
Continuous Quality Improvement Initiative
Report Norview Lodge Long-Term Care Home
2024-2025

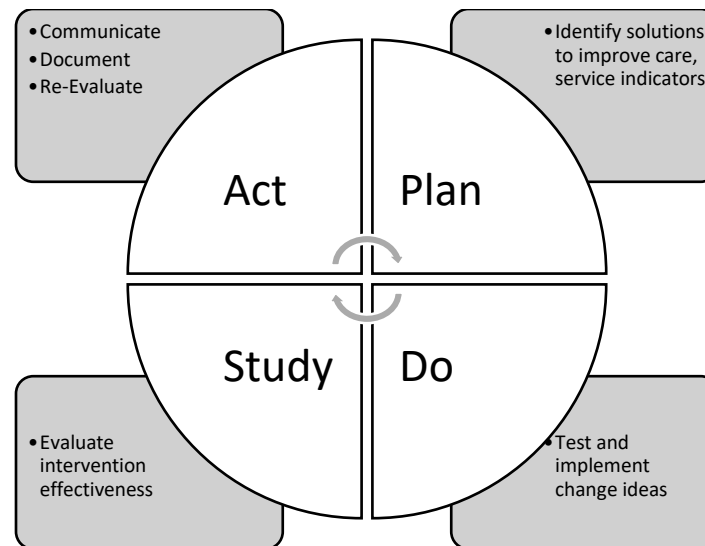


Overview

Norview Lodge is a 179 bed Long-Term Care Home located in, and run by, the Municipality of Norfolk County. Norview Lodge is committed to ongoing quality improvement in all aspects of care and services. This is reflected in our Vision Statement “Norview Lodge will be recognized and respected for its delivery of Resident-centered compassionate, quality care, as well as providing an environment that excels in teamwork and personal growth while recognizing the value of family, volunteers and community partnerships”. Norview Lodge has been participating in the Health Quality Ontario QIP’s since 2015 and is continuously striving for excellence in providing quality, Resident centered care.

Continuous Quality Improvement

At Norview Lodge, Continuous Quality Improvement (CQI) is a philosophy that encompasses all aspects of care and services within and outside the organization. Norview Lodge is committed to using evidence-based resources to sustain and support best practices that ensure the best possible Resident focused care. Norview Lodge uses a variety of approaches to support our quality improvement efforts including Plan-Do-Study-Act (PDSA), Fishbone Diagrams and Process Mapping.



Quality Improvement Objectives for 2024-2025

The Quality Improvement Plan (QIP) for the 2024/2025 year has recognized the following priority areas:

1. Maintain the number of potentially avoidable Emergency Department visits at 2.9.
2. Increase the number of staff who have completed relevant equity, diversity, inclusion and anti-racism education to 50%.
3. Increase the number of Residents who responded positively to the statement “I can express my opinion without fear of consequences” to 100%.
4. Increase the number of Residents who responded positively to “What number would you use how well the staff listen to you” to 100%.
5. Reduction in the number of Residents who fell from 17.33 to 16.00.

In addition to the indicators identified above, Norview Lodge has chosen to include two additional Continuous Quality Improvement Objectives as outlined below:

6. Reduction in the number of new Stage 2 or higher-pressure ulcers from 3.90 to 2.90.
7. Improving communication in End-of-Life Goals of Care discussions with Residents and Families.

The homes Quality Improvement Plan (QIP) objectives align with Norview Lodge's goal to improve care, deliver service excellence and continually work to improve Resident experience.

Policies, Procedures, Protocols for Continuous Quality Improvement for 2024-2025

Norview Lodge's Policies and Procedures, electronic documentation and practice standards provide a baseline for providing quality care and services while maintaining safety. Norview Lodge has adopted a Model for Improvement to guide quality improvement planning and activities. Interdisciplinary quality improvement teams work collaboratively through the phases of the model to drive change and improvement in identified areas.

1. **Analyze the problem by determining the root cause.** Evaluation of data by utilizing any of the following tools:
 - a. Fishbone Diagram
 - b. Five Whys
 - c. Process Mapping
 - d. Check Sheets
 - e. Pareto Charts

2. **Identify planned improvement and process measures by Utilizing the Model for Improvement:**
 - a. AIM – What are we trying to accomplish?
 - b. MEASURE – How will we know if change is an improvement?
 - c. CHANGE – What changes can we make that will result in improvement?
 - d. Rapid Cycle Improvement – PDSA: Act-Plan-Do-Study

3. **Identify solutions to improve care, service indicators and status.** Gather Change Ideas by:
 - a. Asking team members, Residents and families, for suggestions/ideas, best practices, ideas from other long-term care homes or organizations.
 - b. Creating process maps or fishbone diagrams where problems are occurring and potential solutions.

4. **Testing and Implementing Change Ideas:**
 - a. Communicate testing to Residents, Families, and applicable Staff
 - b. Consideration will be given to small tests of PDSA cycles in delegated Resident home areas. This includes how and what indicators are being collected, the number of designated Residents involved, etc.
 - c. Conduct the tests and document any problems, consequences or benefits identified.

The following Policies and Procedures are in place and available for review:

1. CQI-01: Continuous Quality Improvement Designated Lead

Continuous Quality Improvement Initiative Report 2024-2025

2. CQI-02: Continuous Quality Improvement Committee
3. CQI-03: Continuous Quality Improvement Initiative
4. CQI-08: Audits
5. CQI-09: Monitoring and Evaluation and Improving Quality Resident and Family Satisfaction Surveys
6. CQI-10: Annual Program Evaluation
7. CQI-11: Continuous Quality Improvement Initiative Report

Process for Identifying Quality Improvement Priorities

Norview Lodge's nursing, departmental and administrative policies provide guidance for staff in providing quality care and services to the Residents. Norview Lodge's policies and procedures are reflective of Best Practice Guidelines and mandated Provincial guidance.

Norview Lodge Quality Improvement planning includes an evaluation of the following key elements to identify quality priorities:

- Progress achieved in the past year based on comparison to previous years QIP
- Review of results from the annual Resident and Family Experience Surveys
- Ongoing analysis of performance data from the Canadian Institute for Health Information (CIHI), focusing on areas indicating a decline in performance and/or where, when compared to other organizations, suggests improvement is needed
- Conduction of internal care and service audits to identify areas requiring attention
- Best Practice Guidelines and mandated Provincial improvement priorities
- Results of Proactive Compliance Inspections from the Ministry of Long-Term Care
- Committee Reports
- Revision of feedback/input from Residents, families, staff and community partners

Continuous Quality Improvement is a standing agenda item for all Committee and Department Team meetings at Norview Lodge. Discussions related to Resident's Quality of Life items are discussed at Resident and Family Council Meetings. Final review and approval of Norview Lodge's Quality Improvement Plan is completed by the Committee of Management

Performance Monitoring and Measurement

Norview Lodge publicly reports its clinical outcomes, which serves as a valuable resource to support quality improvement through comparison to provincial averages. These benchmarking indicators can help to identify areas for improvement and drive change to improve overall Resident care and services.

Continuous Quality Improvement Initiative Report 2024-2025

Norview Lodge CIHI Performance Indicators 2022-2023

Quality Indicators	Ontario	Norview Lodge
Falls in the Last 30 Days	16.5%	17.2%
New Stage 2 or Higher Pressure Ulcer	1.9%	3.9%
Has an Indwelling Catheter	4.2%	5.3%
Has Urinary Tract Infection	3.9%	6.1%
Daily Physical Restraints	2.1%	0.0%

Practice Changes/Action Items to Support Quality Improvement

1. Data Integration (Project AMPLIFI)

- a. Sharing of Resident Health information electronically with Hospitals to improve Resident care outcomes and efficiency of transferring health information

2. Safety and Technology

- a. New Skin and Wound Application within Point Click Care to improve wound monitoring and assessment
- b. Introduction of LifeVac devices into the home for use in the event of a choking Resident
- c. Ongoing revisions and updates to all Policies and Procedures to align with Best Practice Guidelines
- d. Revision and updates to Catheter Care Policies to align with Best Practice Guidelines
- e. Regularly scheduled compliance audits across all departments to improve processes and address gaps in practice
- f. Hand Hygiene Day – hand washing tournament for selected staff to be the Hand Hygiene Champion

3. Resident Satisfaction

- a. Resident Survey's and Outcomes
- b. Feedback from Resident Council

4. Education for Staff/Residents/Families

- a. Creation of new positions to support Resident care - Supervisor of Education and Training role to oversee staff education, full time PSW positions
- b. Education for all staff providing education on Infection Control Practices
- c. Information sessions offered at Norview Lodge for families/caregivers on a variety of topics

Review of Quality Improvement Initiatives 2023-2024

Reflection on the 2023-2024 Quality Improvement Plan revealed many successes as well as some challenges. One focus of the QIP was to increase Resident and Family participation in the annual survey to improve upon how Residents felt their voices were heard and how well they felt staff listened to them. This achievement was demonstrated by an improved Resident participation rate of 97% for the 2023 survey as compared to the previous year at 88% Resident participation. The Family/Caregiver Satisfaction Survey saw an improved participation of 54 Families/POA in 2023 compared to 38 in 2022. This goal was attained through the inclusion of the Family/Caregiver survey in the monthly billings, a practice that has been brought forward into 2024 to continue with improved distribution of the annual survey.

Another focus of CQI was a revision of the Palliative Care Program to include use of the Palliative Performance Scale (PPS) during admission assessment by the Physician/Nurse Practitioner to establish a baseline. Following the initial assessment, the PPS is to be completed quarterly to assist in assessment of a Resident's functional performance in determining Goals of Care. An emphasis was placed on education for staff through workshops and inclusion of information on Surge Learning to improve knowledge and competency in End of Life and Palliative Care. Norview Lodge plans to continue to offer Palliative Care Education workshops to staff going forward in 2024-2025.

In 2023-2024, Norview Lodge aimed to reduce the number of Residents receiving inappropriate medication through completion of Quarterly Medication Reviews by the Physician/Nurse Practitioner with a focus on anti-psychotic medication. Overall, a reduction in anti-psychotic medication usage was observed from 37.7% of Residents to 30.9%. Along with a reduction in use of medications, a focus on re-certification for staff in Gentle Persuasive Approach, GPA Recharged and Crisis Intervention training was also offered in which 74 staff had the opportunity to complete. Education opportunities for staff will continue to be offered at Norview Lodge.

Along with the success, a few challenges were realized in respect to the 2023-2024 Quality Improvement Goals. In tracking of Resident Transfers to Hospital, one target goal was increased education to Registered Staff on the benefits and approaches to preventing Emergency Department transfers. Due to the implementation of other educational opportunities that took priority (MST initiatives and IPAC education), this target education was not implemented but has been brought forward into Norview Lodge's 2024 QIP. Still, overall, a reduction in ED transfers in the home was observed from 7.39 per 100 Residents in 2022 to 2.9 per 100 Residents in 2023. The Resident Information Package was updated in 2023 to include information for families on what services, treatments and assessments can be administered at Norview Lodge to prevent unnecessary transfers to hospital.

Resident & Family/Caregiver Experience Surveys

The annual Resident and Family/Caregiver Experience surveys were conducted from April 24, 2023, to November 30, 2023. Resident surveys were conducted in house by the CQI Lead and/or designate. Family Surveys were mailed as a paper copy with an option to complete survey online. Paper copy results were then uploaded into CheckMarket and results were tallied.

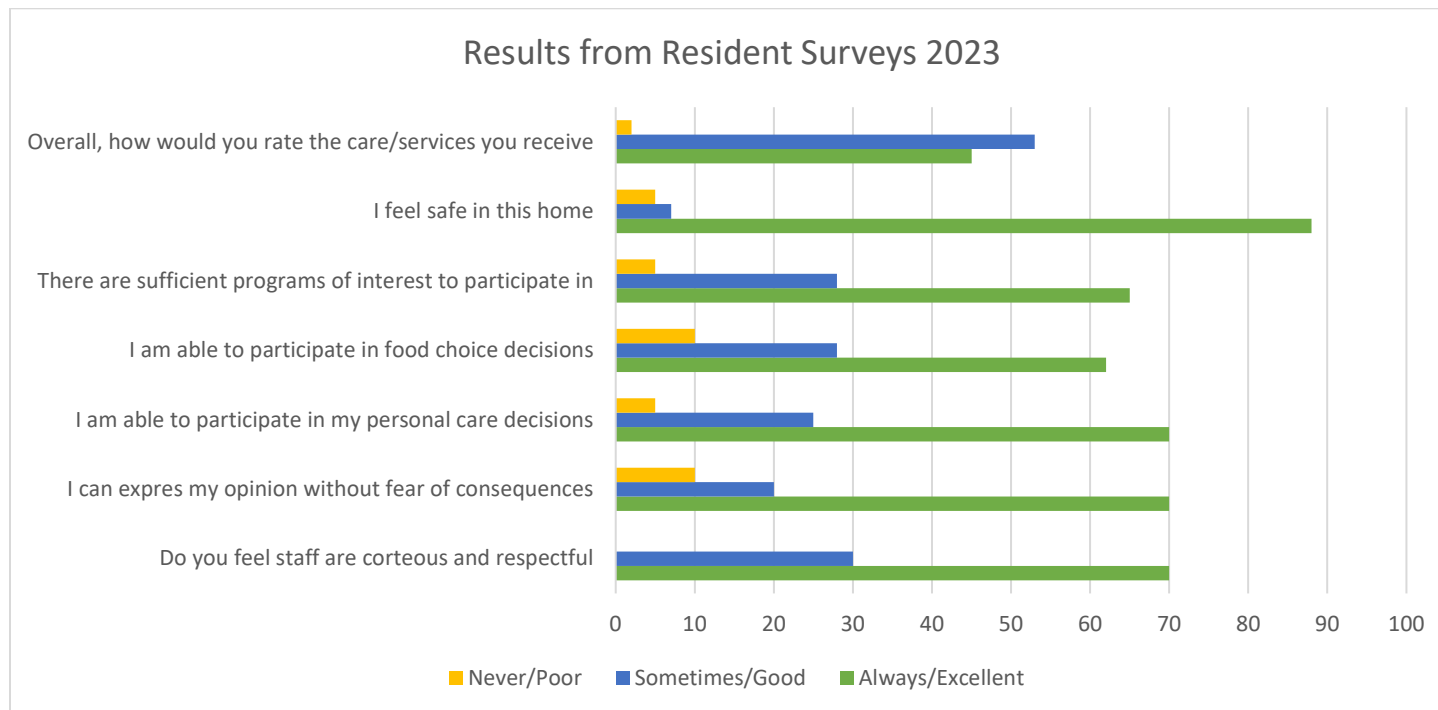
The results of the surveys were communicated to the Residents and Family Council on March 25, 2024. Results were presented at the Resident Council Meeting by the CQI Lead, and copies were given to members of the Family Council.

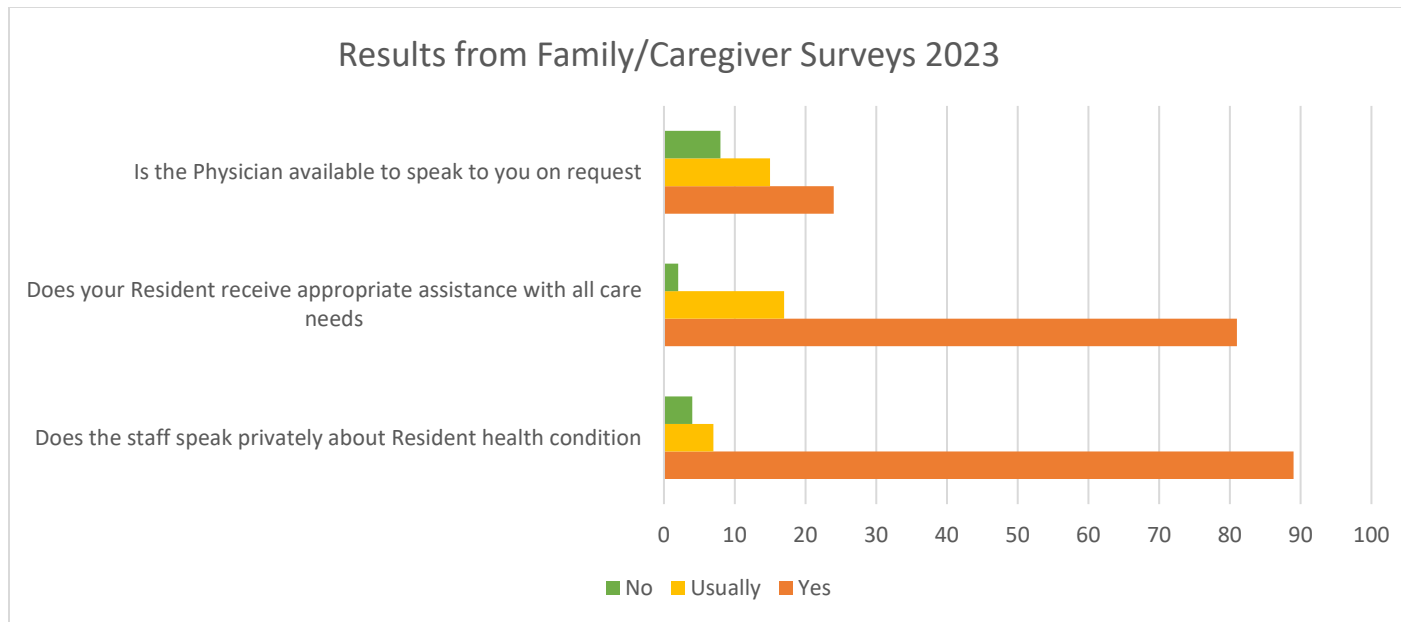
Continuous Quality Improvement Initiative Report 2024-2025

Results were also posted on the Staff and Family Information Boards and Norview Lodge website on April 9, 2024. Survey results were uploaded to Surge Learning on April 16, 2024, for staff to review and sign off.

Resident and Family/Caregiver surveys for 2024 will run from April 2, 2024, until November 30, 2024.

The annual survey results help to guide the identification of areas for quality improvement initiatives within the home. We are committed to reviewing and acting on survey results to assist in improving how we deliver the care and services at Norview Lodge.





Norview Lodge Resident/Family/Caregiver Survey Results Action Plan

Area of Focus/Goal	Key Actions	Completion Timeline
All complaints and/or concerns will be reviewed and followed up within established timeframes in aims of quick resolution	<ul style="list-style-type: none"> • All completed Resident and Family Satisfaction Surveys will be reviewed by the Leadership Team to identify any concerns/complains • Adherence to established timeframes for follow up with concerns and complaints to ensure timely resolution and effective communication with Residents and their families 	Q1 – Q3 2024
To encourage more opportunities for Residents to be involved in making care decisions related to personal care, food choice, activities, etc.	<ul style="list-style-type: none"> • Revision to Resident Satisfaction Survey for 2024 to include more comment sections to encourage Resident feedback • Creation of a Resident Information Poster that is posted in all Resident Home Areas that outlines information of who to speak to regarding any questions or concerns regarding care 	Q1 2024

Continuous Quality Improvement Initiative Report 2024-2025

	<ul style="list-style-type: none"> • Continuous Quality Improvement Lead to attend Resident Council Meetings to discuss changes and ask for feedback from Resident Council 	
To provide information on palliative care, etc. for families and caregivers through information education sessions that will be offered at Norview Lodge monthly starting in September 2024	<ul style="list-style-type: none"> • Every month will offer a different information session in the evening for family members and community members. • Education sessions will be provided by Senior Support Services and the Alzheimer’s Society 	Beginning Q2 2024 then ongoing monthly
To improve wait time to speak with Physician/Nurse Practitioner when families have concerns	<ul style="list-style-type: none"> • Nurse Practitioner has been added to the team • Any comments/concerns added to Resident and Family Surveys pertaining to Physician/Nurse Practitioner shall be forwarded for their review 	Q4 2024

Priority Areas for Continuous Quality Improvement Action Plan

Area of Focus	Key Actions	Completion Timeline
To reduce the number of new Stage 2 or higher-pressure ulcers by 1%	<ul style="list-style-type: none"> • Implementation of the new Skin and Wound Application within Point Click Care • Will allow for improved proficiency in wound evaluation, documentation, and status communication across the care team for improved care outcomes • Continue to provide annual education related to skin care, repositioning, and pressure ulcer prevention for all nursing staff • Wound Care Nurse to complete weekly rounds for monitoring of high-risk wounds 	Q2 2024 – “Go Live” with Skin and Wound Application
To reduce the number of Residents who had a fall by 1.2%	<ul style="list-style-type: none"> • Continue to hold “Post Fall Huddle” with Registered Nursing & PSW staff as well as any other witnesses to review circumstances surrounding fall – Review process for this with staff 	Ongoing

Continuous Quality Improvement Initiative Report 2024-2025

	<ul style="list-style-type: none"> All circumstances surrounding Resident falls will be reviewed and documented by the Falls Committee to identify triggers and make suggestions to prevent future falls 	
To improve communication and documentation of End-of-Life Goals of Care for 100% of Residents	<ul style="list-style-type: none"> Creation of a Goals of Care Progress Note to document End of Care Discussions with Residents, Families/SDM Start Goals of Care discussions with Residents and Families on admission Review Goals of Care annually at Multi Team Conferences and on an as needed basis Documentation in Resident chart under Goals of Care note for revision by the care team 	Q1 2024 - Ongoing
To reduce the number of Residents with a urinary tract infection	<ul style="list-style-type: none"> Revision to Catheter Use policy by Nurse Practitioner and Supervisor of Infection Prevention and Control Updates to the policy to align with current Best Practice Guidelines 	Q4 2024

Role of Resident and Family Council in Actions of the Continuous Quality Improvement Initiatives

Resident and Family Council's meet monthly and have the opportunities to ask questions, discuss their expectations and preferences for care and treatment. They are then able to provide the interdisciplinary team with feedback on action items. Feedback is documented in meeting minutes. Communication of ongoing plan implementation is updated on the Resident/Family information board. Monthly newsletters are also emailed and posted on the Norview Lodge website to communicate upcoming news and events with Residents and Family care partners.

Role of the Continuous Quality Improvement Committee in Action Plan of Quality Improvement Initiatives

Continuous Quality Improvement meetings are held quarterly where updates on progress are provided as well as identifying areas for further action. Continuous Quality Improvement is a standing agenda item at all Committee and Department team meetings.

Final Review and approval of Norview Lodge's Quality Improvement Plan is completed by the Committee of Management.

Communication of the Continuous Quality Improvement Report

The CQI Report for 2024-2025 was communicated to Resident Council on June 14, 2024, and the Family Council on June 17, 2024. The report was communicated to Norview Lodge Staff through Surge Learning on June 17, 2024, posted on the Norview Lodge website and Resident and Family Information Board on June 17, 2024.

Interim-Designated Lead:

Caitlyn Stefan
Registered Nurse
CQI Lead/RAI Backup (Interim)

Designated Lead:

Teresa Caron
Registered Nurse
CQI Lead/RAI Backup