

Continuous Quality Improvement Initiative Report

2023-2024

Designated Lead

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CQI Lead/RAI Backup

Quality Improvement Priorities

Norview Lodge is pleased to share its 2023-2024 Quality Improvement Plan (QIP).

Norview Lodge is committed to ongoing quality improvement, and 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’s QIP priority areas for improvement are as follows:

1. Reduce the number of potentially avoidable emergency department visits for our Residents.
2. Reduce the number of Residents on antipsychotics without a diagnosis of psychosis.
3. Enhance quality of life for our Residents by increasing the percentage of Residents who feel they a Voice in long-term care and Staff listen effectively to them.
4. Enhance quality of life our Residents by increasing the percentage of Residents who feel they can speak up about the home without fear of consequences.

Quality Improvement Objectives

1. Reduce the number of potentially avoidable emergency department visits from 2.97 to 2.
2. Reduce the number of Residents on antipsychotics without a diagnosis of psychosis from 31.2 to 30.
3. Enhance quality of life for our Residents by increasing the percentage from 60% to 90% of Residents who feel they have a voice in long-term care and staff listen effectively to them.

4. Enhance quality of life for our Residents by increasing the percentage from 97.78% to 100% of Residents who feel they can speak up about the home without fear of consequences.

Quality Improvement Challenges

There are many ongoing challenges that affect the home's ability to achieve its' quality improvement priorities and objectives:

- Responding to and managing legislative and regulation changes, compliance and reporting requirements
- Fostering a culture to support continuous quality improvement
- Reviewing the issues and/or barriers to recruitment and retention of Staff; specifically, Registered and Nutritional
- Constant review of staffing mixes to ensure the needs of the Residents are being met
- Financial constraints amid rising costs of supplies and services
- Increased complexity of care of Residents being admitted to the home

These challenges require the home's Leadership and Staff to regularly monitor and adjust its processes in order to achieve its' quality improvement priorities and objectives.

QIP Planning and Priority Setting Process for CQI Improvement

Norview Lodge has developed and participated in QIPs since 2015.

Norview Lodge's QIP planning process includes an evaluation of the following key elements to identify quality priorities:

- Review 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
- Review of results from the annual Resident and Family Experience Surveys
- Conduct Critical Incident reviews to identify a trend and/or issue that requires attention
- Conduct Internal Audits to identify issues that require attention
- Mandated Provincial improvement priorities
- Review input/feedback received from Residents, Families, Staff, and community partners
- Results of Proactive Compliance Inspections by the Ministry of Long-Term Care
- Best Practice Guidelines
- Committee Reports

Continuous Quality Improvement is a standing agenda item on all Committee meetings and Department Team meetings at Norview Lodge.

Discussions related to Residents' Quality of Life items are also discussed at Resident and Family Council meetings.

Final review and approval of Norview Lodge's QIP is completed by the Committee of Management.

Norview Lodge's Policies, Procedures and Protocols for CQI Improvement

Norview Lodge's nursing, departmental and administrative policies provide guidance for staff in providing quality care and service to the Residents. Norview Lodge's policies and procedures are reflective of best practice guidelines and mandated provincial guidance.

Norview Lodge has adopted the Model for Improvement to assist in identifying Quality Improvement Priorities.

1. **Analyze the problem, by determining the root cause**, by evaluating data or 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 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.

Norview Lodge's Process to Measure Progress, Identify and Implement Change

1. Evaluation of intervention effectiveness:

- a. Analyze the data and review results
- b. Compare data to goals
- c. Determine the effectiveness
- d. Refine the change ideas based on lessons learned and prepare for the next test and/or expanding effective idea
- e. If necessary, seek partnerships to assist with achieving goals and priorities
- f. Plan for continued and/or new priorities for the coming year

2. **Documentation:** All aspect and steps associated with each initiative will be documented by the CQI Lead.

Norview Lodge's Process to Communicate Outcomes for Quality Improvement

Communication Plans include but are not limited to:

- Discussion at Departmental meetings and Committee meetings
- Discussion at Resident and Family Council meetings
- Posting on the Resident/Family Information Board
- Posting of Information on Information Boards for Staff
- Emails/Memos sent to Staff
- In-service events for Staff

CQI Goals for 2023-2024

Goal: Improve Resident/Family participation in the annual survey

Activities:

- Run a report on CPS scores to establish what Resident can complete annual survey independently
- CQI Lead and Social Worker complete annual surveys with Resident who score 2 or below on CPS
- If a Resident's CPS score is 3 or above-family complete survey
- Administer survey via Survey Money and have paper copies available.
- Establish a 6-week post admission and a discharge survey for Residents/Family to complete.
- Move date of annual survey to April from September.

Expected Outcome: From 2021-current participation in annual survey is at 35%. Participation in annual survey will increase to 60%.

Resident Survey participation was 88% in 2022, including Residents with CPS score of 0-2.

Residents with CPS score of 3+ was not completed.

Plan for 2023-start Resident and Family Surveys in April 2023 to improve participation rate.

Goal: Palliative Care Program

Activities:

- Utilize the Palliative Performance Scale on each new admission to establish a baseline.
- PPS will then be completed quarterly with each RAI-MDS assessment.
- PPS will be completed by Nurse Practitioner/Registered Staff when CHESS score is 3 or above.
- Education on Surge Learning for all staff on Palliative Program policy and procedures.
- Formal education on Palliative/End of Life Care for all staff (have someone come in for workshop and or send staff out for workshop).

Expected Outcome: Utilizing the PPS score will assist in assessing a Resident's functional performance and to determine progress towards end of life care.

Education-To improve competency and knowledge of staff regarding palliative/end of life care.