

# Continuous Quality Improvement Report 2023-2024

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## QUALITY IMPROVMENTS 2022/23 – A YEAR IN REVIEW

The Sun Parlor Home saw many improvements and successes throughout 2022. The Home increased education, specifically surrounding infection control practices. The Home returned to some normalcy related to the pandemic in regards to resident isolation precautions and visitations. The courtyard expansion was started with the goal of completion in Spring/Summer 2023. The Home saw a reduction in allegations and incidents of abuse from 24 in 2021 to 13 in 2022. The Home saw many updates related to the MOLTC Act update, the Fixing LTC Homes Act. The Home had a total of 48 new hires in various departments and an increase in direct care to over 3.25 hours per resident per day which will continue to increase in 2023 based on MOLTC directives. A Quality Advisory Committee was implemented with resident, families and team member representation to discuss quality improvement plans and initiatives in the Home.

## QUALITY PRIORITIES FOR 2023/24

Sun Parlor Home is pleased to share its 2023/24 Continuous Quality Improvement Initiative Plan. Our ongoing commitment to quality is reflected in our mission “*To serve our community by providing supportive resident focused care that promotes quality of life*” and our vision “*To be the leader in ensuring innovative service with a team approach to quality care and to pursue opportunities for continuous quality improvement*”. The Sun Parlor Home’s Continuous Quality Improvement Initiative will focus on two categories of priorities: safety and resident experience and quality of life. The Sun Parlor Home recognizes the importance of balancing the safety of residents and ensuring they are given opportunities for continuous quality of life and have meaningful and individualized experiences. The QIP is a roadmap to achieving both of these objectives, while navigating challenges and opportunities in our environment.

## QUALITY OBJECTIVES FOR 2022/23

### SAFETY

The Sun Parlor Home continues to largely focus on the health and safety of our residents and team members ongoing throughout the pandemic. Enhancements to our IPAC program has included increase in audits, increase in training and re-training team members in IPAC practices both in-person in huddle and in-service format as well as

virtual training and policy and practice reviews. As much of our focus will continue to be related to the pandemic, we have also chosen to focus on other safety areas for quality improvement.

**Focus Action #1: Improve resident experience and safety as measured by decreasing Number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents from 18.7 to 16.5 by April 2024 as measured by provincially provided data.**

Emergency Department visits continues to be a focus for the province as a whole especially during the pandemic with stress on our acute care system. The Sun Parlor Home saw an increase in our resident ED visits from 11 to 18.7. The Home feels this may be attributed to a decrease in visits during the pandemic to assist with hospital surges. The Home is pleased to see a decrease from pre-pandemic data of 21 to 18.7. Our goal for 2023-2024 is to decrease to 16.5. The Home reviewed the palliative care program to ensure there are limited unnecessary visits to ED when it would be more beneficial to the resident to stay at the home for comfort care when they wish to do so in 2022-2023. We will be focusing on analyzing resident cases for all hospital visits and transfers on a quarter basis and sharing with stakeholders in an attempt to identify patterns and possible areas of improvement. This improvement area was identified by HQO as a potential focus for LTC homes.

**Focus Action #2: Improve resident safety and quality of life as measured by maintaining percentage of residents not living with psychosis who were given antipsychotic medications at 15.9% by 2023 Q2 as measure by CIHI data.**

Antipsychotic use continues to be a focus of the province and will be a focus for the Sun Parlor Home. The Home is currently below the provincial average at 15.9% and we will be focusing on maintaining this success. We recognize the importance of medication safety and we feel it is very important for residents to be receiving only appropriate medications and this includes antipsychotics. We will continue to review resident cases that trigger for this indicator with the goal of addressing why these medications were administered and if they were in fact required. This improvement area was identified by HQO as a potential focus for LTC homes.

**Focus Action #3: Improve residents' comfort in communicating issues as measured by improving percentage of positive responses to "I feel comfortable speaking with staff if I have a problem without fear" from 89% to 94% during the 2023 Resident Satisfaction Survey.**

Another safety area that the Sun Parlor Home would like to focus on is a response from residents on the satisfaction survey "I feel comfortable speaking with staff if I have a problem without fear" which in 2021 had a 96% positive response rate (strongly agree or agree). The Home saw a decrease in this value to 89%. The Home will focus on abuse re-training as well as mandatory reporting and whistle blowers' protection as well as a review of the zero-tolerance abuse policies. We would also like to increase the knowledge of residents and families members in their rights and our whistle blowers' protection policy. The Sun Parlor Home recognizes the importance of a safe and

trusting environment for the residents and family members. This improvement area was identified by HQO as a potential focus for LTC homes

## RESIDENT EXPERIENCE & QUALITY OF LIFE

### **Action Focus #4: Sustain positive resident experience as measured by maintaining average percentage of positive responses to GENERAL EXPERIENCE at 95% during the 2023 Resident Satisfaction Survey.**

General and overall satisfaction the residents' and their families have with their experience at the Sun Parlor Home is very important to us. The Home's goal will continue to seek opportunities for improvement based on feedback and recommendations from our residents and their families. We receive this feedback from Resident's Council, Circle of Family and Friends but also through our annual resident satisfaction survey. The Home saw a 95% positive response rate for overall general experience at the Home from the 2022 survey which we would like to maintain in 2023. The Home was successful in maintaining this positive response from 2021. We will continue to encourage feedback and would like to hear more from the residents and families on their ideas for quality improvement initiatives through our various council as well as our new committee, our Quality Advisory Committee. The committee has resident, family, team member and leadership involvement in reviewing and approving quality improvement plans of the Home. To maintain a positive experience at the Home, we would also like to focus on exploring the concepts of emotion-focused care and further engagement of residents by searching for opportunities to involve residents and team members in activities together.

### **Action Focus #5: Improve resident involvement in their decision making and care as measured by increasing percentage of positive responses to "I feel heard and my concerns are followed through on" from 77% to 82% during the 2023 Resident Satisfaction Survey**

The Sun Parlor Home recognizes the importance of giving the resident's a voice and ensuring they feel heard. The Home saw a decrease in the positive response from 89% to 77%. The Home attributes this change to the modification of the question from "I feel heard" to "I feel heard and my concerns are followed through on" as we wanted to ensure our residents and families not only feel heard but that we are following through on our word and action items. We will continue to make improvements to our care conference process to ensure the resident's involvement is a priority as well as adjustment to our complaints program with re-training of team members. This improvement area was identified by HQO as a potential focus for LTC homes.

**Action Focus #6: Improve resident care experience as measured by increasing percentage of positive responses to "I feel I receive enough care and time from the staff" from 75% to 82% during the 2023 Resident Satisfaction Survey.**

The Sun Parlor Home recognizes the importance of our resident's receiving optimal care and the Home meeting their needs. We also recognize the need for increased staffing level in nursing care as the province has also recognized. The Home saw an improvement in positive response from resident who felt they received enough care and time from staff from 72% to 75%. The Home's goal will continue to be to maintain above the target staffing level the province has set out with a goal 3 hours and 30 minutes by April 2024. We will be communicating our plans and changed with our residents, families and team members and allow for feedback to ensure the staffing levels are in the areas the residents wish it to be while ensuring they are receiving the care and time they deserve. We will be exploring different options for staffing compliments based on the needs of the residents. The Home continues to recruit and train new hires to fill vacant and new positions.

**Action Focus #7: Improve resident activity experience as measured by increasing percentage of positive responses to "The variety and quality of activities meets my needs" from 79% to 84% during the 2023 Resident Satisfaction Survey.**

The activation department of the Sun Parlor Home takes pride in providing a wide variety and quality activities throughout the Home. During the pandemic, unfortunately, the residents were not able to come together as often as they would have liked to. Luckily, as the province begins to see improvements, we are able to shift away from 1 to 1 and small group activities to larger groups which the residents have expressed they enjoy. This past year, the residents were able to safely resume larger group activities both indoors and outdoors and outings. The resident satisfaction survey found that there was an improvement in residents responded positively to "the variety and quality of activities meets my needs" from 72% to 79% which exceeded our goal. We would like to increase engagement opportunities from our activation staff in collaboration with our nursing care team members. We plan on increasing communication with residents and families on engagement opportunities as well as what the residents have taken part in for better awareness of the activities offered in the Home.

**Action Focus #8: Improve resident diversity experience as measured by maintaining percentage of positive response to "staff respect my cultural and spiritual values and needs" at 96% during the 2023 Resident Satisfaction Survey.**

The Sun Parlor Home recognizes the importance of addressing cultural differences, racism, equality, diversity and inclusion. The Home has made it a priority for 2023 to increase knowledge and awareness of team members on diversity and inclusion through training and open communication and discussions. The Sun Parlor Home has implemented a "land acknowledgement" which is a standing agenda item of our quality meetings.

## QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Sun Parlor Home has developed Quality Improvement Plans (QIP) as part of our annual planning cycle. The Home's planning cycle 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 leadership team, Resident Councils, and Circle of Family and Friends. This is an interactive process with multiple touchpoints of engagement with different stakeholder groups as QIP targets and high-level change ideas are identified and confirmed. Final review of the QIP is completed by the Quality Improvement Committee.

## SUN PARLOR HOME'S APPROACH TO CONTINUOUS QUALITY IMPROVEMENT (POLICIES, PROCEDURES AND PROTOCOLS)

Sun Parlor Home's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. The Quality Improvement Committee works through the following phases:

### **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 Measures**

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 measure is identified. This measure will be used to evaluate the impact of the change ideas through implementation and sustainability.

At Sun Parlor Home, 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”.

## **3. Develop and Test Change Ideas**

With a better understanding of the current system, improvement teams identify various change ideas that will move the Home towards meeting its aim statement. During this phase, teams will prioritize alignment with best/prevaling practices when designing preliminary change ideas for testing.

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. 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 quality board, 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 to one communication with residents

- Presentations at staff meetings, townhalls, Resident Councils, Family and Friends Council
- Huddles at change of shift
- Use of Champions to communicate directly with peers.