Continuous Quality Improvement – Interim Report

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2022/23

Niagara Health-Extended Care is pleased to share its 2022/23 Continuous Quality Improvement Plan (CQIP). Niagara Health is entering an era of great opportunity and the inspiration behind this is one, unifying goal: To provide all of our patients (residents), families, staff, physicians, students, learners and volunteers extraordinary experiences. Aligned with Niagara Health the Extended Care embraces a commitment to continuous quality improvement staying true to our organizational goals, priorities and action steps for quality improvement

Excellence in Resident Care and Service is one of the NH-Extended Care Unit'skey strategic pillars. In 2022, NH-Extended Care Unit's strategic plan was refreshed in response to several unprecedented factors which resulted in a fundamentally changed healthcare landscape. These factors included, amongst others, the ongoing impacts of the COVID-19 pandemic, persistent healthcare worker shortage and burnout, increased public attention on long-term care, and increased regulation of an already highly regulated environment. The core pillars of the long-term strategy remain relevant, and are reflected in the refreshed strategy, which outlines objectives and priorities for 2022 - 2023. These objectives are anchored in transition and recovery from the pandemic, the Fixing Long-Term Care Act, 2021 (FLTCA), Ontario Regulation 246/22 and Accreditation Care requirements and are consistently monitored, analyzed and evaluated in line with resident preferences, best practices and leading practices. The QIP is a roadmap to achieving these objectives, while navigating challenges and opportunities in our environment.

NH-Extended Care QIP is aligned with Niagara Health's "Our Quality Framework". The high-level priorities for this year's QIP are informed by the quality and safety goals under the various pillars of the framework that ensure resident care, services, goods and the quality of accommodations are consistently monitored, analyzed and evaluated. The CQIP plan is devoted to the continuing effort to improve quality, safety, efficiency and appropriateness of care throughout the LTCH.

This involves the coordinated practice of quality improvement, resident care and safety, risk management, emergency preparedness, and family/resident relations to provide extraordinary care for our residents:

- strengthening resident and family engagement
- enhance care experiences providing the "right care" 100% of the time

- improve health-related quality of life through innovation leading practices
- engage and empower staff
- strengthen health and safety and workflow

Priorities are divided categories based on the projected scope of work anticipated for the year – Areas for action are included in this report.

QUALITY OBJECTIVES FOR 2022/23

Strengthening Resident and Family Engagement

1. Design a framework that provides direction for engagement of residents and families in the home (discussion groups with both families and resident council, improve feedback opportunities
   - Encourage family and resident membership in LTCH based committees
   - Incorporate increased opportunities for family/resident feedback within the home

Enhancing PoET Project (Prevention of Error-Based Transfers)

1. Completing individualized summary plans for each resident
2. Incorporating individual summary to Point Click Care
3. Increase participation by residents/families in annual care conferences
4. Modification of Code Blue policy for ECU (CPR)

Strengthening Resident Care

1. Reduction in the percentage of residents that experience worsening pain
2. Enhance skin and wound program to reduce residents with worsening wounds
3. Enhancement of a quality committees understanding of the Canadian Institute for Health Information (CIHI) data to drive decision making to better meet the needs of residents in the home
4. Incorporate use of Point of Care within the home.
5. Development of a target plan for implementation of all aspects of FLTCA.
   - Enhancing staffing hours and qualifications
   - Review and incorporate new inspection guidelines into the home

Strengthening Palliative Care

1. Development of a palliative care team
2. Enhance the identification of residents with palliative care needs
3. Provide education to staff, families and resident regarding the palliative care process

Enhancing Staff Retention/Engagement/Empowerment

1. Incorporate development of a new PSW staffing schedule and job routines
2. Enhancement of job routines for all staff within the home to improve overall efficiency of workflow, resident care and job safety.

Strengthening Infection and Prevention Control

1. Setting up a ICC (infection control committee)
   - They are looking to have a representative attend from IPAC, as part of their required quarterly meetings
2. Updating / creating IPAC Policies
   - There may be some PnPs that are required from an IPAC point of view that they currently do not have and they were wondering if they could review ours to create their own or add an addendum to the current NH ones
3. Regular Audits
   - Looking to see what audits we currently use and possibly adopting/adapt them to the ECU
   - Advised and discussed the current audits we regularly use
     i. Hand Hygiene
     ii. Routine Environmental Audits
     iii. Outbreak Environmental Audits
     iv. ATP Testing for Cleaning (falls under EVS)
4. Education Sessions
   - Pathogen specific information with IPAC lense
   - Donning/Doffing
   - Hand Hygiene (Glo-Germ)

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

NH-Extended Care Unit has developed QIPs as part of the annual planning cycle for many years, with QIPs submitted to Health Quality Ontario (HQO) every April. NH-Extended Care Unit QIP planning cycle begins in April, and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- resident, family and staff experience survey results;
- emergent issues identified internally (trends in critical incidents) and/or externally;

- input from residents, families, staff, leaders and external partners, including the MOLTC.
- mandated provincial improvement priorities (e.g. HQO)

Preliminary priorities are subsequently 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, Resident Councils, and the Leadership Committee and the NH Board of Directors.

NIAGARA HEATLH APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

The Operational Plan includes improvement efforts and initiatives across the home to optimize standardization. The NH Extended Care Unit in partnership with Niagara Health **Q**uality, **P**atient **S**afety, and **R**isk Department has adopted the Model for Improvement to guide quality improvement activity. Interprofessional quality improvement teams, including resident and family advisors, 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 completion of a gap analysis against relevant Best Practice Guidelines.

2. Set Improvement Aims

Once teams have a better understanding of the current system they aim to improve as well as an understanding of what is important to the resident, an overall improvement aim is identified. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

At NH-Extended Care Unit improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART). 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 Extended Care 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 the NH-Extended Care Unit towards meeting its aim statement. During this phase, teams will prioritize alignment with best/prevailing 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. PDSAs 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 P&P, 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, if completed in a phased approach

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 aim)
Process: Measures key activities, tasks, processes implemented to achieve aim
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. Run charts and Statistical Control Charts, with established rules for interpretation, 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 one:one communication with residents
- Presentations at staff meetings, townhalls, Resident Council, Family and Friends Update meetings
- Huddles at change of shift
- Use of Champions to communicate directly with peers