

CONTINUOUS QUALITY IMPROVEMENT – INTERIM REPORT

DESIGNATED LEAD:

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QUALITY PRIORITIES AND OBJECTIVES FOR 2022/23

Fairhaven uses Accreditation Canada's framework and Health Quality Ontario's (HQO) standards of care to continuously improve the quality of life with our residents. We are committed to providing high quality and compassionate care to our diverse and expanding resident population through a multidisciplinary team approach. The focus for the 2022/23 Quality Improvement Plan (QIP) aligned our organization's mission, vision and values with the provincial quality agenda. Our vision is *'to be recognized as a community leader in providing quality care through spectacular service, innovation and collaboration with our residents, clients, staff and community partners.'*

Our strategic direction encompasses quality perspectives which is to:

- ✓ PROVIDE HIGH QUALITY COMPASSIONATE CARE
- ✓ ENHANCE CONTINUOUS QUALITY IMPROVEMENT EFFORTS
- ✓ OPTIMIZE HUMAN RESOURCE

In conjunction with the provincial themes for quality, Fairhaven has embraced the following quality priorities:

1. Timely and Efficient
2. Resident Experience
3. Safe and Effective Care

Timely Efficient Transitions

Potentially avoidable emergency department (ED) visits for long-term care residents has been a longstanding indicator for HQO and on Fairhaven's QIP. We are currently measuring at 16.05 %. Fairhaven is striving to decrease the amount of avoidable visits by approximately 10%, to be lower than the provincial average of 16%. A review of the causes of ED visits highlighted falls as the highest contributing factor, so an emphasis has been put on the Fall's Prevention Program. Continued surveillance of this program is conducted by the Falls Committee, who evaluate the data on a monthly basis. Staff, residents and family education will be reviewed and updated as required.

Resident Experience

There are two indicators encompassing the resident experience; *Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"* and the *Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"* Baseline data is being collected for the former and the home is striving for 100% of residents who responded positively to the statement: *"I can express my opinion without fear of consequences"* from the current score of 85%. Improvement initiatives includes the introduction of hourly rounding, education on resident engagement, actively participating in the plan of care. Monitoring the effectiveness includes monthly focus groups being surveyed, responses to Resident and Family council feedback and annual surveys, staff completion and uptake.

Safe and Effective Care

As previously stated, the home is focusing on falls prevention and striving for a 25% reduction in falls for end of year, with the ultimate goal of surpassing HQO's benchmark of 9%, from our 9.8%.

Percentage of long-term care home residents in daily physical restraints over the last 7 days is another indicator the home has been working towards the last few quality improvement cycles. A focus on bedrail removal continues, with a separate committee reviewing the risks and benefits for residents who have bedrails on a quarterly basis. The home would like to see a reduction of 25% from 4.4% and is working towards a goal of reaching HQO's benchmark of 3% for restraints. Monitoring staff education and number of restraints reduced is conducted monthly, quarterly and annually.

Documented assessments of palliative care needs among residents with progressive, life-limiting illness who were identified to benefit from palliative care is in the beginning phases for the Home, with baseline data being reviewed. The pain and palliative care committee will monitor the monthly data in QIA.

Fairhaven strives to reduce antipsychotic medication use when unnecessary and has aimed to meet the provincial average by 2023 with a 15.68 reduction in medications for 2022 and an additional 15% reduction for 2023. The Behavioural Supports Ontario (BSO) team monitors ongoing use of antipsychotic medications and communicates to the physicians when it is no longer being used. Non-pharmacological interventions are a first -approach philosophy at Fairhaven, and the number of staff completing the education in GPA, PIECES, U-First, and Validation are reviewed.

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS POLICIES, PROCEDURES AND PROTOCOLS

The Continuous Quality Improvement (CQI) model at Fairhaven provides a comprehensive home-wide mechanism designed for quality improvement and utilization that will facilitate monitoring, analysing, evaluating and improving the quality of accommodation, care, services, programs and goods provided to the residents. We are guided by our mission, vision and values of providing quality care in a safe and caring environment, as well as our ethical framework.

Fairhaven has meaningful engagement with a variety of stakeholders to assist in the direction of planning, monitoring and outcomes for the QIP.

Residents and Family

Residents and families have several avenues to participate, discuss and develop improvement projects throughout the home.

- Resident and Family councils
- Admission process and care conferences
- Complaints/concerns process
- Satisfaction surveys

Staff

- Daily shift exchange huddles
- Nursing practice meetings
- Operational committees
- Direct feedback through suggestion box/concerns email/management
- Staff engagement surveys
- Monthly rounds for falls

Interdisciplinary Teams

Every team is comprised of different disciplines including direct care staff, medical staff, allied health professionals, recreation, supervisors, managers, and Quality is a standing focus on any agenda item.

- QCIPA (Resident Quality and Safety Committee)
- Professional Advisory Committee (Quarterly)
- Monthly/quarterly rounds on Restraint and Bed safety; Falls Prevention; Skin and Wound; Contenance Care; Food committee.

Committee of Management (COM)

- Quality is a standing agenda item on the COM meeting minutes; a yearly review of the QIP is conducted in March, as well as program evaluations and monthly scorecards present to the board for oversight.

External Partners

- Academic affiliations
- RNAO
- Emergency responses (i.e. Fire Drill inspections)
- Advocacy groups
- AdvantAge Ontario, CLRI, ISMP, CareRX

QUALITY EVALUATIONS AND COMMUNUCATION

Fairhaven conducts, on a regular and consistent basis, performance focus audits that address all government compliance standards/regulations and the home's quality standards.

Data-collecting and monitoring tools are used, including the Plan Do Study Act (PDSA) methodology, FMEA's (Failure Mode and Effects Analysis), Fishbone diagrams; Root Cause Analysis, Accreditation Canada's Qmentum cycle standards, Health Standards Ontario, the FLTCA and the Ministry of LTC guidance. Objectives are developed with aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART).

Quality improvement is an integral part of daily operations. The home's Professional Advisory Committee (PAC), and Quality Committee oversee the program evaluations, monthly performance indicators and resident and staff satisfaction surveys. The result of our annual satisfaction surveys, completed by residents/families and staff is a reflection of the reached outcomes and performance evaluation.

Quality boards, communication binders, presentations to Resident and Family Councils, emails and newsletters are some of the platforms Fairhaven shares its many successes.