

Continuous Quality Improvement - Interim Report

DESIGNATED QUALITY IMPROVEMENT LEAD

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GLEN STOR DUN LODGE'S 2022/23 HOME'S PRIORITY AREAS FOR QUALITY IMPROVEMENT

Glen Stor Dun Lodge continuously strives to improve the quality of care and lifestyle provided to our residents. COVID-19 Pandemic has provided challenges for Glen Stor Dun Lodge with restrictive mandates, healthcare worker shortages, limited resident gathering and activities, and strict visiting guidelines from the Ministry of Long-Term Care. 2022/23's Quality Improvement Plan (QIP) is a multidisciplinary plan focusing on 5 areas affecting resident-centered care, safety, quality of life and satisfaction.

QUALITY OBJECTIVES

1 Reviewing and enhancing required programs.

The Ministry of Health and Long-Term Care has legislation for several programs. Four of the programs are "Required Programs" focusing on safety and quality of life. The purpose of the review is to strengthen the programs and make necessary changes as programs are reviewed.

- Falls Prevention program to reduce the number of falls.
- Skin and Wound Care program to reduce the number of worsening pressure ulcers minimizing pain and infection.
- Pain Management program to reduce incidence of unmanaged pain.
- Continence Care program to reduce or prevent worsening of bladder control.

Each program has team leads who will perform a gap analysis with RNAO's best practice tools and assess areas requiring improvement. Once gaps are evaluated, a planning cycle is started using the PDSA method as discussed further into this document. Glen Stor Dun Lodge strives to meet or surpass provincial average.

2 Resident and Family Survey.

Satisfaction surveys provide residents and families the opportunity to provide feedback and express their feelings and opinions regarding the various care and services they are provided. It is our aim to improve the delivery of care and quality of services where possible, based on the results of our survey. The Quality Initiative using the resident survey is to ensure overall resident satisfaction using three of the questions in the annual survey provided to residents/family.

1. What number would you use to rate how well the staff listen to you.
2. I can express my opinion without fear of consequences.
3. I would recommend this home to others.

3 Infection Prevention and control (IPAC)

Hand hygiene is the most important factor in preventing the spread of communicable diseases. There are many factors affecting compliance, and through education, training, and implementing a monitoring system to enforce hand hygiene practice, it is suggested that the program can produce measurable improvements in hand hygiene compliance and lower incidents of preventable infections¹. Once baselines are collected, an action plan will be developed to train, monitor, and enhance hand hygiene.

4 Recreation

Recreation in Long Term Care Homes is a structured activity designed to facilitate residents' physical and emotional well-being by providing activities that help improve cognitive, social, and motor functioning. Social activities encourage residents to chat with one another and make new friends therefore, reducing loneliness and giving residents something to look forward to.

This quality initiative focuses on residents at high risk of social isolation by measuring the number of residents who participate in activities less than four times per month. Once 2019's baseline is collected, a target goal will be determined to increase participation to target residents.

Due to the sporadic social isolation throughout COVID, the baseline will be calculated using data from 2019.

5 Dietary

A frequent and basic activity in a long-term care home is eating, with the dining experience being one of the most social activities of a day. Every meal is planned to take into consideration nutritional value, temperature, quality, quantity and individual dietary restriction. Glen Stor Dun Lodge strives to provide the best quality and taste of food to enhance mealtime experience.

Glen Stor Dun Lodge is taking initiative to evaluate, not only the quality but the taste of food. Prior resident surveys evaluated food with the following question “*The quality of the meals is satisfactory*”. The new measurable targets quality and taste with the following revised question “*The quality and taste of the meals is satisfactory*”.

When reviewing resident surveys, the taste of food will become a measurable and once a baseline is captured the taste and quality will be evaluated if there is room for improvement.

PROCESS USED TO IDENTIFY THE HOME’S PRIORITY AREAS FOR QUALITY IMPROVEMENT.

Determination of quality improvement initiatives were identified by using a multidisciplinary approach. Initially, departments within Glen Stor Dun Lodge contributed by providing input on areas they wanted to measure and improve, to formulate an action plan and enhance services with the goal of providing the best care and quality of life. Results were presented to Glen Stor Dun Lodge leadership group, Family and Resident Council who provided feedback and approved the high-level plan.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY, AND IMPLEMENT ADJUSTMENTS, AND COMMUNICATE OUTCOMES FOR THE HOME’S PRIORITY AREAS FOR QUALITY IMPROVEMENT.

A key component of the quality initiative is frequent monitoring and data collection throughout the process. Each initiative is quantitatively measured improving the process of evaluating progress and change management. Data collected will be used to provide feedback into the process assuring that goals are accomplished and are concurrent with the improved outcome.

Each area has an identified leader who is accountable to monitor and analyze data and determine if they are meeting desired goals, quality level and identifying gaps to plan improvement. As a minimum, ongoing results are to be communicated to their respective team bimonthly and to the quality improvement committee on a quarterly basis keeping family and resident council informed.

Glen Stor Dun Lodge will move towards its goals by using the Plan, Do, Study and Act cycle (PDSA). PDSA involves identifying, defining, and diagnosing areas needing improvement before developing change ideas and implementing.

Plan – In the planning phase objectives are defined followed by a prediction of what will happen

Do – In this phase, the team carries out the plan and collect data which includes documenting experiences, problems, and surprises that occurred during the test cycle.

Study – The study phase information collected is reviewed against prediction from the planning stage and conclusions are drawn.

Act – In the last phase, it is decided if refinement or modification is needed to the change. This may lead to additional test cycle, starting the process over again.

A successful PDSA creates a feedback loop of constant learning and improvement until goals are achieved.

Glen Stor Dun Lodge has several committees to report progress on quality initiatives throughout the year. These committees include, but are not limited to: continuous quality improvement committee, resident safety committee, family and resident council, leadership group. Other forms of communication are provided in the form of emailing staff and family, posting information in common areas, presentations, shift change and through champions.

¹ Larson E. A causal link between handwashing and risk of infection? Examination of the evidence. Infect Control Hosp Infect Control Hosp Epidemiol 1988;