

# Continuous Quality Improvement Interim Report

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## QUALITY PRIORITIES FOR 2022/23

Sun Parlor Home is pleased to share its 2022/23 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 has focused largely on the health and safety of our residents ongoing throughout the pandemic. Enhancements to our IPAC program has proven effective with no findings or areas of concern related to IPAC program in 2020 and 2021 from MOLTC and Public Health. 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: Decrease the percentage of potentially avoidable emergency department visits for LTC residents from 11% to 10%.**

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 was successful in decreasing the percentage of potentially avoidable ED visits from 21% to 11%. Our goal for 2022-2023 is to maintain this current level or slightly below (10%). The Home plans to review our 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. This improvement area was identified by HQO as a potential focus for LTC homes.

**Focus Action #2: Decrease the percentage of LTC residents not living with psychosis who were given antipsychotic medications from 17.25% to 16%.**

Antipsychotic use continues to be a focus of the province and will be a focus for the Sun Parlor Home. Although the Home is currently below the provincial average at 17.25% for 2020-2021, the Home would like to continue to improve in this area and has set a goal of 16%. We recognize the importance of medication safety and we feel it is very important for resident's to be receiving only appropriate medications and this includes antipsychotics. This improvement area was identified by HQO as a potential focus for LTC homes.

**Focus Action #3: Maintain the percentage of positive responses to “I feel comfortable speaking with staff if I have a problem without fear” at 96%.**

Another safety area that the Sun Parlor Home receives positive responses from residents on the satisfaction survey is “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 would like to maintain this level and will focus on abuse re-training as well as mandatory reporting and whistle blowers’ protection changes in the updated Act. The Sun Parlor Home recognizes the need for ongoing training and re-training on resident abuse and the importance of a safe and trusting environment for the residents. This improvement area was identified by HQO as a potential focus for LTC homes.

## **RESIDENT EXPERIENCE & QUALITY OF LIFE**

**Action Focus #4: Maintain the average percentage of positive responses to “General Experience” at the Home at 96%.**

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 96% positive response rate for overall general experience at the Home from the 2021 survey which we would like to maintain in 2022. We will continue to encourage feedback and would like to hear more from the residents and families on their ideas for quality improvement initiatives. We are also striving for increased participating in the satisfaction survey to ensure we are receiving the best sample of responses from the residents.

**Action Focus #5: Increase the percentage of positive responses to “I feel heard” from 86% to 80%.**

The Sun Parlor Home recognizes the importance of giving the resident’s a voice and ensuring they feel heard. Although the response on the satisfaction survey related to feeling heard was a positive response of 86%, we have set a goal to increase this to 90%. We will be completing training on the new Resident Bill of Rights from the updated Act, re-training on good customer service as well as reviewing our care conference process to ensure the resident’s involvement is a priority. This improvement area was identified by HQO as a potential focus for LTC homes.

**Action Focus #6: Increase the percentage of positive responses to "I feel I receive enough care and time from the staff" from 72% to 78%.**

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’s goal is to maintain above the target staffing level the province has set out with a goal 3 hours and 15 minutes by April 2023. 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. Our residents had a positive response rate to “I receive enough care and time from the staff” of 72% in 2021 which we would like to increase to 78% in 2022.

**Action Focus #7: Increase the percentage of positive responses to "The variety and quality of activities meets my needs" from 72% to 78%.**

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. The resident satisfaction survey found that 72% of residents responded positively to “the variety and quality of activities meets my needs”. The Home is hopeful as new and previously loved activities are re-introduced to the calendar, that this will increase. We have set a goal of an increase to 78%. We feel communication and being open about our plans is important and will make an effort to have more discussions with residents on what they would like to see offered in the Home.

**Action Focus #8:** Increase the percentage of positive responses to "I am given the opportunity to be outdoors" from 77% to 80%.

As with a wide variety of activities, the Sun Parlor Home recognizes the importance of comfortable outdoor space and facilitating time for residents to be outside. The Home saw a positive resident response rate of 77% on the resident satisfaction survey when asked “I am given the opportunity to be outdoors” which the Home would like to see increased to 80%. With the pandemic, there were again limitation on space due to the requirements for physical distancing. With requirements lessening throughout the province, the Home will be able to explore different opportunities for outdoor activities. The Home has also set a plan to expand the courtyard to facilitate more space for residents and families.

## **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 iterative 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” (e.g. all Perley Health 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 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 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 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.

***The Sun Parlor Home's Continuous Quality Improvement Plan is a living, evolving document. If you would like a more detailed copy of the Plan we would be happy to print a copy for you.***