

# **Continuous Quality Improvement Report for 2023/24 – Garry J. Armstrong Long-Term Care Home**

June 2023

Quality Lead: Sarah Dickson, Administrator

## **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 with the goal of improving resident quality of life. LTCS has partnered with uOttawa LIFE Research Institute to develop a customized, hybrid approach to care and a comprehensive evaluation framework.

Long-Term Care Services leveraged two of the strategic goals, “enriching partnerships and tools,” and committed to a Registered Nursing Association of Ontario (RNAO) Best Practice Spotlight Organization certification. 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, LTC's new 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 polypharmacy)
- Enrich and improve staff experience
- Embrace diversity, equity and inclusion as fundamental to the home's way of being.

These areas are well aligned with the City's Long-Term Care Services strategic priorities and goals.

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 2023/24

As part of the 2023-2024 quality improvement plan, the home will seek to improve the following:

- **Efficiency:** Timely and effective transitions
  - Number of emergency department visits for modified list of ambulatory care-sensitive conditions per 100 residents: Current performance 25.66%, provincial average 20%
- **Service Excellence:** Resident-centred services
  - Number used to rate how well staff listen
  - Improved rating on ability to express opinion without fear of consequence

- **Safe and effective care**
  - Percentage of residents taking antipsychotic medication without diagnosis of psychosis: Current performance 26.35%, provincial average 21%
  - Percentage of residents with falls based on Canadian Institute for Health Information (CIHI) data: Current performance 20.6%, provincial average <16.5%

## **Resident engagement and partnering**

Long-Term Care Services committed to the principle of co-design in the development of its strategic plan and identifying home priorities. Resident and family representation was supported at the Steering Committee level as well as via focus groups and surveys.

The home conducts an annual resident and family survey. The process includes a review of questions with both the Residents' Council and the Family and Friends Council, and suggested changes are made based on their feedback. Once the survey has been completed and collated, results are shared with residents, staff, families, the Residents' Council and the Family Council. Priorities are established, based on the results of the survey, which drive operating and quality improvement plans. With the assistance and expertise from uOttawa, LTCS will evaluate the impact of awareness and person-centred care training and initiatives on the resident's experience.

## **Staff experience**

Enriching staff is one of LTCS' four priority areas. Staff challenges include: changing directives, anxiety, fear of contracting illness, worrying about residents and working in personal protective equipment (PPE). Throughout the pandemic, management supported staff via regular, consistent communication, innovative approaches to maintaining and adding staffing resources, supporting staff mental health, offering family and employee assistance programs, launching a peer-to-peer support program and the creation of a human resources task force charged with retention and recruitment innovation.

Staff welcome opportunities to improve quality, participate on the continuous quality improvement committee, and hold a leadership role in the design and delivery of quarterly clinical fairs.

## **Workplace violence prevention**

Staff safety, which includes environmental, physical, emotional and psychological safety, is a corporate priority. The home follows the corporation's policy which includes a harassment in the workplace policy focused on prevention. All allegations are investigated by an independent team and parties are debriefed. A summary of incidents, adverse events and allegations are shared with the health and safety committee and minutes are posted for staff.

Annually, staff are required to complete a policy review, education on workplace violence and harassment, with a focus on prevention and ensuring staff know what to do should violence occur.

## Resident safety

The home's continuous quality improvement committee and professional practice committees review quantitative and qualitative data from a variety of sources: CIHI data, medication incidents, complaints and concerns, critical incidents, glucagon usage, prevalence of infection, outbreak management, resident and family council suggestions, resident and family feedback via an annual survey, inspection reports, Accreditation Canada standards and public coroner recommendations.

In 2023, the home will build on the work completed to date related to medication safety. The goal is to spread work previously done on polypharmacy and continue to work to reduce the usage of antipsychotic agents without a diagnosis of psychosis. The internal Behavior Support Ontario (BSO) and expert psychogeriatric teams are consulted as needed.

## Health equity

LTCS considers health equity as a fundamental right and work to ensure that every person can achieve their best health. To that end, all new residents are asked to complete a "Getting to know me" form which helps staff understand their life, including what is important to them and what they are interested in.

## 2022-23 quality improvement

In 2022 the areas of focus were both falls with injury and polypharmacy. The home will pivot slightly in 2023, with an improvement focus on fall prevention and to continue making progress in the area of polypharmacy.

An internal 'Falls committee' has been formed, which includes members of the frontline staff, including nurses and personal support workers (PSWs), the Resident Assessment Instrument (RAI) Coordinator, a program support clerk, a program manager, and the Quality Improvement Nurse. The committee ensured that the restraint policy was in accordance with current legislation and reviewed current literature, data trends and the RNAO Best Practice Guideline on Prevention of Falls and reviewed the policy on fall preventions and restraints.

## 2023/24

In 2023/24 the home plans to maintain the fall prevention change ideas that were successful and to sustain performance results by holding regular restraint committee meetings, monitoring all fall documentation regularly, restraint use and providing ongoing education.

- *Reduce the number of residents with more than an average of 9 medications/day from 62.7% to 53.3%.*

The change ideas include a review of scheduled and PRN (as required) medications using a team approach including registered nursing staff, pharmacist, physician, resident, and family when applicable. Registered staff will be reminded to ensure that medications in the medication records are reviewed quarterly as directed and involve residents and their loved ones in reviewing their scheduled and PRN medications.

- *Enhance resident quality of life*

The City of Ottawa has entered into an agreement with uOttawa and the LIFE Research Institute to develop a customized approach to person-centred care and an evaluation framework. Staff training has begun and implementation of this model of care is underway.

## **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 service 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.