



Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 28, 2022



OVERVIEW

The key objective for the Grey Gables 2022/23 Quality Improvement Plan is focused on "Colour It Your Way", resident led care. We strive to meet or exceed the established benchmarks and provincial averages as identified by the long term care indicators.

The vision of Grey County is to be the place where people feel "genuinely at home and naturally inspired". The Corporate Strategic Plan outlines three key goals to guide the organization. The Grey Gables Quality Improvement Plan uses these goals as guiding principles for ensuring quality care and service. Specifically, the Quality Improvement Plan aligns with goal number two – "Support Healthy and Connected Communities" and goal number three – "Deliver Excellence in Governance and Service" of the County of Grey Strategic Plan. The 2022/23 Quality Improvement Plan also aligns with the Mission, Vision and Values of the home.

By monitoring indicators, implementing action plans and evaluating outcomes, we ensure that resident quality of life and safety will be supported. Our culture of resident led care using the "Colour It Your Way" values and promise, continues to guide the quality improvement journey.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Grey County Long Term Care relied on our strong foundation of quality processes to face the ongoing challenges that came with the COVID 19 pandemic. Priority was focused on the health, safety and wellness of residents, staff and the community. Engagement and two way communication occurred with all stakeholders. We will continue and expand our quality improvement program to incorporate programs initiated during this time. The importance of IPAC programs and plans were highlighted and will continue to play a leading role in our initiatives.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

The Pandemic challenged our home to engage and partner with our Residents/Families with the use of virtual technology, newsletters, small groups, surveys etc.

Grey Gables has active Resident and Family Councils. Councils meet regularly where information is provided and received. The Councils are involved in providing feedback and input into the decision making process related to care and services within the care community. These meetings have continued virtually during the COVID 19 pandemic.

Resident Quality of Life surveys are conducted annually and provide valuable information that guides the development of Quality Improvement Plans for the care community.

Family Experience Surveys are available annually for completion. These results are also considered in the preparation of the Quality Improvement Plan.

The valuable information received through these partnerships lead to changes in our delivery of services. The partnership their advocacy influenced and changed direction for a better lived experience.

A review of survey results from 2021 as well as a review and evaluation of complaints and concerns received in 2021 provides valuable information that guides the development of Quality Improvement Plans for the care community.

PROVIDER EXPERIENCE

For more than two years long-term care homes have faced immense challenges from the pandemic. Residents and team members of our homes have dealt with isolation, fear and worry, sickness, and sadly deaths. Despite these unthinkable challenges, the leaders and team members continue to be committed to providing compassionate and quality care. Long-term care homes have been centres of innovation, courage, and compassion to ensure the resident and family experience meets their expectations. Grey County homes prioritized the health, safety, and wellness of not only our residents but for all of our team members. As we worked through the challenges, we created positions to support the team such as training redeployed corporate staff to assist in the homes. The creation of a new care support assistant role, these team members were trained to assist all departments. We

developed a Designated Care Partner program that not only supported the residents but also provided support to the team including in an outbreak situation. Policies, procedures, education, and benefits were enhanced to provide the necessary tools and knowledge to ensure the needs of our team members were met. Staffing contingency plans were continuously reviewed and updated, including providing a leadership rotation of 7 days a week on site support. An Emergency Response Team was implemented to provide additional support in a staffing crisis.

Throughout the pandemic, the homes provided equitable access for pandemic protection to staff, students, support workers, volunteers, and families, providing onsite testing and vaccinations. At many times staff members were offered flexibility to their schedules to support work life balance. Staff wellness was a focus and the homes regularly provided recognition events for their continued commitment to our Colour It Your Way philosophy.

Discussions and planning continue to develop and maintain a culture of wellness and recovery over the coming years.

RESIDENT EXPERIENCE

Our experience reflects that the indicators used to determine resident experience continue to be applicable. Specifically, "would you recommend this organization to others?" and "How well the staff listen to you" We agree, however, that there is opportunity to improve the measurement of resident experience and feelings of connectedness with others in and outside of the care community.

During the pandemic we utilized surveys to evaluate resident, family and staff satisfaction with the Designated Caregiver Program We also used anecdotal feedback from Virtual Family Town Halls, Resident and Family Council meetings, small group activities completing a SWOT analysis to inform decisions and changes that needed to be made quickly as part of pandemic response. Caregiver access and support and combatting isolation were two main areas of focus throughout the pandemic and continue to be important quality initiatives that will impact resident experience.

Our home implemented the Colour It Connect program that provided residents a variety of virtual and in person options to stay connected with their family, friends and loved ones. The Designated Care Partner Program evolved throughout the pandemic and supported caregivers (family and/or friend as designated by each resident) to safely provide support at the bedside, regardless of the home's outbreak status.

Ongoing measurement of each residents quality of life experience, including their feelings of social connectedness continues to evolve and be a priority for Grey County Long Term Care.

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **June 28, 2022**

Jennifer Cornell, Board Chair / Licensee or delegate

Shannon Cox, Administrator /Executive Director

Shannon Cox, Quality Committee Chair or delegate

Cynthia Merrifield, Other leadership as appropriate

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2020 - September 2021	X	0.00	To remain below the provincial average.	

Change Ideas

Change Idea #1 Continue with routine processes

Methods	Process measures	Target for process measure	Comments
Director of care or designate will review 24 hours report on a daily basis to review reasons for transfers to ED	number of avoidable transfer to the Emergency department	Maintain the current number of ED visits	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / April 2021 - March 2022	89.36	92.00	To improve residents response to the question on how well staff listen to you.	

Change Ideas

Change Idea #1 Educate Healthcare Providers

Methods	Process measures	Target for process measure	Comments
Educate front line care providers using shift huddles and monthly circle of care meetings on the philosophy of colour it care (Resident centered care). Focus on empowerment, communication and shared decision making using the "colour it" section of the Resident care plan	Number of front line care provider educated on the Colour it philosophy. Number of residents who respond positively to the survey question rating how well staff listen to them.	2.95% increase in residents responding positively when asked how well staff listen to them.	Total Surveys Initiated: 47 Total LTCH Beds: 66

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / April 2021 - March 2022	85.11	88.00	To increase performance in the positive response to the question I can express my opinion without fear of consequences.	

Change Ideas

Change Idea #1 Respect Residents Values, preferences and Expressed needs

Methods	Process measures	Target for process measure	Comments
Educate front line caregivers through shift huddles on the Colour it philosophy of care (Resident Centered Care) focusing on the following: - Use verbal and non-verbal communication strategies to build a trusting and respectful partnership - Listen and seek insight into the whole person to learn their preferences for care and individualized care plans	Number of Residents responding positively to survey question, number of topics provided at education huddles and circle of care.	3.4% increase in the positive response to the question "I can express my opinion without fear of consequences" on the resident satisfaction survey by December 2022	Total Surveys Initiated: 47 Total LTCH Beds: 66

Theme III: Safe and Effective Care

Measure	Dimension: Safe							
Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / July - September 2021	12.50	12.00	To continue to be lower than the provincial average and to decrease the use of antipsychotic medications by 4% for Residents without a diagnosis of psychosis.		

Change Ideas

Change Idea #1 Collaboration of BSO in house team and Program team with a focus on alternative interventions to medication use in residents with responsive behaviours

Methods	Process measures	Target for process measure	Comments
BSO Program Collaboration team to meet monthly to review residents who would benefit from enhanced responsive behaviour interventions. Care plans will reflect documentation of alternate intervention for support by multi disciplinary team. Interventions/strategies will be communicated through shift huddles and circle of care meetings.	Number of antipsychotic medications without a diagnosis of psychosis	100% of residents referral to the collaborative team will have documented interventions on their care plan.	