



# Continuous Quality Improvement – Interim Report

## **DESIGNATED LEAD**

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## **QUALITY PRIORITIES FOR 2022/23**

Brucelea Haven is pleased to share its 2022/23 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission “To provide quality services to those entrusted to our care” and in our Bruce County Corporate Strategic Plan. The plan identifies “Exploring alternative options to improve efficiency and service” and “finding creative ways to involve all staff in our future” as a key strategic goals and a “high quality of life for all residents” as a key strategic value. These strategies remain relevant in the face of the unprecedented factors which continue to fundamentally impact the healthcare landscape in 2022 and the foreseeable future. These factors include, amongst others, the ongoing impacts of the COVID-19 pandemic, persistent healthcare worker shortage and burnout, increased public attention on long term care, and increased regulation of an already highly regulated environment.

Our mission, values and motto “Residents first, every day, every way”, is reflected within our Quality Improvement Plan and commitment to improving resident care and outcomes.

Brucelea Haven’s QIP is aligned with Health Quality Ontario’s standards for long-term care. High-level priorities for this year’s QIP are informed by the quality and safety aims under the various pillars of the framework, as determined by Brucelea Haven’s management in consultation with frontline nursing staff, families, and residents.



## QUALITY OBJECTIVES FOR 2022/23

1. Safe and Effective Care: Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. *Current: 28.81% Target: 19%*
2. Service Excellence: Collecting baseline data for the question “What number would you use to rate how well the staff listen to you?” *Target: 85%*
3. Service Excellence: Collecting baseline data for the question “I can express my opinion without fear of consequences” *Target: 85%*
4. Reduce the number of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents. *Current: 14.69% Target: 10%*
5. Safe and Effective Care: Percentage of residents who fell during the 30 days preceding their resident assessment. *Current: 21.3% Target: 16%*

## BRUCELEA HAVEN’S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Brucelea Haven’s nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Brucelea Haven 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. Interdisciplinary meetings help to identify priority areas for improvement. This work can include process mapping or value stream mapping, Gemba, 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 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 Brucelea Haven, improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART). A good aim statement includes the following parameters - “How much” (amount of improvement – e.g. 30%), “by when” (a month and year), “as measured by” (a general description of the indicator) and/or “target population” (e.g. all Brucelea Haven residents, residents in specific area, etc.)

### **3. Develop and Test Change Ideas**

With a better understanding of the current system, improvement teams identify various change ideas that will move Brucelea Haven 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, with teams favouring 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. 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, engage with staff to better understand gaps in compliance, etc.

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

- Posting on home quality boards
- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Handouts and one: one communication with residents
- Presentations at staff meetings, townhalls, Resident Councils, Family Council
- Huddles at change of shift