

# Continuous Quality Improvement Interim Report

**DESIGNATED LEAD - Quality Improvement**

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*Tilbury Manor*  
Long-Term Care Home

## **QUALITY PRIORITIES FOR 2022/23**

Tilbury Manor is pleased to share its 2022/23 Quality Improvement Plan (QIP). Tilbury Manor is committed to quality improvement and is reflected in our mission and strategic plan. We are implementing the Person and Family Centred Care Best Practice Guideline with resident being at the center of all care approaches and quality of life, while collaborating with both resident(s) and their family to achieve a Plan of Care that meets resident's needs based on resident's wishes and what is most important as medical and care management.

The ongoing impact of the COVID-19 pandemic, healthcare worker shortage, meeting the requirements of Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights and overall, a focus on wellness, evidence based best practice and innovation Tilbury Manor's QIP is a roadmap to achieving objectives and opportunities for excellent care, collaboration and quality of life of residents in our Home.

**The high-level priorities for 2022 QIP are supporting the innovation in Data Integration, Supporting front line staff Decision Making and implementation of evidence best practice guidelines as a Designated Best Practice Spotlight Organization Direct Tilbury Manor.**

- Achieving Excellence in Quality of Life for residents in our Home
- Achieving Resident's Comfort
- Supporting Resident's Transition in our Home
- Meeting Resident's needs, wishes
- Data Integration
- Supporting Point of Care Decision Making
- Improving staff experience
- Residents' and Staff Satisfaction Surveys

## **QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS**

- ▶ Tilbury Manor has developed Quality Improvement Plans as part of the annual planning cycle with QIPs submitted to Health Quality Ontario (HQO) every April.
- ▶ QIP planning includes an evaluation of the following factors to identify preliminary priorities:
  - Progress achieved in past year;
  - Ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
  - MDS Indicators Raw Data Reports available in Point Click Care
  - Resident, family and staff experience survey results;
  - Emergent issues identified internally (trends in critical incidents) and/or externally;
  - Input from residents, families, staff, leaders and external partners.
  - Mandated provincial improvement priorities (e.g., HQO)
  - Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines

- ▶ Priorities are discussed within different committees and councils by interprofessional and interdisciplinary team members.
- ▶ These committees and councils include the Leadership Team, Resident Councils, Family and Council, CQI Council and the Board of Directors Committee, such as Quality Care Committee. The process is interactive and engages different stakeholder groups.
- ▶ QIP targets and practice change ideas are identified and confirmed by ARCH Long Term Care.

## QUALITY OBJECTIVES FOR 2022/23

1. Achieving Excellence in Quality of Life for residents in our Home through the implementation of Person and Family Centered Care (PFCC) and Alternative to Restraints Best Practice Guideline
2. Achieving Resident's Comfort through the implementation of Pain Assessment and management Best Practice Guideline
3. Supporting Resident's Transition in our Home from the 1<sup>st</sup> day of admission through the implementation of the Admission and 24 Hours Assessment and Plan of Care Clinical Pathway
4. Meeting Resident's needs, wishes through the implementation of Clinical Pathways (Person and Family Centred Care and Pain Assessment and Management)
5. Data Integration through the implementation of AMPLIFI for the continuous updating of resident's information in both hospital and LTC Home record with transition exchanges
6. Supporting Point of Care Decision Making through the implementation of Assessment Tools and Clinical Pathways that integrate with Plan of Care through Nursing Advantage Canada electronic platform for residents' assessment
7. Improving staff experience through supporting decision making at point of care
8. Satisfaction Surveys – Response and Action

# ACTION PLAN

## ▶ ACTION:

### 1. Person and Family Centered Care Best Practice Guideline and Clinical Pathway Implementation Metrics:

- ▶ Number of residents and family participating in developing the plan of care.
- ▶ Satisfaction with care provided to residents

### 2. Pain Assessment and Management Best Practice Guideline and Clinical Pathway Implementation Metrics:

- ▶ Residents with New Pain from 0 % to 0 %
- ▶ Residents with worsened pain from 0% to 0%.

### 3. Alternatives to Restraints and Minimum Restraining Best Practice Guideline Implementation

- ▶ Identified restraints alternatives with a reduction of using restraints from 0 % to 0%.

### 4. Clinical Pathway Implementation:

- ▶ 24 Hours Assessment and Plan of Care
- ▶ PFCC
- ▶ Risk for Delirium
- ▶ Pain Assessment and Management
- ▶ Feedback provided to RNAO and Point Click Care

▶ **ACTION:**

**5. Data Integration (AMPLIFI Project)**

- Match of resident electronic health records between Tilbury Manor and hospital software systems

**6. Safety and Technology:**

- Skin and Wound App. – Completion of Assessments as scheduled 100%
- Practitioner Engagement and Secure Conversation App. – Usage
- Automated Dispensing Cabinets (ADC) use
- Infection Control Program Implementation

**7. Improved Staff Experience:**

- Supporting Point of Care Decision Making: Clinical Pathways, electronic Infection Control Program, ADC, electronic Skin and Wound Program
- Satisfaction Survey and Outcome

**8. Residents Satisfaction Survey:**

- Satisfaction Survey and Outcome
- Residents' Council Feedback
- Actions for improvement



# TILBURY MANORS APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- ▶ Tilbury Manor's Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing residents' quality care and service, and staff work satisfaction and safety. Tilbury Manor has adopted the Model for Improvement to guide quality improvement activity. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

## 1. Trends Analysis

- ▶ Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping, 5 whys, fishbone, Plan-Do-Study-Act (PDSA) cycles, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

## 2. Set Improvement Aims

- ▶ Once there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family satisfaction with overall care approaches and outcomes for the residents, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.
- ▶ The aim statement includes the following parameters - "How much" (amount of improvement – e.g., 30%), "by when" (a month and year), "as measured by" (indicator or a general description of the indicator) and/or "target population" (e.g., residents, residents in specific area, etc.)

## **APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)**

### **3. Developing and Test Practice Change**

- ▶ As a principal, Tilbury Manor will identify the evidence based best practice guideline(s) published and available to implement practice change.
- ▶ With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move Tilbury Manor towards meeting its aim statement.

# APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

## 4. Implementation, Dissemination, Sustainability

- ▶ Improvement teams consider the following factors when developing implementation of practice change plan:
  - Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, etc.)
  - Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).
  - Communication required to various stakeholders, before during and after implementation
  - Approach for spread across Tilbury Manor, (to residents, families, staff)
  - Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)

# Measures includes the following types:

## **Outcome Measures:**

- Measures what the team is trying to achieve (the aim)

## **Process Measures:**

- Measures key activities, tasks, processes implemented to achieve aim

## **Structure Measures:**

- Measures systems, and processes to provide high-quality care.

## **PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES**

- ▶ A key component of the sustainability plan is the collection and monitoring of the key project measures over time.
- ▶ Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or decline in performance.
- ▶ Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not.
- ▶ If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed.
- ▶ Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in adherence to compliance.

## At An Organizational Level

- ▶ Tilbury Manor is using different reports to monitor and measure progress on strategic aims, such as reports and Quality Improvement modules, best practice identifies indicators with guidelines and clinical pathways implementation, and different analysis tools available within different programs.
- ▶ Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:
  - Posting on unit Quality and Best Practice Boards, in common areas and in staff lounges
  - Publishing stories and results via the newsletter, presenting at practice change webinars, social media
  - Direct email to staff and families and other stakeholders
  - Handouts and one: one communication with residents, families and staff
  - Presentations at staff meetings, Resident Councils, & Family Council
  - Change of shift reports
  - Use of Best Practice Champions to communicate directly with peers