Continuous Quality Improvement – Interim Report

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2022/23

Valley Manor is excited to share its Quality Improvement initiative for the home for the 2022/23 year. The homes Quality Improvement initiative is in alignment with the newly developed Mission for the home, "Empowering every person to provide compassionate Resident-Centered care in a diverse family environment". The Quality Improvement initiative embraces the homes Strategic Plan 2022-2027 and builds upon the foundation of Integrity, Transparency, Leadership, Workplace Satisfaction, and Compassion. Valley Manor's Quality Improvement initiative continues to be developed with the voice of our residents and their family members/POA's/SDM's, and in effort to attain and sustain provincial benchmarks for long-term care quality indicators. Quality priorities were also determined based on feedback from the Resident/Family Feedback survey that was distributed on November 1, 2021 and submitted by Dec.20, 2021. This year the home will be focusing on Timely and Efficient Transitions in effort to reduce the number of potentially avoidable Emergency Department visits. The home will also be continuing to improve Service Excellence by implementing change ideas to build upon how well we are listening to our residents as the home increases their partnerships with the community. The CEO and the Leadership team will also continue to strengthen the relationship with the residents by working closer with them, and encouraging them to voice their opinions at Continuous Quality Improvement meetings, Resident's Council meetings, Multi-Disciplinary Care Conference Meetings, and with each interaction. In effort to ensure we are treating our residents with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality a change idea will be implemented to ensure the resident voices their choice.

Valley Manor's Quality Improvement initiative is based on components of the homes Strategic Plan and in alignment with the Ontario Health Team model. Focus areas for this year's Quality Improvement initiative as determined by the Continuous Quality Improvement Team include:

1. Better resident care & experience
2. A stronger resident partnership & community engagement
3. Effective and appropriate care is provided to the residents
4. Improved staff experience

PRIORITY INDICATORS

1. Reduce the # of residents sent to the Emergency Department and diagnosed with Cellulitis from 6.3% to 5.3% by March 31, 2023.

2. Increase the percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" from 91.30% to 94.04%

QUALITY IMPROVEMENT INITIATIVE PLANNING CYCLE AND PRIORITY SETTING PROCESS

The Valley Manor Continuous Quality Improvement team has developed Quality Improvement Plans (QIPs) as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQO) every April. Valley Manor's QIP planning cycle typically begins in August, and includes an evaluation of the following factors to identify preliminary priorities:
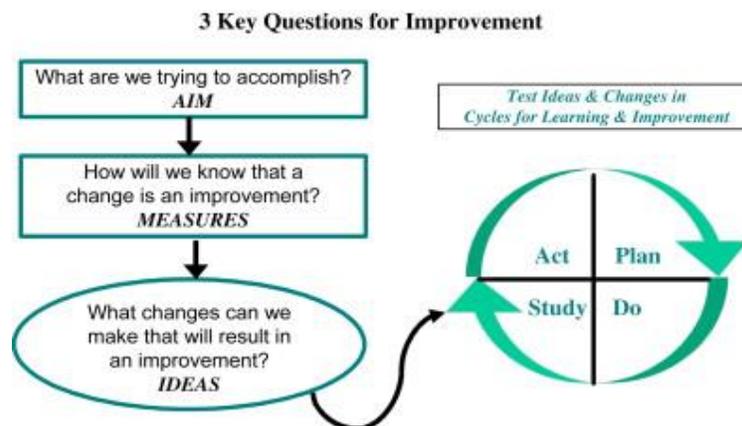
- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement 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 and at the bi-monthly Continuous Quality Improvement meetings to validate priorities and

identify additional priorities that may have been missed. Other forums include Resident's Council, the Professional Advisory Committee Meetings, and Pharmacy & Therapeutics Meetings. Final review of the QIP is completed by and approved by the Valley Manor Board of Directors.

POLICIES, PROCEDURES, & PROTOCOLS FOR QUALITY IMPROVEMENT

Valley Manor's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Valley Manor has adopted the Model for Improvement to guide quality improvement activity. The Model for Improvement has two basic components: the first addresses three fundamental questions, and the second is the rapid cycle improvement process comprising a series of Plan-Do-Study-Act (PDSA) cycles to develop, test and implement changes for improvement. The Model for Improvement is a simple but powerful framework for structuring any Continuous Quality Improvement project.

3 Key Questions for Improvement

What are we trying to accomplish?
AIM

How will we know that a change is an improvement?
MEASURES

What changes can we make that will result in an improvement?
IDEAS

Test Ideas & Changes in Cycles for Learning & Improvement

Act | Plan
Study | Do

IMPLEMENT, SPREAD, AND SUSTAIN

At this point in the Quality Improvement journey, small tests of change (Plan-Do-Study-Act Cycles or PDSAs) are implemented within the home. Once the Continuous Quality Improvement team is confident that the changes are an improvement – as demonstrated through an analysis of their data they proceed to the implementation phase. During the implementation phase, changes are formally applied to everyday practice in the unit or department where the improvement effort is taking place. The lessons learned by teams during their small tests of change are essential to the continued success of these improvements during the implementation phase. To

effectively implement change and have the change "stick" or be sustained over the long term, the following concepts are employed.

- Engagement of others - Front-line staff members play an important role in each phase of an improvement initiative. The continual support and regular evaluation of the needs of those working within the changed processes are necessary for any improvement to be successful.

- Communication - Communication is critical to implementing and sustaining change. Communications takes place regularly with all who are affected by the proposed change - staff, residents, as well as internal and external stakeholders.

- Formalize and standardize the changes - Once a change or new process has been implemented, it is monitored to ensure it is performing as expected. To make changes "stick," information about the new processes is built into the orientation of new employees, into job descriptions, and into policies.

- Training - Training is an ongoing process that provides direct support to those affected by the changes being made. It is important to empower those being trained so they may identify other skills and processes they may require training in. At times the home chooses to identify a small number of staff who can be trained to be trainers themselves and become Change Champions.

- Measurement - Measurement is crucial at every stage of change implementation. During the testing phase of a change, measurements are gathered via PDSA cycles to ensure that the process that is being developed is having the intended effect. Establishing a baseline for measuring and communicating the improvements can be an exciting and motivational process for teams. Measurement helps the team identify priorities. Providing feedback on the progress achieved (or not achieved) allows the CQI team, as well as the affected staff, to celebrate their success or take action to resolve any issues.

- Sustainability plans - Sustainability is achieved when the new ways of working and the resulting improved outcomes become the norm. Not only have the processes and outcomes changed, but the thinking and attitudes behind them are fundamentally altered. In other words, the change has been integrated into the day-to-day, rather than something 'added on.'

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

To ensure that we are having improved positive outcomes to meet our Quality Improvement initiative, the home collects data on a monthly basis and reports to the Continuous Quality Improvement team every 2 months. Data is gathered from residents, progress notes, and through audits. The data is entered monthly into the Quality Improvement Administrator tab in PointClickCare and control charts are analyzed to identify if the home is achieving the desired outcome or not. If the desired outcome is not being achieved the Continuous Quality Improvement team reviews the process measure and methods. This is performed to identify gaps in services or processes. Based on the results of the analysis, the team may consider alternate change ideas, ensure all barriers to success are removed, and project priorities are clearly identified and communicated.

Good communication in the change management process allows us to:

•   Share norms and values

•   Develop trust and commitment to the project

•   Share knowledge

•   Generate emotional connections

Valley Manor aims to ensure residents, their family members/POA's/SDM's, and members of the public are kept abreast of the home's improvement initiatives by:

- Presenting at staff meetings, general staff meetings, and Resident's Council meetings
- Huddles at shift change
- Posting the 2022/23 Quality Improvement Plan on the home's website
- Posting the Continuous Quality Improvement – Interim Report on the home's website
- Use of Champions to communicate directly with peers

Resources:

https://www.hqontario.ca/Portals/0/documents/qi/qi-implementing-and-sustaining-changes-primer-en.pdf