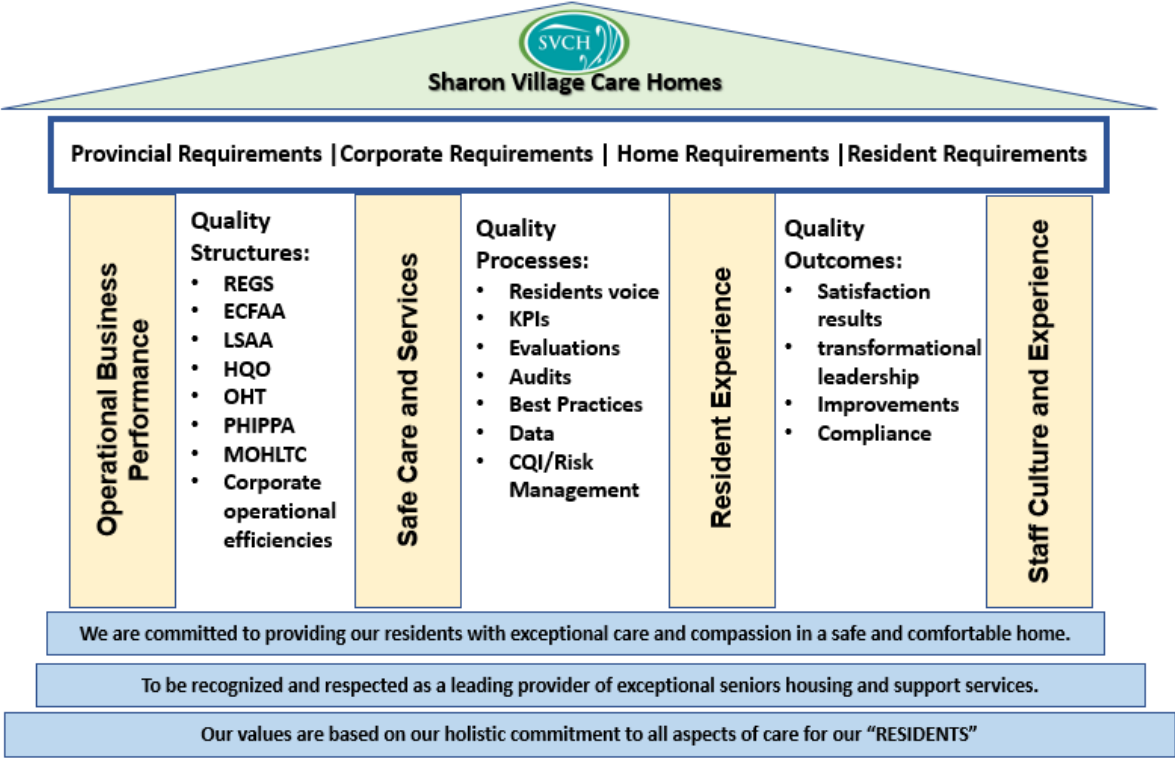


6/11/2022

Strathcona Long Term Care

Continuous Quality Improvement (CQI) Initiative Report

April 1 2022 – March 31 2023



Designated QI Lead Name: Shelby Jackson

Designated QI Lead Position: RAI Coordinator, QI Lead

CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT (2021)

Strathcona has several priority areas for Quality improvement with clear objectives and protocols to guide through implementation. Policies and Procedures are in place to ensure practice is current, effective and sustainable.

A: STRUCTURE

Overview and Framework

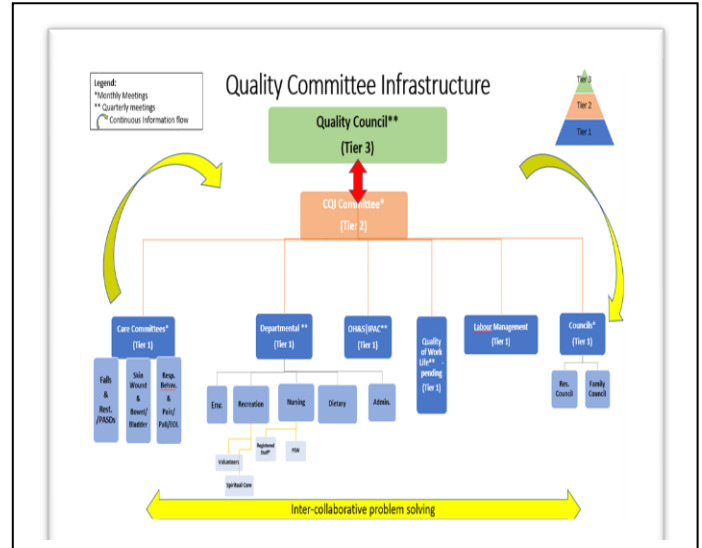
Strathcona is part of Sharon Village Care Homes and is committed to ensure that high quality and integrated care is provided to all persons served in our Home. We endeavour to create a culture of quality and knowledge integration where we are continually focused on improving the quality of services delivered, where persons served in our Home have both positive clinical outcomes and consistent positive experiences. We aim to provide persons served with a Home that is accessible, safe, resident-centered, population health focused, appropriate, effective, efficient, equitable and integrated. The Resident's Bill of Rights is integral to our philosophy, mission, vision and values.

In order to continually deliver the highest level of quality services to the persons served we have established foundational structures that guides practice and policy implications by using the following key components:

- Mission, vision, values
- Strategic pillars/priorities
- Risk management Plan
- Dedicated Quality Improvement Lead at the Home level
- CQI committee Infrastructure: Three-tiered approach
- Quarterly Quality Council Meetings (PAC – subcommittee of Quality council)
- Quarterly Town Hall Meetings
- CQI Review Committee
- Resident Council
- Family Council

We are driven by the primary goal of providing quality care that is resident-directed and safe. We do this by collaborating with inter and intra-disciplinary stakeholders that includes professional staff, Leadership /Governance, clinical/non-clinical representation, point of care support along with the persons served and family members.

Our CQI Committee infrastructure is a Three-Tiered approach in order to ensure there is inclusiveness and engagement of both interdisciplinary and intra-disciplinary representation at the level most appropriate and meaningful. This consists of, but not limited to Board, Corporate, Clinical staff, professional staff, support staff, resident, family, etc. The committee members are strategically selected in each Tier based on evidence from conducting a stakeholder analysis. Our CQI infrastructure enables us to monitor risk, determine priorities and implement methods of improvements based on legislative requirements, evidence, best practices, and/or prevailing practices.



Strategic Pillars:

Our corporate strategic directions are identified within the **Four Strategic Pillars** which have embraced the dimensions of Person and Family Centered Care.

1. Operational Business Performance
2. Safe Care and Services
3. Resident Experience
4. Staff Culture and Experience

Strathcona strives to promote and foster a culture of continuous quality improvement and knowledge integration with exemplary leadership and professional practice.

Strategic Plan:

A corporate strategic plan and priorities are established to direct our LTCHs with consistent practices and systematic processes. The strategic plan is driven by an environmental scan, assessed priorities based on performance, quality indicators, operational reviews, SWOTT analysis, audits, inspections, survey results, resident/family considerations and legislative requirements. This corporate strategic plan is shared with each individual Home. Each Home develops their Home-specific strategic plan to align themselves with corporate direction.

Accreditation:

Our Quality Improvement initiatives align with CARF accreditation and other legislative requirements to improve, enhance, augment and sustain the quality of delivery and services for the persons served in our Home.

B: PROCESS

Performance Improvements:

We continuously review, monitor performance and evaluate quality improvements by the following but not limited to:

- Interdisciplinary teams and CQI committees
- Internal scheduled audit processes and focused audits as applicable
- Program evaluations
- Gap Analysis
- Inspection Protocols
- Key performance indicators
- Surge Education learning
- Critical Incident System
- Resident and family satisfaction surveys
- Staff satisfaction surveys and Needs Assessments
- Quality Corner display boards for transparency

Risk Management Plan:

In place are extensive processes for performance improvement management that outlines a system for identifying and assessing risks, rating the likelihood if those risks, and determining the severity of those risks.

Our Risk Management Plan is a proactive approach for identifying, assessing and rating the likelihood, and severity of risks. We endeavor to apply actions in eliminating/controlling threats to avoid risks. We do this by evaluating and formulating our risk priorities on an annual basis to ensure our strategies are current and effective.

Home Priority areas for Quality improvement April 1 2022 – March 31 2023:

Our priorities for this year is determined by risk management, strategic plan, survey results, outcome indicators, CARF, inspections etc.

Safety

- **Skin and Wound Care:** interdisciplinary committee is in place with a dedicated skin and wound lead.
Plan: decrease pressures Ulcers & prevention of new pressure ulcers
- **Responsive behaviours:** interdisciplinary committee with a dedicated BSO lead & support BSO PSW
Plan: Reduce residents with antipsychotic medications without a proper diagnosis; Reduce symptoms of depression
- **Falls Prevention:** interdisciplinary committee in place with a dedicated lead
Plan: Reduce and mitigate falls
- **Pain and Palliative Care:** interdisciplinary committee in place with a dedicated lead.
Plan: Decrease in experienced and worsened pain
- **Restraints and PASD's:** interdisciplinary committee in place with a dedicated lead.
Plan: Maintain zero restraint usage withing the Home.
- **Bowel and Bladder:** interdisciplinary committee in place with a dedicated lead

Effectiveness

- To decrease ED transfers -Track and monitor to differentiate avoidable ED transfers
- CQI program initiatives, program and policy manual revised
- CQI report template & QI workbook inclusive to all priority areas
- Surge platform integration with existing practices for Education, KPIs, Audits, program evaluations, and surveys as applicable
- Speedy Audits for hand hygiene

Access

- Provide appropriate and timely medical and nursing care based on individualized needs and clinical expertise
- System partners- pain and palliative symptom management, skin and wound consultant, geriatric psych consultants, discharge liaison team collaboration, NLOT, Clinical resource specialist from medical suppliers, local IPAC hubs/Public Health.

Resident centered

- Person & family Centered Care best practice integration into delivery of care and services, programs and processes. for organization-wide culture change
- Resident and family surveys to be distributed annually and results shared and posted with action plans

Integration and continuity of care

- Information sharing amongst interdisciplinary team members and families
- Communication through *Quality Corner* boards and newsletters
- Point click care dashboard access for continuity of resident care
- Ongoing training facility wide for GPA certification for all staff all departments

Challenges and Mitigation Strategies

- Ongoing staffing challenges
- Dedicated IPAC lead and QI Lead to coordinated and foster a culture of knowledge integration and uptake of evidenced based practice
- Recruitment of families interested in family council

Information Management

- Establishment of electronic documentation /filing
- Surge learning platform for education, program evaluations, audits, KPIs and surveys
- PCC for resident Health records
- Meeting minutes, newsletters, memos *Quality Corner* board
- Website

Engagement of Clinicians and Leadership

- Inter-collaborative practice and engagement of clinical/professional staff, leadership/management, support staff, and point of care to elevate roles/scope of practice, professionalism and collaborative practice
- Dedicated IPAC lead, QI lead, Resident Service Coordinator
- Spiritual care coordinator

Resident Client engagement

- Resident council & Family council
- Annual satisfaction surveys- invited input for suggestions
- Multidisciplinary care conferences active engagement
- Quality corner board
- Newsletter
- Quality council/CQI committee engagement Resident council
- Food committee meeting to invite input and determine delivery of services

Accountability management

- Monitor required and home specific indicators through a well-defined CQI infrastructure and CQI annual report. Progress is monitored monthly at departmental, committee and CQI monthly committee, with quarterly reports to the Quality Council
- Transparency and information sharing processes for resident, family, staff and other stake holders through **Quality Corner** board updates and newsletter dissemination. This process is developed for the implementation and sharing of all QI initiatives with residents, families, staff, internal/external stake holders, community partners and linkages on a regular and ongoing basis

Communication & Transparency:

Strathcona will communicate our CQI Initiatives' Program to Residents, Families, Employees, Board Members, along with other stakeholders on an annual basis. It is important to not only convey any challenges/negative outcomes in the communication pieces but also achievements/positive outcomes. We have various styles to communicate our CQI Initiatives program from committee meetings to posters, that can effectively relay any important information. Shared are some of the methods of communication for transparency, but not limited to:

- Residents & Families Newsletter – distributed and posted
- Employee & Board Newsletter – distributed and posted
- Tyndall website & SVCH Website
- Committee/Departmental Meeting Minutes – distributed and posted
- Quality Council – this is our Tier 3 of the CQI committee infrastructure where communication of all initiatives and progress within the Home are communicated on a quarterly basis to internal/external stakeholders as well as governance
- Town Hall - this is our Tier 1 of the CQI committee infrastructure where communication of all initiatives and progress within the Home are communicated on a quarterly basis internally to all staff and stakeholder
- “Quality Corner” – Our Quality Corner is a visual bulletin board which serves as a transparent method for quarterly updates and to raise awareness of the QI initiatives' within the Home.
- Presentations- This is done for transparency and flow of information from to and from Quality Council
- QI Education – In addition to mandatory education there is Home specific education that is QI specific to assist in the learning needs and processes

C: OUTCOME

Some of our planned methods of improvements for sustainable outcomes are determined by at a minimum but not limited to:

- Resident Satisfaction Surveys
- Family Satisfaction Surveys
- Staff Satisfaction Surveys
- Publicly reported Quality Indicators
- Additional Key Performance Indicators as determined by corporate/Home

Survey Results

i. Resident Satisfaction Surveys:

Our Recreation/Program Department distributes annually, resident satisfaction surveys to those that are able to participate and assistance is provided as required. In 2021, 35 surveys were conducted with residents, with 35 respondents giving us a 100% response rate. At **Strathcona**, our overall resident's satisfaction rate was 83.46%. Action plans are developed and implemented with corrective actions and timelines based on the survey results. These results are summarized and communicated to Family/Resident's Council, Quality Council/ PAC, Town Hall with a plan of action for improvements.

ii. Family Satisfaction Surveys:

The current family council came in to effect in 2021 at Strathcona Long Term Care. Our Recreation/Program Department distributes annually, family satisfaction surveys to all family members/SDM. In 2021 96 surveys were distributed to family members/SDM with 39 respondents giving us a 40.6% response rate. At **Strathcona**, our overall family satisfaction rate was 84.78% Action plans are developed and implemented with corrective actions and timelines based on survey results. These results are summarized and communicated to Family/Resident's Council, Quality Council/ PAC, Town Hall with a plan of action for improvements.

iii. Staff Satisfaction Surveys:

The last survey conducted for staff was in 2020 and was made available to 100% of the staff. In 2020 106 surveys were distributed to staff members with 46 respondents giving us a 43.3% response rate. At **Strathcona**, our overall staff satisfaction rate was 54.7%. Action plans are developed and implemented with corrective actions and timelines based on survey results. These results are summarized and communicated to Family/Resident's Council, Quality Council/ PAC, Town Hall with a plan of action for improvements

2021 Survey Results			
Date of last Survey	Survey	Overall Satisfaction	Date Shared F-Family, R-Resident S-Staff
Jan-Dec 2021	2021 Family Overall Satisfaction Rate (%)	84.78%	F- June 24, 2022 (posted) R-May 19, 2022 (posted) S- June 24, 2022 (posted)
Nov/Dec 2021	2021 Resident Overall Satisfaction (%)	83.46%	F- June 24, 2022 (posted) R- June 2, 2022 (posted) S- June 24, 2022 (posted)
November 2021	2020 Staff Overall Satisfaction Rate (%)	54.7 %	F- June 24, 2022 (posted) R- June 24, 2022 (posted) S- June 24, 2022 (posted)

Improvement Indicators (discussion of our Quality Initiatives plan.

There are 6 publicly reportable CIHI indicators for Long Term Care. We measure and track these indicators to determine, evaluate and sustain improvements on a regular basis and report these outcomes to Quality Council. In addition to the 6 publicly reportable indicators, we also track ED visits to avoid unnecessary hospital transfers.

Indicator Report Card: CIHI Data

CIHI Indicator	CIHI Indicators Definition	Provincial Benchmark	CIHI Data April 2020-March 2021	CIHI Data April 2021-March 2022
Restraint Rate	long-term care home residents who were physically restrained	2.8%	0.0%	0.0%
Pressure Ulcer Rate	long-term care home residents with pressure ulcers	2.5%	6.3%	7.1%
Fall Rate	long-term care home residents who fell	16.7%	23.7%	23.4%
Pain Experience Rate	long-term care home residents experiencing pain	5.0%	17.9%	11.4%
Worsened pain	long-term care home residents experiencing pain	9.4%	21.8%	15.1%
Antipsychotic Rate	residents not living with psychosis who were given antipsychotic medication	19.3%	31.6%	34.5%
Depression rate	long-term care home residents with worsened symptoms of depression	22.0%	39.8%	35.0%
ED Transfers/Visits	Long term care resident transferred to Hospital Emergency Department	15.3%	5.1%	6.2%

Quality Improvement Accomplishments: April 1 2021 – March 31 2022

In addition to the indicators above, *Strathcona Long Term Care* has been involved in several Quality Improvement initiatives and planned methods of improvements, but not limited to as follows:

- ✓ Surge uptake for Mandatory education, audits and program evaluations
- ✓ CQI Initiative report structure
- ✓ Interdisciplinary committee infrastructure
- ✓ CARF – received 3 year accreditation award
- ✓ Corporate strategic plan priority alignment
- ✓ Redevelopment plan for increase in beds
- ✓ COVID pandemic planning – No covid related outbreak in 2021
- ✓ IPAC champion for hand hygiene
- ✓ Meal suit initiated
- ✓ Designated QI lead
- ✓ Increased budget allocations for 4 hours levels of care – phase 1 increments
- ✓ Initiated re-structured Quality Improvement committees
- ✓ Increased staff engagement within interdisciplinary committees
- ✓ Electronic filing for documentation
- ✓ Staffing h recruitment and retention – ongoing
- ✓ Monthly resident / family newsletters