of ED Visits for a Modified List of Ambulatory Care Sensitive Conditions per 100 Long-Term Care Residents**

Quality Dimension: Resident care and Efficient

Goal: Reduce the percentage of ED visits by 10%

Indicator: Potentially avoidable ED visits

Target Justification: Transfer to the ED can pose significant health risks and make for an uncomfortable experience for residents and families. This also represents a workflow challenge for the health system. The goal is to reduce emergency department visits by identifying High-risk residents and determining preventable measures and strategies that could lead to improvement actions.

## **3. Percentage of LTC Residents without Psychosis Who Were Given Antipsychotic Medication in the Seven Days Preceding Their Resident Assessment**

Quality Dimension: Resident care and safety

Goal: Reduce the percentage of residents who are taking antipsychotic medication to meet the provincial benchmark (19%)

Indicator: Residents not living with Psychosis who were given antipsychotic medication.

Target Justification: Antipsychotic medications may be useful in treating behavioural symptoms associated with psychosis or dementia, such as agitation and aggression. The use of these medications has sparked debate about the side effects, which include sedation, a greater chance of falling, and a slightly higher death probability. Therefore, we have to consider alternatives that help residents to moderate their usage while providing a good quality of life and improving behaviours.

#### **4. Diversity, Equity and Inclusion**

Quality Dimension: Equity

Goal: Increase cultural knowledge among the residents and staff by offering equitable opportunities.

Indicator: Percentage of staff taking DEI fundamentals training and number of in-home awareness sessions offered to staff and residents throughout 2023-24.

Target Justification: We strive to nurture a diverse, equitable and inclusive workplace. Seniors Services is working on integrating the five-year Diversity Equity and Inclusion Action plan into our continuous operational plan and our upcoming strategic plan.

#### **Niagara Region Services Approach to CQI (Policies Procedures and Protocols)**

The Operational plan includes improvement efforts and initiatives across the homes to optimize standardization and decrease variability. The priority areas are identified via in-home committees, audits, reports, resident and family feedback and legislative requirement as well as guiding principles by Accreditation Canada and Health Quality Ontario.

All eight of our long-term care homes have been accredited with Exemplary Standing under the Qmentum accreditation program with Accreditation Canada.

Our home will monitor progress on strategic priorities to align it with our home needs by focusing on providing the best quality to our residents and embracing our continuous quality improvement philosophy

Prioritizing opportunities for improvement is a key step in the process of translating data into action. Our team will:

#### **Identify / Diagnose the Problem**

All identified problems that need attention are analyzed using the root cause framework.

Gilmore Lodge will document the problem and identify opportunities for improvement.

Gilmore Lodge will identify how they plan to achieve desired results and document it under the PCC insights.

The plan should include (1) Where we are, (2) Where we want to be, and (3) How we will do it and will identify the team that will support the improvement activity.

Determine if training is needed and include it as a task

#### Set Improvement Aims

The aims set in our plan are developed by using an interdisciplinary approach. Data supporting the aim will be collected and used for analyzing and benchmarking. Examples of data: scorecards, dashboards, and other facility reports such as employee and resident satisfaction results. Reports available from outside resources including but not limited to Health Quality Ontario, CIHI and RNAO are used to set clear paths for improvement.

We use the SMART framework (Specific, Measurable, Attainable, Relevant and Time-Bound) to set goals that will align with the desired improvement target and will help to focus on continuous improvement.

### **Set and Test Improvement Ideas**

Our quality improvement plan relies on teamwork among all staff to analyze problems, propose, and implement resolutions. Ideas or interventions are established and monitored for the duration of the plan. The analysis identifies the effectiveness of the improvement activity and/or if any other approach should be considered.

The improvement indicator or activity progress is documented in the PCC Insights tab, and meeting minutes are recorded immediately after each quality meeting.

### **Implement, Spread and Sustain**

Implementation plans are reviewed and evaluated as often as needed. The interventions are tested and evaluated to ensure that any changes in practices are properly embedded into our workflow and that staff is aware of the changes. At the end of the testing period, the team will evaluate if the interventions or change ideas resulted in improvement. The team will present to the quality steering committee any opportunities that could result in standardized practices across our long-term care homes. The Quality Steering committee will discuss sustainability and consistency approaches and support the Long Term care homes with the resources needed to implement any adaptations.

### **How We Monitor Improvement and Identify Outcomes**

An Interdisciplinary team reviews metrics on the Point Click Care system and monitors progress in line with the core programs by proactively reviewing real-time data and progress across indicators. This allows the team to communicate effectively and adjust strategies to align with any issues identified.

## **Communication**

Strategies are developed following the seniors' communication plan but are not limited to home-specific needs and preferences. Updates in the quality improvement plan are shared through several means including:

- Postings on the quality board
- Direct e-mails to staff and families
- Newsletters
- Website
- Informal presentations/huddles
- Presentations at staff meetings
- Presentations at Residents' Council meetings
- Presentations at Family Council meetings (on request)