

Continuous Quality Improvement Report

**Collingwood Nursing
Home Limited**

Wendy Curran, Director of Care

DESIGNATED LEAD - Quality Improvement

Introduction to **Collingwood Nursing Home Limited**

- We are a 60 bed LTC home with 4 Convalescent care Beds providing 24 hour long term care for seniors and those requiring activities of daily living. We provide quality care involving all acare disciplines including residents family/POA's

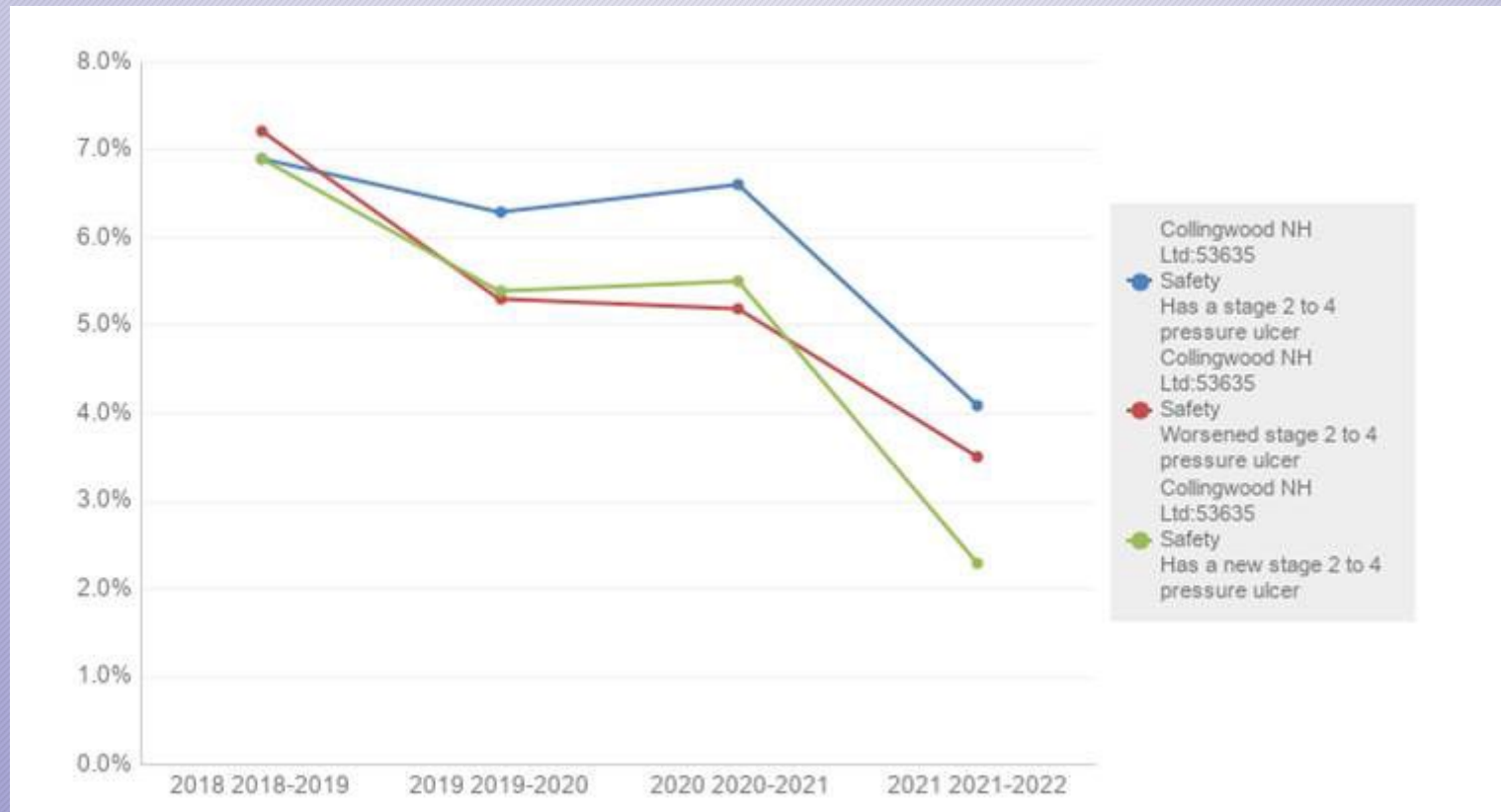
Quality Improvement Outcomes from 2022-23

Quality Indicator	Performance Identified in 2022	Current Performance Indicator
Stage 2-4 PI	6.6	4.1
Worsened stage 2-4 PI	5.2	3.5
Has a new stage 2-4 PI	5.5	2.3

High-Level overview of successes and objectives achieved in 2022:

- Quality indicators with respect to pressure injuries and pressure injury prevention have shown a decrease over the 2022 year.

Quality Improvement Outcomes from 2022-23



QUALITY PRIORITIES FOR 2023/24

Collingwood Nursing Home Limited is pleased to share its 2023/24 Continuous Quality Improvement Plan Report. **Collingwood Nursing Home Limited** is committed to quality improvement and is reflected in our mission and strategic plan. We are continuing the implementation of the Person and Family Centred Care Best Practice Guideline ensuring residents and their families are supported to achieve their personal goals for their health and quality of life. We are implementing the Palliative Approach to Care and End-of-Life Care Best Practice Guidelines concentrating on improving or sustaining comfort and quality of life for the residents and their families facing a life-limiting illness. Our Palliative care approach encompasses holistic services that meets the physical, emotional, social, cultural, spiritual and psychological needs of the resident and their family members.

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence based practices and innovation remain high priorities for **Collingwood Nursing Home Limited**. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.

The high-level priorities for Collingwood Nursing Home Limited 2023 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Pre-designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction :

- 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
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Maintaining Residents' and Staff Satisfaction

QUALITY OBJECTIVES FOR 2023/24

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 and the Palliative Approach to Care Guideline
2. Achieving Resident's Comfort through the implementation of Pain Assessment and management Best Practice Guideline and the End-of-Life Care Guideline
3. Supporting Resident's Transition in our Home prior to admission through the process of pre-admission conference and on the 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) and integration of goals of care discussions during resident care conferences
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 screening, assessment, prevention of risk and 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. Maintaining Resident and Staff Satisfaction through Response and Action

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Collingwood Nursing Home Limited has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- 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;
- Identified priorities through program evaluations and recommendations from the homes continuous quality improvement committee
- Results of care and service audits
- 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 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. Board of Directors-identify if the endorsement for final QIP is by Board of Directors, Owner, or other.

Collingwood Nursing Home Limited

APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- **Collingwood Nursing Home Limited** Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety **Collingwood Nursing Home Limited** has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Complete 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 experience and satisfaction of outcomes, 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 CON'D)

3. Developing and Testing Practice Change(s)

- As a principal, **Collingwood Nursing Home Limited** will identify practice changes to implement current evidence based recommendations established by the published best practice guideline(s)
- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move **Collingwood Nursing Home Limited** towards meeting its aim statement (s).
- **Collingwood Nursing Home Limited** will monitor and track outcomes of practice changes through observation, auditing and data collection

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, documentation systems 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 **Collingwood Nursing Home Limited**, (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

- **Collingwood Nursing Home Limited** is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway 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 Continuous Quality Improvement 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

Resident and Family Satisfaction Survey

- Resident and Family Satisfaction Surveys are provided to Residents and their family members each year in May
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and Family Council and members of the staff of the home
- **Collingwood Nursing Home Limited** completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, Family Council, CQI committee members and staff members of the home

Collingwood Nursing Home Limited 2022 Resident & Family Satisfaction Survey

2022 Resident and Family Satisfaction Surveys was completed during the month of July

Example of Summary listed below

Summary of Areas home is performing well:

- 90% satisfaction with personal care services received
- 95% satisfaction with quality of incontinence products
- 95% satisfaction with overall effectiveness of communication from CNH

Summary of Areas for Improvement identified on 2022 Survey listed below:

- 60% satisfaction with staffs responsiveness in responding to needs and requests
- 60% satisfaction with quality of food
- 60% satisfaction with temperature and comfort throughout the building

Collingwood Nursing Home Limited Quality Improvement Priority Indicators

1. Person and Family Centered Care

Indicator	Current Performance	Target Performance
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	80%	85%
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	80%	85%

2. Timely and Efficient Transitions

Indicator	Current Performance	Target Performance
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	10%	8.5%

3. Palliative and End-of-Life Care

Indicator	Current Performance	Target Performance
Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	New indicator	100%
% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	New indicator	100%

Practice Changes/ Action Items to Support Quality Improvement

1. **Data Integration**

- Match of resident electronic health records between **Collingwood Nursing Home Limited** and hospital software systems

3. **Safety and Technology:**

- Practitioner Engagement and Secure Conversation App.
- Automated Dispensing Cabinets (ADC) use
- Infection Control Program Implementation

4. **Improved Staff Experience:**

- Supporting Point of Care Decision
- Satisfaction Survey and Outcome

5. **Residents Satisfaction Survey:**

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

Collingwood Nursing Home Continuous Quality Improvement Action Plan

Year: 2023

Instructions: Complete Continuous Quality Improvement Action Plan as a part of the CQI Report annually. Create action plan for targeted quality improvement initiatives identified during review of Resident & Family Satisfaction surveys, CQI Audits and Program Evaluations.

The following items need to be addressed each year in this action plan: QI Indicators (I.E. Skin, ED Transfers, Fall Prevention); Innovation (I.E. MST, PE/SC, Epic PCC integration); Resident/Family Survey action items; BPSO Indicators (i.e. Pain assessment and management, restraints, PFCC); CQI Audits action items and Program Evaluation action items

Item Number	Quality Improvement Indicator	Current Performance	Target Performance	SMART Goal & Quadruple Aim (1. Resident Experience, 2. Outcomes, 3. Care Team Experience, 4. Effective Resource Utilization)	Practice Change Idea	Action Items	Target Completion Date	Responsible Person	Date Action was Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken	Description of how and when that actions taken were communication to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any) 5) Staff of the Home
1	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	10.00	8.5%	Goal: Implementation of A Palliative Approach to Care in the last 12 months and End-of-Life Care in the last days and hours Best Practice Guidelines to support early identification and assessment of change in condition while promoting effective communication, and effective group functioning amongst the entire healthcare team with regards to assessment, information sharing, decision making, care planning, care delivery and confirmation. Aim: To decrease the quantity of unrequired admissions to the emergency department by increasing the quality of care that we provide within the facility.	The BPSO Steering Committee and Palliative Care Committee will track the progress of implementation of these two guidelines with the use of the palliative care and end-of-life care action plans. BPSO Committee and Palliative Care committee will meet quarterly to review progress and effective change. Audits will be completed to ensure appropriate screening for individuals that would benefit from a palliative approach to care are assessed during admission and that the care plan has been created in collaboration with the Resident and their family members based on the residents values, wishes, beliefs, preference and goals for care and services.	1) Number of new admissions screened for palliative care or end-of-life care needs. 2) % of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs. 3) Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	June 30th 23	DOC or Designates		Review Plan and Action Plan Review improvements implemented Feedback documented in Resident/ Family Council minutes and in Action Update Audits related to Action Plan's summary of results review at Resident/ Family Council including actions taken to correct Communication included with Care Conference, newsletter, relevant boards	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards	
2	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	61.11	75%	Goal: To increase staff responsiveness to the unique and individual needs of the resident through staff education and training sessions. Aim statement: To improve the residents experiences of having their needs and wishes met in accordance to our resident-and family centred standard of care.	Educate staff on communication methods through workshops, webinars, or other offered courses.	At least one education session on communication is offered to staff members by June 30th 2023.	June 30th 23	Admin		Review Plan and Action Plan Review improvements implemented Feedback documented in Resident/ Family Council minutes and in Action Update Audits related to Action Plan's summary of results review at Resident/ Family Council including actions taken to correct Communication included with Care Conference, newsletter, relevant boards	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards	
3	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	68.42	75%	Goal: To increase resident participation in our Resident, Family, and Quality Improvement council in order for the residents to have awareness into the homes policies and procedures, and give the residents a change to have input on the development and implementation of changes within the facility. Aim statement: To improve residents ability to express their overall opinions on the policies and procedures within the home and implement change measures that are in accordance to our resident and family centred care approach.	Increased resident participation in the council meetings.	2% increase in resident attendance in council meetings by May 30th 2023.	June 30th 23	CQI Lead		Review Plan and Action Plan Review improvements implemented Feedback documented in Resident/ Family Council minutes and in Action Update Audits related to Action Plan's summary of results review at Resident/ Family Council including actions taken to correct Communication included with Care Conference, newsletter, relevant boards	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards	

4	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	34.29%	25%	Goal: To decrease the amount of psychotropic medication administered to residents without a formal diagnosis of psychosis, delusions, hallucinations, schizophrenia, huntingtons, etc. Aim statement: To improve the appropriate use of psychotropic medications among residents in the adult population, by identifying those who qualify to receive them and those who need to be referred to an external source in order to re-evaluate the effectiveness of their use.	1. Identify diagnosis that preclude an indication of psychosis and adding diagnosis of psychosis in PCC. 2. Identify current residents prescribed psychotropic medications without a diagnosis of psychosis 3. Identify any previous use of psychotropic medications or previous history of psychosis 4. RAI/MDS coder review section I and O if the CIHI Manual and any other education materials provided by CIHI to ensure coding completed for CIHI is appropriate	1) Identify all current residents with a diagnosis of; Delusions, Hallucinations, Schizophrenia, Huntington's chorea and add additional diagnosis of psychosis (F29) 2) Review all residents who do not have a diagnosis of psychosis who are prescribed antipsychotic medications**, and work with physicians, pharmacist, BSO to identify if a diagnosis of psychosis should be added to their diagnosis list. ** VIA the MDS V2.0 Report #21- Percent of Residents Without a Diagnosis of Psychosis (DRG01) 3) On admission the home will review with family/resident any history of previous psychosis and use of psychotropic medications. 4) RAI/MDS coders to complete AIS testing annually.	1. Quarter2, 2023 2. March 1 2024, 3. Ongoing on admissions, 4. Annually and when needed	RAI/MDS/ADOC/D esignates		July 31/23	Review Plan and Action Plan Review improvements implemented Feedback documented in Resident/ Family Council minutes and in Action Update Audits related to Action Plan's summary of results review at Resident/ Family Council including actions taken to correct Communication included with Care Conference, newsletter, relevant boards	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	
5	Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	New Indicator	100%	Goal - To increase the percentage of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures Aim Statement -To improve the residents, family and staff experience by establishing therapeutic and collaborative partnerships that identify the physical, psychological, social, spiritual (existential) and practical requirements of the resident and their family members facing a life limiting illness. Completing a holistic assessment in partnership with the resident and their loved ones can support the development of a plan of care that has been co-designed to encompass the residents values, wishes, beliefs, preferences and expectations. Establishing care and services that are tailored to the resident and the family members needs will enhance residents quality of life and comfort.	1) Educate Registered Staff on goals of care discussions related to palliative care and/or end-of-life in collaboration and partnership with the resident, SDM(s) and interprofessional team 2) Establish an audit process to audit the completion and quality of palliative care plans based on goals of care discussions	1) Develop education session and training materials to educate registered staff on goals of care discussions related to palliative care and/or end-of-life needs in collaboration and partnership with the resident, SDM(S) and interprofessional team, how to initiate referrals for palliative care or end-of-life needs when required and how to build a resident specific and holistic plan of care tailored to the residents palliative care needs 2) Schedule and implement training sessions for registered staff on goals of care discussions, referrals and resident specific care planning based on goals of care discussions. 1) Create an audit schedule indicating the responsible person (s) for completion of audits and number of audits to be completed each month 2) Conduct monthly audits of Palliative Care Plans. Follow up to be completed as required	2023-05-31 2023-06-30 2023-07-31 2023-07-31	Director of Care Director of Care Director of Care Director of Care	July 31/23	Review Plan and Action Plan Review improvements implemented Feedback documented in Resident/ Family Council minutes and in Action Update Audits related to Action Plan's summary of results review at Resident/ Family Council including actions taken to correct Communication included with Care Conference, newsletter, relevant boards	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards	
6	% of palliative champions within the home	New Indicator	8%	Goal: Increase the percentage of staff that are educated on palliative care, actively participating in the homes palliative care program, and attending committee meetings to improve the quality of resident care within the home. Aim statement: Improve the facilities palliative care program through proper training and education for staff members, recruitment of champions who have additional training in palliative care, and adherence to the best practice guideline for fundamentals of palliative care.	1) Canvas the employees on all three shifts to identify staff members that would like to become a Palliative Care Champion and participate in the Palliative Care Committee 2) Choose staff members to be palliative care champions. Ensure all 3 shifts have 2 ore more champions to support the implementation of the palliative care and end-of-life care best practice guidelines. Register the selected champions for the fundamentals of palliative care, for registered staff register them for the enhanced fundamentals course through the OHT West Pain and Symptom Management Consultant	1) Post internally the opportunity for staff to become Palliative Care Champions and be provided the opportunity to have additional training and education regarding palliative care and end-of-life care 2) Choose staff members to be palliative care champions. Ensure all 3 shifts have 2 ore more champions to support the implementation of the palliative care and end-of-life care best practice guidelines. Register the selected champions for the fundamentals of palliative care, for registered staff register them for the enhanced fundamentals course through the OHT West Pain and Symptom Management Consultant	2023-04-30 2023-06-30	Director of Care Director of Care	July 31/23	Review Plan and Action Plan Review improvements implemented Feedback documented in Resident/ Family Council minutes and in Action Update Audits related to Action Plan's summary of results review at Resident/ Family Council including actions taken to correct Communication included with Care Conference, newsletter, relevant boards	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards	