

# Continuous Quality Improvement- Interim Report

## Designated Lead

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## Mission, Vision and Values

Our mission is to provide compassionate long-term care that empowers residents to lead full and engaged lives in a welcoming Jewish environment. Our vision is to continually strive to be at the forefront of person-centered long-term care. We are guided by our values of:

- Collaboration and Teamwork
- Excellence and Innovation
- Dignity and Respect
- Compassion and Caring
- Integrity and Accountability

## Quality Priorities for 2022-23

- To reduce our rate of potentially avoidable emergency room visits from 31.08% to 17% by the end of 2022 by implementing Goals of Care discussions, earlier detection of declining health conditions, improved fall prevention strategies and reduction of injuries associated with falls.
- The number of residents participating in the resident survey will increase from 15 in 2022 to 30 or more in 2023 by streamlining the survey and ensuring residents have the physical assistance/support required to complete the survey.
- To reduce the number residents without psychosis who were given antipsychotic medication from 1.61% to 1.60% by end of 2022 with the introduction of MedSafer tool.

## **Priority Establishment Process**

With our active participation in Health Quality Ontario's (HQO) Residents First Initiative, beginning in 2011, Hillel Lodge embarked on the continuous quality improvement journey which resulted in receiving the inaugural Resident First Improvement Award. Hillel Lodge has been submitting our Quality Improvement Plans to HQO since 2015.

In setting the goals and objectives for the current year, several factors have been taken into consideration. Issues identified in the resident and family surveys help recognise priority areas. Our quality indicators are monitored on an ongoing basis for current and past performance, benchmarked against self-identified peer organizations and analyzed for trends. We look at how much progress has been made in the previous year towards our goals and did we achieve the objectives from the previous year. We determine: a reasonable amount of progress to aim for, the amount of resources required or available to focus on the target and explore the emerging quality issues/priorities that were not previously identified but need to be added. Priorities are presented and discussed at various forums to validate priorities. These forums include the broader leadership team, Resident and Family Councils and the Board of Directors.

## **Continuous Quality Improvement Process**

Hillel Lodge's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Hillel Lodge 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. Diagnose/Analyze the Problem**

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 or value stream mapping, 5 whys, fishbone, 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 teams have a better understanding of the current system they aim to improve as well as garner an understanding of what is important to the resident, an overall improvement aim is identified. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. At Hillel Lodge, improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART).

### 3. Develop and Test Change Ideas

With a better understanding of the current system, improvement teams identify various change ideas that will move Hillel Lodge towards meeting its aim statement. During this phase, teams will prioritize alignment with best/prevaling practices when designing preliminary change ideas for testing. Additionally, teams leverage the Hierarchy for Effectiveness when selecting change ideas. Teams favour system redesign, process standardization, and force function over education and policy change.

Plan-Do-Study-Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs provide an opportunity for teams to iteratively refine their change ideas and build confidence in the solution prior to implementation. Change ideas typically undergo several PDSA cycles before implementation.

### 4. Implement, Spread and Sustain

Improvement teams consider the following factors when developing a strong implementation/change management plan:

- Outstanding work to be completed prior to implementation (e.g. final revisions to change ideas based on PDSAs, embedding changes into existing workflow, updating relevant P&P, etc.)
- Education required to support implementation, including key staff resources (e.g. Change Champions)
- Communication required to various stakeholders, both before during and after implementation
- Approach for spread across the facility, if completed in a phased approach

At this stage, teams will also identify key project measures to determine if the changes implemented resulted in improvement. This family of measures includes the following types of measures:

Outcome:

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

Process:

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

Balancing:

- Measures other parts of the system that could be unintentionally impacted by changes

Prior to implementation, improvement teams develop a sustainability plan. The plan identifies the different strategies the team will use to evaluate and address both short term and long-term sustainability of the changes implemented.

## **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 deterioration 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 or engage with staff to better understand gaps in compliance.

## **Communication Strategies**

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Posting on neighbourhood boards, in common areas and in staff lounge
- Publishing stories and results in Lodge Line, the website or social media
- Direct email to staff and families and other stakeholders
- Handouts and 1:1 communication with residents
- Presentations at staff meetings, townhalls, Resident Council and Family Council
- Huddles with staff on the neighbourhoods