

Continuous Quality Improvement – Interim Report

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2024/2025

Niagara Health-Extended Care is pleased to share its 2024/2025 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 Unit (ECU) and Interim Long-Term Care Unit (ILTC) embrace a commitment to continuous quality improvement staying true to our organizational goals, priorities and action steps for quality improvement

The ECU and ILTC units are operated by Niagara Health and located at the Welland Hospital Site.

The ECU and ILTC received exemplary standing accreditation from Accreditation Canada. We collaborate with various stakeholders, including team members, volunteers, students, physicians, Resident and Family Council, Professional Advisory Committee, and Niagara Region Public Health.

Our Mission: Extraordinary Care. Every Person. Every Time

Our Vision: A Healthier Niagara

Our Values: Compassion in Action. Driven by Optimism. Achieving Ambitious Results.

Niagara Health and the ECU/ILTC have a comprehensive CQIP that guides our Long-Term Care Home through continuous quality improvement activities.

The ECU/ILTC's Quality Improvement Plan (QIP) is aligned with Niagara Health's "Our Quality Framework". The high-level priorities for each year's QIP are informed by the quality and safety goals under various pillars of the framework. This ensures that resident care, services, goods and the quality of accommodations and services are consistently monitored, analyzed and evaluated. The Continuous Quality Improvement Plan is devoted to the continuing effort to improve quality, safety, efficiency and appropriateness of care throughout the long-term care home. Prioritizing improvement opportunities is a critical step in translating data into action.

Priorities are determined through a coordinated practice of quality improvement, resident care and safety, risk management, emergency preparedness, and family/resident relations to provide extraordinary care for our residents.

QUALITY OBJECTIVES FOR 2024/2025

The priority focus of the ECU/ILTC's 2024/2025 Continuous Quality Improvement Plan:

- Engage and empower our residents and families
- Improve staff recruitment and retention
- Improve resident's quality of life through innovation and leading practices
- Support and Promote Inclusivity in the ECU/ILTC

Priorities are divided into categories. Areas for action are included in this report.

Strengthening Resident and Family Engagement

The ECU and ILTC actively engage with residents and families to strengthen relationships and improve engagement. We will do this by:

- Continuing to encourage Family and Resident Council membership in the Home
- Action recommendations with a focus on areas identified in the Resident and Family Council Surveys, including, "I can express my opinions without fear of consequences" and, "I feel staff listen to me"
- Increase Resident programs with a focus on Family involvement such as outdoor, seasonal activities, involving gardening, bbq's, music and large group programs
- Encourage more 1:1 resident specific activity for residents
- Leverage and facilitate recruitment of supplemental spiritual care in the LTC Home

Revitalizing the Staff Onboarding Process to Improve Engagement, Retention and Continuity of Care

The ECU and ILTC will endeavor to improve staff engagement and retention. We will do this by:

- Revising and implementing the ECU/ILTC's Staff Onboarding Procedures
- Ensuring all new staff as well as internal transfers participate in the onboarding process
- Leverage our NH Human Resource partners to improve the filling of vacancies
- Develop strategies based on the outcomes and recommendations from the Employee Engagement Survey

Strengthening Resident Care

1. Enhance skin and wound program to reduce new or worsening pressure injuries
2. Enhancement of the Skin and Wound Committee in the LTC Home
3. Participation in the Registered Nurses' Association of Ontario (RNAO) Best Practice Guidelines Clinical Pathways Program for Wound Assessments
4. Introduction of the Point Click Care Skin and Wound Application for the accurate identification and treatment of pressure injuries.

Diversity, Equity and Inclusion

- Align with Niagara Health's QIP target of completion of the San'yas Indigenous Module Training program for managers
- ECU/ILTC staff to complete the online Mutually Respectful and Workplace Training
- Ensure that new hires are provided with Cultural, Humility Training
- Encourage and facilitate participation in any other DEI education opportunities

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)
- 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 HEALTH 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 Quality, Patient Safety, and Risk Department has adopted the Model for Improvement to guide quality improvement activity. Interprofessional Quality Improvement Teams, including Resident and Family Council, 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, improvements are focused on an understanding of what is important to the resident. These improvement Aims will be used to evaluate the impact of the change ideas through implementation and sustainability.

At NH-Extended Care Unit improvement teams may 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/prevaling 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 (Education required to support implementation, including key staff resources (e.g. Team Leads, revisions of policies, education required)
- 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 and outcomes are shared through several means. These include, but are not limited to:

- Posting on unit quality boards, in common areas and in staff lounges
- Resident and Family Council
- 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, and Professional Advisory Committee
- Huddles and Shift Report