

Continuous Quality Improvement Report 2024-2025

DESIGNATED LEAD

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QUALITY IMPROVEMENTS 2023/24 – A YEAR IN REVIEW

The Sun Parlor Home saw many improvements and successes throughout 2023. The Home continued to focus education and training on infection control practices and abuse prevention. Accommodation updates to the home included the courtyard expansion and developing a “Quiet Space” for team members. The Home had a total of 52 new hires in various departments and an increase in direct care to over 3.75 hours per resident per day which will continue to increase in 2024 based on MOLTC directives. The Home has started the journey of focusing on emotion-focused care by training 47 direct care team members on DementiAbility techniques. The Home will continue this journey into 2024. The Home was successful in receiving zero compliance findings with 4 MOLTC visits. The Home has focused on exploring innovative changes including a new skin and wound mobile program that allows for pictures and automatic measurements of wounds as well as a new online application that allows for communication between hospital charting and information and the Home for a more accurate and efficient flow of information. A huge success for the Home is the introduction of a newsletter which shares quality, IPAC, and activities information as well as spotlight stories on residents.

QUALITY PRIORITIES FOR 2024/25

Sun Parlor Home is pleased to share its 2024/25 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*”. In 2024/25, the Home will be focusing on quality of life and well-being for all and re-focusing on our mission and vision. The home will be focusing on diversity and inclusion discussions as well as different types of emotional supports for our residents and team members. The Home has a firm belief that to live well is to live with purpose and we hope to support our residents’ goals and desires while engaging team member in a supportive work environment by reviewing different programs and re-shaping how we work. The QIP is a roadmap to achieving both of these objectives, while navigating challenges and opportunities in our environment.

QUALITY OBJECTIVES FOR 2024/25

Access and Flow

The Home recognizes the importance of safe and effective care while considering the needs and demands of the health care system as a whole. The Home is dedicated to reviewing current processes to determine if there are improvements or changes to support the community and the health care system. The Home saw success in our avoidable ED visits with an improvement from 2022 at 18.2 to 14.56 in 2023 and will continue to strive to decrease this value to support the access and flow of the health care system.

Focus Action #1: Decrease the number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents from 14.56 to 13 by April 2025 as measured by provincially provided data.

Our first Access and Flow change idea is related to palliative care and decreasing avoidable ED visits if a resident is approaching end of life. The Home feels that families and residents lack the knowledge of palliation and end of life care that is provided in the Home. The hope of the Home is to increase this knowledge and awareness to decrease unnecessary transfers to hospital. Given this, we will be focusing on increasing knowledge of palliative care program initiatives to all residents, families and team members by including them in our quarterly newsletter. Our target is to include four palliative focuses in the newsletter by April 2025. We would also like to increase knowledge of team members of resident/families wishes at end of life by building more comprehensive end of life plans of care. Our target is to complete this for 100% of our residents by December 31, 2024.

Focus Action #2: Improve access and flow to health care resources for residents and families as measured by positive response to "Staff help me access other health professionals as needed" from 91% to 95% during the 2024 resident feedback survey.

Our second Access and Flow change idea is related to our external services we have access to and provide for our residents. The Home recognizes the need to explore innovative resources to support the health care system. The Home would like to review more innovative processes to avoid transfer to hospital in hopes that the Home would provide more acute care needs within the Home. The Home will be focusing on ensuring current external services meet the needs of our residents by reviewing current external nursing/care services and agreements and determining if gaps in process are identified. Our target is to review 100% of current external services by December 31, 2024. We will also be exploring options for additional services to be offered in the Home by reviewing options of external services that the home could potentially obtain or provide information on to decrease burden on residents and families. This will be measured by the number of options explored which can then potentially be implemented.

Equity and Indigenous Health

The Sun Parlor Home recognizes the importance of advancing equity, inclusion, and diversity and addressing racism. The Home would like to continue this journey of learning and growth by training team members on diversity and inclusion and how it impacts the Home, team members, residents and visitors. The Home trained all members of the Leadership team on diversity and inclusion in 2023 and would like to continue for team members. The Home has also incorporated a land acknowledgement into our large programs such as IPAC, Quality, Training, Orientation and Leadership.

Focus Action #3: Increase knowledge and awareness of diversity, equity and inclusion by providing additional learning opportunities to 100% of team members by April 2025.

The Home will be addressing Equity by focusing on training and education. The Home will be focusing on increasing team member knowledge on diversity and inclusion by reviewing training opportunities provided by County of Essex and promote team members to attend when able and also exploring training options for all team members on diversity and inclusion based on policies for County of Essex. This will be measured by the number of training opportunities offered to team members. The Home will also be reviewing our mission, vision and values which will have a strong connection to diversity, individuality and inclusion. Our target is to have 100% of team members review the revised mission, vision and values by December 31, 2024. We will also be exploring opportunities for expanding our cultural and spiritual practices and spaces within the Home. The Home will be focusing on creating a reflection space for residents and families which will be inclusive for all culture and spiritual needs. We will also be developing and releasing a spiritual survey to explore residents' wants and needs related to spirituality and associated activities. This will be measured by Improving resident diversity experience as

measured by increasing percentage of positive response to "staff respect my cultural and spiritual values and needs" from 94% to 95% during the 2024 resident feedback survey.

Patient/client/resident experience

The Sun Parlor Home recognizes the importance of resident experience. Based on the resident feedback survey, the Home has chosen to focus on 3 separate sections to focus on to improve resident experience: resident activities, pleasurable and enjoyable dining and emotional well-being and care. The resident feedback survey drives many of the goals for the Home as it has direct input and observations from residents and families into their perceptions and experiences within the Home. Although the Home saw favourable outcomes for many sections of the resident feedback survey, the Home would like to further improve or maintain positive response in these areas specifically.

Focus Action #4: Improve resident activity experience as measured by increasing percentage of positive responses to "The variety and quality of activities meets my needs" from 75% to 80% during the 2024 resident feedback survey.

Although the Home saw general improvements in positive response from residents and families on the feedback survey from 72% in 2022 to 81% in 2023, the Home saw a decrease in positive response to the questions "the variety and quality of activities meets my needs". The Home would there like to focus on interests of the residents and ensuring all levels of cognition and abilities are considered. We would like to ensure activities are appropriate, available and accessible for all team members, residents and families by further developing and growing our new "engagement centres" which were introduced on all of the Home Areas at the beginning of 2024. The Life Enrichment Team will be discussing general activity ideas and engagement centres ideas quarterly at Residents Council to determine if changes are needed as well as creating an engagement centre for the café for more centralize activity access. Our target is to discuss the engagement centre needs at 4 separate Resident Council Meetings. The Home will also be focusing on observing and monitoring of current activities to ensure resident engagement by having the Life Enrichment Manager attend/observe each home area activity on a monthly basis and provide feedback on resident engagement/ effectiveness of activity as needed. Our target will be to conduct 8 observations each month (one per home area).

Focus Action #5: Improve resident dining experience as measured by increasing percentage of positive responses to "The dining experience in pleasant and enjoyable" from 84% to 89% during the 2024 resident feedback survey.

The Sun Parlor Home recognizes the importance of meal times for residents and would like to improve the overall experience. The Sun Parlor Home would like to focus on atmosphere and communication during meal services and snack services. The Home saw a decrease in positive response for this question from 89% to 84% on the resident feedback survey and therefore would like to focus on this on 2024. The Home will be reviewing the dining process to ensure it is pleasurable, enjoyable and focused on residents' needs by reviewing and releasing pleasurable dining policies and processes to all team members with input from Residents Council and Family Council. This will be measured by ensuring 100% of associated dining policies are released and reviewed by team members by December 31, 2024.

Focus Action #6: Ensure residents' emotional well-being is cared for and addressed as measured by maintaining positive response to "staff support my emotional well-being" at 90% during the 2024 resident feedback survey.

The Sun Parlor Home recognizes the importance of not only resident-focused care but also emotional-focused care. The leadership team has begun explore initiatives in LTC to promote and expand emotion-focused care which will continue into 2024. The Home will further invest in team members to further their knowledge of meaningful and purposeful living. We will be developing training on emotion-focused care for all PSW team members, exploring opportunities for further training of team members in emotion-focused care (eg.

DementiAbility, Butterfly homes, Eden, etc.), and developing and release information and introduction to emotion-focused care philosophy for all team members, residents and families. Our target is train 100% of PSWs on emotion-focused care and techniques by December 31, 2024.

Safety

The Sun Parlor Home understands the importance of focusing on the safety and well-being of the residents at the home while balancing risk and resident rights and wishes. The Home has seen successes related to resident safety including a decrease in worsened responsive behaviours in 2022 from 18.5% to 13.4% in 2023. The Home has also seen an improvement in our residents who fell in last 30 days from 25.6% in 2021 to 21% in 2023 while also keeping our restraint use below provincial average at 0.6%. With the increase in infection prevention and control training, we have also seen a decrease in number of outbreak days through 2022 into 2023 while balancing resident right to freedom of movement and from isolation. The Home will be focusing on falls reduction and antipsychotic use for the 2024-2025 QIP.

Focus Action #7: Improve resident safety and quality of life as measured by improving percentage of residents not living with psychosis who were given antipsychotic medications from 22% to 18%.

The Sun Parlor Home recognizes the importance of medication safety related to anti-psychotic medication use without the dx or signs of psychosis. The home has seen an increase in this indicator through 2022-2023 and therefore would like to focus on decreasing in 2024. The Home would like to focus on increasing aware of antipsychotics and how they work and of resident that trigger for this category and why. We hope to achieve this by providing training to team members from BSO team on residents that trigger for this category and discuss strategies to avoid use and providing training to team members on uses of antipsychotics, how they work and what they are not effective for. Our target is to train 100% of team members on antipsychotics and how they affect our residents.

Focus #8: Ensure resident safety while balancing the resident's right to freedom of movement and least restraint by improving percentage of resident who fell in last 30 days at from 15.6% to 14% by April 2025.

The Sun Parlor Home recognizes the importance of promoting safety related to falls while balancing the right to freedom of movement and least restraint. The Home would like to continue to focus on maintaining improved percentage of resident who fell in last 30 days with a focus on increased awareness of home area specific statistic and therefore needs. We would like to achieve this by developing and providing monthly reports to home areas on falls statistics, areas for improvement and successes. Our target is to provide 12 falls reports (1 per month) to team members by April 2025.

OTHER QUALITY FOCUSES

Provider experience

We recognize the toll the pandemic and changing healthcare system capacity challenges have had on our team members including higher team member turnover rates and a growing burden of stress on all team members. In 2023, we participated in the County of Essex Employee Engagement Survey as a means to better understand the experience of all team members. The Employee Engagement Survey identifies areas of improvement related to overall job satisfaction. Results of the survey are shared with the team members and the home obtains feedback on how to make improvement in the various areas where satisfaction levels are unsatisfactory.

We support the wellness of our teams through a variety of ways including our confidential employee assistance services, which provides a wide range of free counseling for all employees and their immediate family members through contracted Employee Assistance Program Services. The Abilities and Wellness Specialist provides ongoing support at the Home and the creation of a Quiet Room provides space that promotes rest and relaxation.

We continue support and promote partnerships with academic institutions to support student placements including registered nursing staff, Personal Support Workers and Recreation Therapy. We also support Co-op placements through local high school and volunteer positions so students have an opportunity to learn more about our Home, the potential opportunities, and what it feels like to work in Long Term care.

The Homes leadership team works closely with the Human Resources department on recruitment and retention initiatives including, but not limited to, updating onboarding initiatives, participating at job fairs and team member recognition initiatives.

Emotion-focused model of care has been introduced as an innovative way to drive positive culture change, inspire and retain staff, and provide high-quality, person-centred care that prioritizes resident autonomy. This innovative model of care is based on relationships and recognizes residents, families and team members are integral members of the team.

The home also recognized staff through ongoing support by the management team and the County of Essex, staff appreciation events, treat days, and other activities to show appreciation for their hard work and dedication.

Population Health Approach

The Sun Parlor Home recognizes and supports the importance of our complex network of relationships with all external stakeholders, community partners, service providers, other healthcare providers and levels of government.

We continue to be a positive voice for long-term care, health care, senior care and a collaborative partner within our diverse community of system partners. There are numerous elements that can enhance successful collaboration at the system, organizational, inter and intra-personal levels and we remain committed to supporting collaboration at all levels.

Sun Parlor Home is part of the Windsor Essex Ontario Health Team. We actively support Ontario Health initiatives such as Local Priorities Fund, Diagnostic Equipment and Training Fund and PSW Graduate Incentive.

We actively involve, consult and work collaboratively with our Resident Council and Circle of Family and Friends to ensure their voice is heard and represented in our planning and decision making at the home.

The Sun Parlor Home remains committed to exploring and examining population health-based approaches to care for the complex and ever-changing needs of our residents.

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.

For further information on our Continuous Quality Improvement Plan, please contact Brittany Roach at broach@sunparlorhome.net or (519) 326-5731 Ext. 3227.