Ontario Health

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 27, 2022

Grey County
Colour It Your Way

OVERVIEW

The key objective for the Lee Manor 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 Lee Manor 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 LTC 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 staff residents and the community. Engagement and 2 way communication with all stakeholders was our focus, we will continue to expand and embed a quality lens to changes beyond the pandemic. Importance of IPAC strategies and plans were highlighted during the pandemic and will continue to play a strong role moving forward.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

The pandemic challenged our home to engage and partner with residents in new ways including the use of virtual technology, newsletters, small groups, surveys, and resident focused bulletins/updates.

Lee Manor 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 improvements 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 plans.

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

The valuable feedback and input received through our partnerships led to changes to our programs and service delivery to enhance their experience.

Their advocacy changed and influenced the direction for a better lived experience.

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 "I feel staff listen to me". However 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.
Social Connectivity for Residents

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 23, 2022**

Jennifer Cornell, Board Chair / Licensee or delegate

Stacey Goldie, Administrator /Executive Director

Stacey Goldie, Quality Committee Chair or delegate

Tolleen Parkin, 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	16.29	16.00	To remain below the provincial average and reduce potentially avoidable ED visits by 1.78%	

Change Ideas

Change Idea #1 Provide education to registrants, PSW, program and housekeeping staff members related to early recognition of resident's change in condition.

Methods	Process measures	Target for process measure	Comments
Applicable Department Leaders will deliver and track various educational opportunities focused on early recognition of residents change in condition including; team huddles/live events, new employee orientation, staff meetings and one on one sessions.	# of staff receiving education related to early recognition of residents change in condition during the calendar year	100% of registered, program, housekeeping and PSW staff members will participate in an educational opportunity related to early recognition of change in condition of residents by year end.	No further comments to note.

Change Idea #2 Increase direct care staff levels to better support resident quality of care and help prevent ED visits.

Methods	Process measures	Target for process measure	Comments
Utilize increased Ministry Direct Care Time funding to enhance PSW staffing ratios.	# of newly added PSW positions.	By March 31, 2022, 4 additional full-time positions will be in place and an additional 4 full time PSW positions by July 1st.	No further comments to note.

Change Idea #3 Review and ensure ED transfers are appropriate

Methods	Process measures	Target for process measure	Comments
a) Monthly review of ED transfers with care team to determine possible alternatives to transfer and to increase knowledge. b) Review statistics quarterly with PAC Committee for input from inter-disciplinary professionals related to alternatives to transfer. c) Education of family members and provide educational information in the newsletter.	# of potentially avoidable transfers to the ED will be tracked monthly.	100% of hospital transfers will be reviewed and an overall 1.78% reduction in potentially avoidable ED visits by March 31, 2023.	NO further comments to note

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	88.24	90.00	To improve resident response to the question "what number would you use to rate how well the staff listen to you?"	

Change Ideas

Change Idea #1 To improve staff knowledge and delivery of customer service excellence.

Methods	Process measures	Target for process measure	Comments
a) All staff will receive customer service training annually b) Each Department Leader will record compliments in the Colour It Report for monthly tracking c) Each Department Leader will record all reported resident complaints related to poor service delivery and will track monthly.	# of staff receiving annual education re: customer service. # of Compliments reported monthly. # of resident complaints reported related to poor service delivery monthly. % of residents answering positively to the survey question "what number would you rate how well the staff listen to you?"	The number of positive responses to the question "What number would you use to rate how well the staff listen to you?" will increase to a minimum of 90% on the resident experience survey conducted in 2022.	Total Surveys Initiated: 51 Total LTCH Beds: 150 No further comments to note.

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	86.27	89.00	To increase performance in the positive response to the question "I can express my opinion without fear of consequences" on the resident experience survey.	

Change Ideas

Change Idea #1 Respect and promote resident values, preferences and expressed needs

Methods	Process measures	Target for process measure	Comments
a)Ensure all staff receive education regarding the Resident Bill of Rights and Grey County LTC Colour It Your Way philosophy of care. b)Invite and encourage residents and/or a designate of the resident to the annual care conference c)Listen and seek insight into the whole person to understand and capture their preferences in the resident plan of care	# of staff receiving training/education re: Resident Bill of Rights and Colour It Your Way Philosophy of Care # of residents attending care conferences # of care conferences where a resident designate (s) is in attendance - % of residents answering positively to the question "I can express my opinion without fear of consequences".	3% increase in the positive response to the question "I can express my opinion without fear of consequences" on the resident experience survey conducted by December 31, 2022.	Total Surveys Initiated: 51 Total LTCH Beds: 150 No further comments to note.

Change Idea #2 Promote and encourage active resident participation in Resident Council as an opportunity to to share requests, recommendations and concerns regarding what they would like to see done to improve care or the quality of life in the care community.

Methods	Process measures	Target for process measure	Comments
a)Ensure residents are aware of the Resident Council upon admission and provided with reminders of the date and time of each meeting. b)Review the Resident Bill of Rights and Powers of the Residents' Council at least annually at a Council meeting. c)Encourage residents to share their requests, concerns or recommendations. d)The Resident Council Assistant will complete Resident Council Concern and Recommendation Forms as per resident feedback and will share them with the applicable Department Leader for a follow-up response in accordance with policy.	# of Resident Council Response Forms completed monthly. # of residents attending Resident Council meetings each month.	At every Resident Council meeting, residents will provide feedback, share concerns or make recommendations regarding resident services and/or operations as evidenced by resident feedback recorded in the minutes and/or a minimum of one Resident Council Concern and Recommendation Form being submitted for follow-up.	No further comments to note.

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	16.67	16.50	To continue to be lower than the provincial average and decrease the use of antipsychotic medication by 1% for residents without a psychosis diagnosis	

Change Ideas

Change Idea #1 Ensure that residents prescribed antipsychotics aligns with documented medical diagnosis

Methods	Process measures	Target for process measure	Comments
Review resident diagnosis annually	# of Residents who are prescribed antipsychotic medications have a medical diagnosis review annually	100% of these resident charts will be reviewed by year end.	No further comments to note.

Change Idea #2 To explore alternatives to antipsychotic use

Methods	Process measures	Target for process measure	Comments
A referral to the BSO team will be made to explore alternatives to antipsychotic medications for residents without a diagnosis of psychosis who are receiving those medications.	# of BSO referrals for those residents prescribed antipsychotic medications without a diagnosis of psychosis. # of chart reviews completed by BSO for those residents prescribed antipsychotic medications without a diagnosis of psychosis. # of residents whereby alternatives to antipsychotic use was recommended	100% of residents without a diagnosis of psychosis who are receiving antipsychotic medication will be reviewed by the BSO team to explore alternative interventions by December 31, 2022.	No further comments to note.