

Continuous Quality Improvement Report for 2024/25 – Garry J. Armstrong Long-Term Care Home

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Overview

The Garry J. Armstrong Home is one of four municipal long-term care homes in Ottawa as part of Long-Term Care Services (LTCS).

The LTCS strategic direction is guided by the vision: Enriching Lives Every Day and mission: Together in Care. Together in Life. The 2021-25 strategic plan has four strategic goals and the quality improvement plan is directed by these goals and established objectives. Strategic goals include Enriching resident lives, Enriching partnerships, Enriching staff, and Enriching tools. Each strategic goal has multiple measurable objectives which are integrated into the quality plan.

One of the key Long-Term Care Services initiatives is the commitment to developing and implementing a custom approach to person-centred care. The intent is to shift from a clinical, task-based environment, in favour of an approach that is focused on enriching the quality of life for residents, through more choice, autonomy, building stronger relationships, and home-like environments. LTCS has partnered with uOttawa LIFE Research Institute to develop a customized, hybrid approach to care and a comprehensive evaluation framework.

Person-centred care has been at the forefront of care improvement during the past year. The customized approach was initially piloted on one neighbourhood (unit) in the home and continues to expand over time to include additional neighbourhoods. While the project has seen positive results, it represents a significant culture change and will take time to fully implement across the home.

Some of the founding principles inherent in this work are a co-design approach, data-informed decisions and transparency. To that end, we are extremely proud of the work completed to date and will highlight improvement and learning throughout this document. The phases of this collaborative work, including the advisory committee, data needs and tracking, discussion, design, implementation and evaluation, combined with input from residents, families and front-line staff, all contribute to the shared understanding and change we aspire to. Additionally, we benefit from a rigorous evaluation made possible through a partnership with uOttawa.

A second important strategic initiative is the work towards the Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization certification, which commenced in 2023. This three-year initiative focuses on establishing and implementing specific best practices and measuring against global healthcare

standards. The three areas of focus are preventing falls, promoting oral health, and providing person-centred care.

Long-term care quality improvement plan

Each year long-term care (LTC) homes are required to develop and submit a quality improvement plan (LQIP) to Health Quality Ontario (HQO). While the HQO LQIP is a significant part of the home quality plan, the home identifies and prioritizes additional areas that require improvement. Additional Quality Improvement (QI) projects and improvement opportunities may be identified through the following:

- The strategic plan,
- Adverse events,
- Sentinel event/ Critical incident debriefs including the annual trending analysis,
- Resident and family engagement including the annual resident satisfaction survey and complaint trending analysis,
- Data trends,
- Incidents,
- Inspection results,
- Staff engagement feedback,
- City of Ottawa direction.

Once identified, project plans are developed, and the Lean Six Sigma suite of tools are used as are HQO resources. The quality improvement plan is aligned with the Quality Framework, based on the Quadruple Aim framework.

Quadruple Aim: Helping to Achieve Our vision

The Quadruple Aim is centred on four overarching goals: Improved Resident Experience, Improved Population Health, Reduced Care Costs, and Care Team Wellbeing, and is at the core of supporting the home to achieve the vision of Enriching Lives Everyday.

Priority areas

The priorities for this year's LQIP are informed by many sources including the City of Ottawa's strategic plan, and LTCS's strategic plan with its four goals and HQO's suggested indicators:

- Co-design person-centred approach to care (enrich resident experience and enrich quality of life).
- Improve performance on preventable harm via safety indicators (falls rate, use of antipsychotic agents without a diagnosis of psychosis, and reduction of restraints)
- Provide effective resident care (oral health)
- Enrich and improve staff experience, especially regarding staff safety and embracing diversity, equity and inclusion

Please note that priorities may be associated with maintaining/monitoring or have active functions with specific targets. Additionally, the home benefits from corporate initiatives

such as employee engagement surveys to support staff well-being and is pleased to highlight improvement efforts with active functions.

Quality objectives for 2024/25

As part of the 2024-2025 quality improvement plan, the home will seek to improve the following:

- **Equity:**
 - Percentage of staff who have completed relevant equity, diversity, inclusion and anti-racism education
- **Experience:** Resident-centred services
 - Percentage of residents providing a positive overall rating of the home as a place to live
 - Implementation of personhood into resident care plans and ensure that processes are informed by resident goals
- **Safe and effective care**
 - Percentage of residents taking antipsychotic medication without diagnosis of psychosis: Current performance 28.5%, provincial average 20.5%
 - Percentage of residents with falls based on Canadian Institute for Health Information (CIHI) data: Current performance 21.6%, provincial average <16.6%
 - Percentage of residents with daily use of restraints based on CIHI data: Current performance 2.8%, provincial average 2.0%

Access and Flow

Having access to the right care at the right time is a cornerstone of healthcare.

Two relevant improvement initiatives that were undertaken focused on understanding the nature of emergency department visits and the introduction of a palliative approach to care, ensuring that goals of care are understood and respected.

Every transfer to the Emergency Department is reviewed by the Quality Improvement Nurse and any areas of concern are discussed at the Home Professional Practice Committee and the Quality Improvement Team. With results of 2.0% and 10.6% in the first two quarters of 2023 respectively, this approach is working well however, there is significant variation between quarters. As such, **in 2024** the home will be seeking an opportunity to work with the Ottawa Hospital's nurse-led outreach team (NLOT) to better understand our performance and experience the benefits of the addition of a nurse practitioner on a part-time basis.

With changes in the regulations governing Long-Term Care, came changes to the palliative care and end-of-life program. The inherent opportunity, endorsed by the Champlain Hospice Palliative Care Program (CHPCP) was to better understand this "living-well palliative approach to care". This approach to care is well aligned with the City home's person-centred care philosophy, and it focuses on living well. Staff received education from the CHPCP and tools for implementation across all City of Ottawa long-

term care homes. Additionally, information pamphlets on a living-well palliative approach to care are now included in the home's moving-in packages to support goals of care discussions.

Equity and Indigenous Health

The City of Ottawa is fortunate to have a Gender and Race Equity, Diversity, Inclusion, Indigenous Relations and Social Development service area. The City has committed to respective strategies with corporate priorities and detailed work plans. Part of the work being undertaken involves the creation of usable resources and vehicles to increase awareness and understanding as well as areas for staff to contribute. To illustrate, there are interactive resource pages, diversity cafes and a wealth of other learning opportunities for staff. To foster awareness and understanding at the management and executive level, all managers and above were required to complete equity, diversity and inclusion education.

At Garry J. Armstrong long-term care home, staff and residents have diverse backgrounds. Different cultures are experienced as enriching the home, creating opportunities to share and learn from each other. Important dates in different cultures are celebrated, and this contributes to the well-being and safety of all in the home.

Finally, all managers will be taking equity, diversity, inclusion and anti-racism (EDIAR) training of one hour in 2024.

Resident Experience

The Home has established, long-standing Residents' and Family and Friends Councils that meet monthly. These councils serve to supplement feedback from the annual resident experience survey and the informal feedback that occurs regularly.

Furthermore, last year's improvement work included quarterly data gathering of the two suggested indicators: do residents feel they can speak-up without fear of consequences/reprisal and do residents feel that have a voice and are listened to by staff. The latter demonstrated a minimal decrease of 3% from 77% in 2022 to 74% in 2023 in the annual survey responses. That said, it is important to note that the proxy responses (from caregivers responding on behalf of residents) increased from 88% in 2022 to 94% in 2023. The overall score of combined resident and caregiver responses increased from 81% to 87% in 2023.

During 2023, the home began piloting person-centred care and provided two days of training to staff. In addition, the home introduced the best practice guideline, and the concept of personhood in care plans was highlighted during training. Formal half-day training related to personhood in care plans will occur in 2024.

Person-centred care training has been delivered to 68 staff so far. Numerous communication opportunities have been offered via newsletters, virtual meetings, meet and greet sessions, use of communication boards and presentations. Having staff and residents participate in the various communication channels instills a sense of collaborative progress where the entire team is important.

Some of the change ideas we implemented were a new “Getting to Know me Form”, a visual Kardex using logos, familial tables for meals, the introduction of a champion role, waking up naturally and changes to the physical environment.

The City’s partnership work with uOttawa related to the person-centred care evaluation will be complete in 2024. The results will inform whether or not there are improvements in quality of life for residents and families as well as quality of work experience for staff on the neighbourhoods that have implemented person-centred care. A pre- and post-intervention approach is being used.

As such, a focused area for **improvement in 2024** will be continued improvement to the quality-of-life results. Change ideas will come from the feedback received when shared and it will likely include the need to spread change.

Provider Experience

It continues to be a challenging time for health care organizations due to human resources challenges, including staff and manager capacity and availability.

The Home is fortunate to be part of the City of Ottawa, as there are numerous extra supports available. Whether it is the Employee Assistance Program, the Peer Support Network, the opportunity to respond to a wellness survey or simply the availability of on-line resources and training options for self-wellness promotion, staff have safe choices to access. The additional provincial funding related to the commitment to an average of four hours of direct care per resident per day has helped. Still, like many health care organizations, the home must address staff fatigue, recruitment challenges, unplanned absences, and staff overtime. This is reflected in the staff survey results (2023), which suggested a high level of staff engagement, but challenges related to workload, civility and respect. **A workplan for 2024** is being developed and will be a focused area of improvement.

Although volunteers are not staff, they most certainly play an integral role in supporting care and activities in the home. Unfortunately, the impact of COVID has continued effects on the capacity to recruit and retain volunteers. A resource has been dedicated on a piloted, temporary basis to determine if there are leading practices and/or innovative approaches to increase volunteers in the City homes. An innovative program in Ottawa, Entourage, is in place and we are fortunate to have university students providing one-on-one companionship to a select number of residents.

Finally, the City of Ottawa LTC Homes have a human resources workforce planning group, which is tasked with retention and recruitment innovation. To date they continue to work with staff to develop and implement strategies in both areas.

Safety

The Home had undertaken work related to polypharmacy in 2023 and had initially reduced the rate from 15.4 in June 2023 to 15.2 in December. There were however challenges to further decreasing the rate. Residents moving into the home had more than nine medications each, and the home’s practice is to support a stable transition.

This means that generally, no medication changes are made until three months have passed and the relationship between residents and staff is established.

The Home has typically been near the provincial in relation to the indicator “use of an antipsychotic agents without a diagnosis of psychosis.” However, the rate has increased during the year and currently rests at 28.5% in comparison to the provincial average of 20.9%. This was reviewed at the professional practice, quality improvement committee home’s and will be **an improvement focus for 2024’s work**. The home is committed to understanding the reasons behind the current rate and how it can be safely reduced.

There is a similar situation in relation to the **fall rate indicator**. Currently the fall rate is 21.6%, which is higher than the provincial average of 16.6%. The home will be implementing the RNAO best practice related to falls.

An area of **focused improvement for 2024 relates to restraint** usage, which at 2.8% is above the provincial average of 1.9%. The home follows a least restraint practice and extensive education has been provided, including “myth busters,” was provided to staff throughout the year. The improvement model approach will be used to generate root cause analysis and new change ideas. Another City of Ottawa home is exploring a review of all restraints monthly and integrating a review during weekly resident assessment protocol (RAP) meetings. Once the evaluation is complete and the approach determined to be effective or not, this may be an approach to consider.

Finally, as mentioned, oral care is one of the best practices being implemented as part of the RNAO spotlight organization certification process. The best practice has been applied and a gap analysis completed. The gaps are being addressed via change ideas focusing on education (video and demonstration) particularly for residents with cognitive issues who do not readily accept oral care. This is a **focus for 2024**.

Population Health

Given we are part of a municipality and the health care system, Garry J. Armstrong home has access to Ottawa Public Health resources that support understanding the unique needs of our community. Recent reports have suggested a planning imperative for an increase in the number of people who will be living with dementia and may potentially be admitted to long-term care homes.

We are committed to better understanding what this means and working with Ontario Health to determine how we can best support people in need of care. We regularly review the profiles of residents moving into our homes, and at this time we have not noticed a significant change.

While we are currently not part of an Ontario Health team, we work with a plethora of partners to discuss sector challenges. Some select examples are the Champlain Dementia Network, the Ontario Caregiver Association, the Champlain Hospice Palliative Care Program and others.

As shared earlier, the home’s philosophy is person-centred care, focused on building on strengths and not focusing on physical and cognitive deficits. Educational offerings and

data metrics stress this approach and will be used going forward to direct our population health focus.

QIP planning cycle and priority setting process

The LQIP is integrated into the planning cycle, with quality improvement plans (QIPs) submitted to Health Quality Ontario (HQO) each April. It includes the following as data sources:

- Ministry of Long-Term Care: Required Programs and respective evaluations
- Accreditation Canada standards
- HQO Publicly Reported indicator analysis
- CIHI data – trending and analysis
- Internal processes
- Resident, family and staff satisfaction survey results
- Feedback (complaints or suggestions)

This leads to numerous areas of focus and priorities which are presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. These forums include the Resident Council, Family and Friends Council, the LTC and Home Professional Practice and Quality Committee and the management team.

Final approval of the QIP is the Director of Long-Term Care with the knowledge that the Home has received input from the consultation process and approval from the Home's professional Practice and Quality Committee has approved.

HQO's process directs improvement

Health Quality Ontario's (HQO) easily understood and proven process is embedded in the quality improvement plan and is used to direct improvement via the following steps:

1. Diagnose/Analyze the Problem
2. Set Improvement Aims
3. Develop and Test Change Ideas
4. Implement, Spread and Sustain

Three 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

Monitoring progress and communication

Using Lean Six Sigma tools, the improvement aim is clear, what is being measured is feasible and understood. The improvement project team meets regularly to understand progress, determine if additional resources are required and to understand any unintended consequences via balance indicators.

It is also important to understand how improvement will be sustained and spread. The teams collaboratively determine the implementation approach and the quality nurse is frequently the leader and performs audits to identify adherence and slippage.

Communication

The home is committed to transparency and learning. Quality results are shared in the following ways:

- Posted on each neighbourhood (unit) quarterly,
- Posted in the family information area,
- Shared at committee meetings and functional team meetings,
- Shared with Residents' Council and the Family and Friends Council,
- Sent out via email.

Evaluation of communication consists of the following:

- Quarterly audit of CIHI results at neighbourhood (unit) level by RAI Coordinator,
- Quarterly Newsletter sent with CIHI results,
- Annual surveys of families and residents related to effectiveness of communications.