

Continuous Quality Improvement (CQI) Interim Report

Designated Lead

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The Regional Municipality of Niagara (Niagara Region), 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.

The Woodlands of Sunset is one of the 8 long-term care (LTC) homes owned and operated by The Regional Municipality of Niagara. The home has 120 beds and 1 interim bed.

Strategic Plan 2020-2023

The strategic plan guides the multi-year work of our long-term care homes and shapes the direction of Seniors Services. The strategic plan was developed based on a comprehensive engagement process. The plan incorporates an environmental scan as well as extensive input from residents, families, volunteers, caregivers, staff and community partners. It clearly demonstrates our commitment to resident-centered care, enhancing continuous quality practices and optimizing outcomes by leveraging data informed decision making.

Strategic priorities in the 2020-2023 strategic plan are to:

- Strengthen health and safety and workflow
- Engage and empower staff
- Enhance care experiences
- Improve outcomes through innovation
- Maximize collaboration with partners

Background

The COVID-19 pandemic has had extreme impact in long-term care and across the healthcare system around the world. This pandemic has led to significant changes in long-term care operations driven by changing government orders and directives that need to be fulfilled. This

situation has direct and indirect impact in the attainment of quality initiatives. However, throughout the pandemic, Niagara Region has continued to implement quality initiatives while sustaining enhanced infection prevention and control risk mitigation measures.

Home's Priority Areas

The Woodlands of Sunset'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.

Seniors Services Priority Targets for 2022/2023:

1. Strengthening Resident and Family Engagement

- a. Quality Dimension: Resident and Family Engagement
- b. Goal: Develop a design framework that will provide direction for engagement of residents and family members in the homes by October 2022
- c. Indicator: Completed engagement framework
- d. Progress: Focus group discussion was conducted among family members through the Family and Resident Advisory Committee in June 2022. Parallel discussion and consultation among residents, through the Resident Council, and family members, through the Family Council, will be conducted in August 2022. A jurisdictional scan will be completed in July 2022 that will focus on best practices and identification of comparators in other jurisdictions. The final report and recommendations will be released in October 2022 and will be implemented across all the homes of Niagara Region.

2. Scaling-Up PoET Project (Prevention of Error-Based Transfers)

- a. Quality Dimension: Resident Care
- b. Goal: Individualized summary plans completed for each resident
- c. Indicator: Number of completed individualized summary plans
- d. Progress: The 8 long-term care homes of Niagara Region are implementing the PoET Project as part of the Hamilton Niagara Haldimand Brant (HNHB) Home and Community Care Southwest Spread Project. This project is an award-winning ethics

quality improvement that has successfully sustained a 68% reduction in repeated end-of-life transitions of long-term care residents between care settings in the Central West Region. Niagara Region, through the PoET program, aims to bring habits and practices related to consent, capacity and substitute decision making more closely in line with the Ontario Health Care Consent Act. The Woodlands of Sunset started implementation of PoET on May 18, 2021.

3. Resident and Family Satisfaction

- a. Quality Dimension: Resident and Family Engagement
- b. Goal: Integrate resident and family input and feedback into both service experience and service delivery planning
- c. Indicator: Overall rating of the home
- d. Progress: The surveys are being conducted on behalf of the Niagara Region Seniors Services division. We collect this information under the authority of the *Fixing Long Term Care Act, 2021*, Section 43. (1) which 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 the purposes of program planning and service delivery, which will be addressed in our Operational Plan. We will be administering the survey between November and December of 2022. The survey results will be shared in early January 2023 with residents and families and posted on each home's information board.

Home Focused Actions

1. Management of worsening pressure ulcer

- a. Quality Dimension: Resident care
- b. Goal: Reduce the percentage of residents who had a worsening pressure ulcer from 5.2% to 3.0%
- c. Indicator: Number of residents with new or worsening pressure ulcer compared to previous assessment
- d. Progress: Currently nursing team members utilize the Point Click Care (PCC) Skin and Wound Application. Personal Support Workers (PSWs) will continue to evaluate resident's skin condition and document in Point of Care (POC). The Region will also

provide enhanced training for new nursing staff on the early identification of skin and wound concerns. The Region will also conduct a refresher on the skin and wound documentation for nursing staff and PSWs in the last quarter of 2022. In addition, nursing team members will continue to utilize the dressing selection tool and the product picker to manage all skin impairments especially pressure injuries. The Central Support Team will develop a Skin and Wound folder for staff, as part of the LTC Education Resources, to include strategies in managing pressure injuries, skin and wound dressings and protocols before the end of 2022. The team will work with physiotherapy staff, and the nutrition and environmental services manager, to review offloading devices that are designed to reduce pressure injuries, and develop and set-up skin and wound education sessions, every other month, for nursing team members.

2. Pain management

- a. Quality Dimension: Resident care
- b. Goal: Reduce the percentage of residents who experienced worsening pain from 9.4% to 8.93%
- c. Indicator: Number of residents with new or worsening pain compared to previous assessment
- d. Progress: The team members will continue to use the Pain Assessment for early identification of pain, and PSWs will continue to evaluate resident pain conditions and document in POC. The Central Support Team will develop a pain assessment and program algorithm to support consistent documentation and compliance.

3. Reduction in Falls

- a. Quality Dimension: Resident care
- b. Goal: Reduce the percentage of residents who fall during a 30-day period from 22.8% to 21.6%
- c. Indicator: Number of residents who fell during a 30-day period before an assessment
- d. Progress: Quarterly Medication Reviews to be completed regularly. Niagara Region is a best practice spotlight organization; therefore, BPG (best practices guidelines) are utilized to reduce and prevent injuries from falls. Residents with two or more falls have a comprehensive assessment completed and are reviewed by the multidisciplinary team at our monthly Quality Team meeting.

4. Critical Incidents

- a. Quality Dimension: Resident safety
- b. Goal: Reduce the number of critical incidents by 50%
- c. Indicator: Number of critical incidents reported to the Critical Incident Reporting System
- d. Progress: The Region is developing and implementing a tracking system of all Critical Incidents with the capability of identifying trends and patterns to assist in planning, and risk mitigation and management systems.

Niagara Region Seniors 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 requirements as well as guiding principles by Accreditation Canada and Health Quality Ontario.

All 8 of our long-term care homes have been accredited with Exemplary Standing under the Qmentum accreditation program with Accreditation Canada.

Progress on strategic priorities will be monitored to align with our home's needs by focusing on providing the best quality to residents and embracing a continuous quality improvement philosophy.

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

1. Identify / diagnose the problem

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

- The Woodlands of Sunset staff will document the problem and identify opportunities for improvement.
- The Woodlands of Sunset staff 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, (3) How we will do it and will identify the team that will support the improvement activity.
- Determine if training is needed and include as a task.

2. 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, other facility reports such as employee and resident satisfaction survey results. Reports available from outside resources including, but not limited to, Health Quality Ontario, CIHI (Canadian Institute for Health Information) and RNAO (Registered Nurses' Association of Ontario) 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.

3. 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. 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 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 Services communication plan but are not limited to home-specific needs and preferences. Updates in the quality improvement plan are shared through a number of 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)
- Presentations at Public Health and Social Services Committee