

Strathcona Long Term Care

Continuous Quality Improvement (CQI) Initiative Report

April 1 2023 – March 31 2024



Designated QI Lead Name: Shelby Jackson

Designated QI Lead Position: RAI-Coordinator, QI Lead

QUALITY IMPROVEMENT REPORT (2023)

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

Overview and Framework

Strathcona LTC, is part of Sharon Village Care Homes and is committed to ensuring 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.

Objectives:

We strive to continually deliver the highest level of quality services to the persons served by using the following key processes:

- Risk management Plan
- Corporate Operational and Strategic Plan
- Dedicated Quality Improvement Lead at the Home level
- Quarterly Quality Council Meetings
- Quarterly Town Hall Meetings
- Monthly CQI Review meetings
- Focused committees and departmental meetings
- Resident and Family Councils
- Internal Audits
- Annual Program evaluations
- Review of priority indicators from Ontario Health
- Result of our Resident, Family, Staff and Volunteer Satisfaction Surveys

Our key priority indicators are tracked monthly and an evaluation of the data is completed quarterly using a Root Cause Analysis approach and action plans are put in place. Outcomes are communicated at our Quarterly Quality Council meetings and posted on the Quality Board.

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. In 2021 we were successful in being granted a Three-Year Accreditation for Person-Centred Long Term Care Community from CARF Canada.

Survey Results & Action Plans

i. Resident Satisfaction Survey Results:

Our Program Department distributes annual resident satisfaction surveys to those who can participate and assistance is provided as required. In 2022, there were 43 respondents. At Strathcona, our overall resident satisfaction was 83%.

ii. Family Satisfaction Survey Results:

Our Program Department distributes annual family satisfaction surveys to all family members. In 2022, there were 12 respondents. At Strathcona, our overall family satisfaction rate was 84%.

iii. Staff Satisfaction Survey Results:

The survey was made available to (100%) of the staff. In 2022, 103 surveys were distributed to staff members with 66 respondents. At Strathcona, our overall staff satisfaction was 51%.

Action Plans:

Survey results are summarized and shared with the Resident’s Council, Family Council, and staff for input to develop an interdisciplinary and inclusive action plan. These results are summarized and communicated to the Resident’s Council, Family Council, Quality Council, and Staff Town Hall with the plan of action for improvements.

		2022 Survey Results	
Date of Survey	Survey	Overall Satisfaction	Date Shared and Action Plan input received F-Family, R-Resident S-Staff
October 24 – December 2, 2022	2022 Family Overall Satisfaction Rate (%)	84%	F- Feb 3, 2023 R- Feb 15, 2023 S- March 1, 2023 QC- April 26, 2023
October 24 – December 2, 2022	2022 Resident Overall Satisfaction (%)	83%	F- Feb 3, 2023 R- Feb 15, 2023 S- March 1, 2023 QC- April 26, 2023
October 19- December 31, 2022	2022 Staff Overall Satisfaction Rate (%)	51%	F- Feb 3, 2023 R- Feb 15, 2023 S- March 1, 2023 QC- April 26, 2023

Action plans were developed jointly by the CQI Lead, the Leadership team, a staff representative from each department and provided to the Residents Council & Family Council for review and input. This can be validated through the respective Meeting minutes

Home Priority Areas for Quality Improvement April 1, 2023 – March 31, 2024:

The Home’s Quality Improvement Plan was aligned with the Health Ontario QIP. In addition, our Home added additional indicators based on our previously identified areas requiring improvement.

Our 2023-2024 Quality Improvement Workplan includes the following Indicators:

1. Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. Our goal is to reduce our current performance from 28.33% to 18.5% by the end of the 2023/24 year. Indicators and performance are shared at the Quarterly Quality Council meetings for input from the team.

Our Change ideas include:

- a. Identify the highest diagnosis/reason for transfer to the hospital, and focus on education based on the diagnosis found. Provide assessment education and introduce the interact pathway tool for nurses to follow based on that diagnosis
 - b. Track and monitor ED transfers on tracking and analysis tools, and report to the CQI committee and Quality Council possible root causes.
 - c. Education to be provided to each registered staff to bring awareness of avoidable ED transfers.
2. Decrease the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from 31.78% to 19.30%

Our Change ideas include:

- a. Provide Education to registered staff on antipsychotic usage without a diagnosis
 - b. Pharmacy to provide a list of identified residents quarterly in conjunction with the 3-month med review cycle
 - c. DOC to review the list monthly with the attending physician for reduction options and explore alternatives
 - d. Review monthly at the registered staff meeting, review monthly with DR / NP
3. Improve the percentage of residents who responded positively to "I am kept informed and up to date of any changes in my health status including medications, plan of care, treatment and services, etc." from 72% to 80%.

Our Change ideas include:

- a. Discussion at registered staff meetings on an ongoing basis on the importance of communication with families/persons served and with what events.
 - b. Memo to be sent out to family members via email list and signage to be posted as a reminder
 - c. Director of Care/designate to complete audits monthly on 10% of resident's doctor's orders. Identify any gaps.
 - d. Ensure that all departments are included in care conferences and invite residents to participate as applicable
4. Improve the percentage of residents responding positively to "The food looks appetizing and tastes good" from 76% to 80%.

Our Change ideas include:

- a. Follow up and share the new menu with the food committee
- b. Food service manager to complete training with Dietary staff.
- c. Discuss at registered staff and PSW staff meeting
- d. Increase audit frequency to weekly for 6-8 weeks then monthly for 6 months

Quality Improvement Accomplishments: April 1, 2022 – March 31, 2023

In addition to the indicators above, Strathcona LTC has been involved in several Quality Improvement initiatives and planned methods of improvement, but not limited to as follows:

- Surge uptake for Mandatory education, audits and program evaluations
- Clinical Support Tools (CST) implementation
- Dedicated IPAC Lead
- Dedicated QI Lead
- Quality Improvement program implementation
- Policy updates with FLTCA and O. REGS 246/22
- Staffing Hours of Care compliments increases
- Resident Service Coordinator

Covid:

The past several years have been challenging for our home due to the worldwide COVID-19 pandemic. One key component that the pandemic brought to light was the need for increased IPAC measures in Long-term Care Homes. It also highlighted the need for finding innovative ways for our residents and staff to interact beyond our walls when it was mandated to have fewer people inside our homes. In addition, like most LTCs across the country, we initially had challenges with supply chain issues, staffing, outbreaks, ever-changing directives, guidance documents and public health recommendations. We are proud to say, that despite these challenges our focus continues to be the safety of our residents, their loved ones and our staff. Our home has been focused on continuing to improve our Infection Prevention and Control (IPAC) protocols which include but are not limited to the following examples:

- Hiring a designated IPAC lead
- Reviewing and developing policies as they related to ongoing IPAC changes in our sector
- Implementing screening processes
- Utilizing both PCR and RAT testing
- Regular and ongoing audits
- Education and training of staff and visitors
- Implementing directives and guidance documents as directed
- Working collaboratively with our healthcare partners to ensure compliance with all IPAC recommendations

Staffing:

Strathcona strives to support our staff to create a safe and collaborative workplace. The COVID-19 pandemic has taken a toll on staff at all levels in the organization. Staff are still recovering from the intense focus on prevention and containment over the past few years. We have also intentionally maintained staffing levels without any reductions over the past few years. We have been successful in recruiting staff when needed. In addition to these strategies, Strathcona provides annual online education and other in-services, seasonal staff

recognition events and other special events to ensure staff experience a welcoming and supportive workplace. We also have an annual recognition event to highlight our experienced and long-serving staff.