



Quality Improvement Interim Report 2022/2023

Designated Quality Council Committee Lead(s): Nicole Jacklin and Andree Quesnel - Managers of Resident Care

The purpose of the Quality Council Committee is to position quality at the forefront and establish quality indicators to track its progress on a go-forward basis. In addition to the Committee, various other committees manage quality within specific portfolios, including infection prevention and control, palliative care, skin and wound care, resident safety, fall prevention and management, continence care and bowel management, pain management, and responsive behaviours. Each committee also tracks indicators to monitor its progress in meeting goals and objectives.

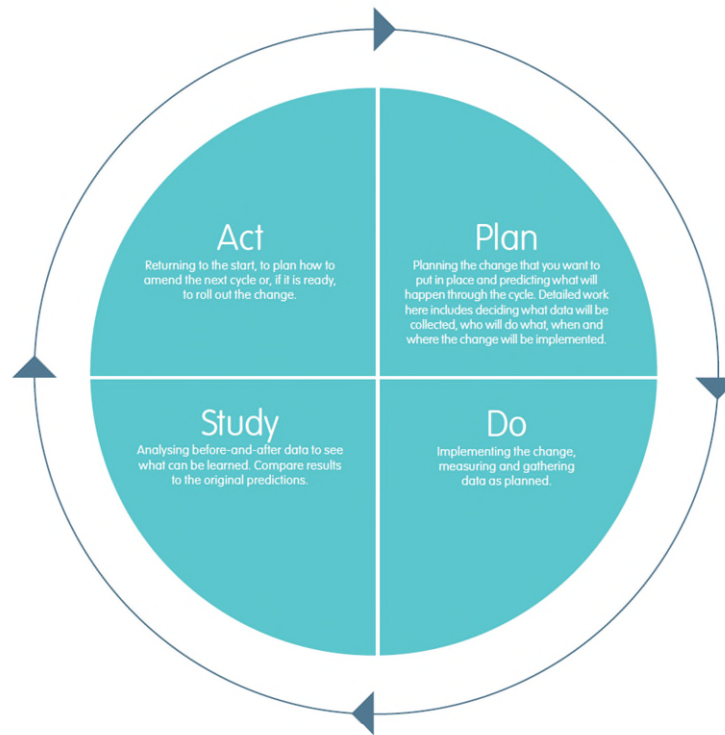
The Home administers an annual survey to residents and families which measures their satisfaction with our services, care delivery and overall customer service. We continue to invite members of Resident and Family Councils to participate on our various teams and to raise any concerns internally. Pioneer Manor also identifies priority areas with the assistance of external stakeholders such as Ontario Health, Health Sciences North (HSN), Public Health Sudbury & Districts and the new Fixing Long-Term Care Act (FLTCA), 2021 and Regulation 246/22. Priority areas for the Home are also identified during the accreditation process and during Ministry compliance inspections.

Priority Areas	Current Performance	Target	Change Ideas
Number of ED visits for modified list of ambulatory care-sensitive conditions	17.24	17.00	<ul style="list-style-type: none"> -Daily review of ER visits and include other professional disciplines as required. -Registered Nurses to be given adequate orientation to the Emergency Department Outreach Service (EDOS) which can bypass the need for ER visits based on a list of diagnoses and conditions. -Incorporate EDOS training into the annual educational review for all Registered Nurses (senior and junior). -Continue review of ER visit data quarterly with Pharmacy & Therapeutics Committee for discussion/input by nursing, medicine and others.
Percentage of residents responding positively to:	N/A	95.00	-All managers to continue to work on disseminating the Customer Service Program and the Name, Occupation, Duty, Departure (NODD) principles.

<p>“What number would you use to rate how well the staff listen to you?”</p>			<ul style="list-style-type: none"> -All staff to review the Customer Service Program and NODD principles along with annual mandatory education. -Continue to increase the frequency and alternate the location of Food Committee meetings to facilitate greater resident attendance and greater opportunity for residents to provide input into the menu. -Staff have been provided with name tags in larger font. It is hoped that seeing a name will make residents more comfortable in asking questions or initiating discussion with staff. -The Care Conference process will be reviewed to ensure legislated requirements are met and that residents are both invited and encouraged to participate. -Noting and recording of resident comments through other audits. -Resident Council provides a regular forum through which common issues/concerns can be raised. -Include this specific question in the 2022 resident satisfaction survey.
<p>Percentage of residents that responded positively to the statement: “I can express my opinion without fear of consequences.”</p>	N/A	85.00	<ul style="list-style-type: none"> -Pursue staff education on how to respond to residents expressing an opinion to ensure the interaction is therapeutic and welcoming, even if that opinion may be perceived as negative. -Continue offering Gentle Persuasive Approach (GPA) training. One of the goals is to ensure staff understand that all behaviour has meaning and to respond in a therapeutic manner. -Resident Council provides a forum for raising concerns in a safe environment. -Resident Care Coordinators on units doing rounds also provide an opportunity for residents to raise concerns.
<p>Percentage of long-term care residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment</p>	32.18	30.00	<ul style="list-style-type: none"> - Gentle Persuasive Approach (GPA) training as noted above, may assist in better managing behaviours with less reliance on pharmaceutical interventions. -Medications will continue to be reviewed carefully at each quarterly medication review. Our Behaviour Supports Ontario (BSO) team members review recent resident behaviours and side effects to facilitate physician review and, where appropriate, look at dose reduction or discontinuation of medications. -Psychotropic medication use is reviewed quarterly at Pharmacy & Therapeutics Committee. Physicians were also educated on documentation requirements to support antipsychotic medication use.
<p>Proportion of residents with a progressive, life-limiting illness who are identified to benefit from palliative care, who subsequently have their palliative needs assessed through a holistic assessment</p>	N/A	Collecting Baseline	<ul style="list-style-type: none"> -Begin using the Changes in Health, End-stage disease, and Symptoms and Signs (CHESS) score, derived from Resident Assessment Instrument Minimum Data Set 2.0 (RAI MDS) to identify progression in disease early on.

Number of reported occupational musculoskeletal injuries to staff	81.00	100.00	-The data from 2021 was unusually low which may have been related to COVID-19 when many staff were not at work. Previous year's data was above 100. -A new Wellness Committee will develop, implement, and maintain initiatives and tools to create awareness and prevent occupational stress, injuries, and illnesses using a holistic approach. - Minimal Lift Committee will be refreshed and will include front line lift champions to mentor peers on safe lifting and good body mechanics.
Number of workers on modified duty as a result of occupational illness or injury	84.00	75.00	-A new Peer Support Network to be established to help employees manage well-being and mental health. -see above re: Wellness Committee.

The Home will utilize the Plan-Do-Study-Act problem-solving model to work through areas of need, develop a plan/process, and learn from the data collected to ensure the Home provides an evidence-based approach to change.



(Model of Improvement, 2021).

The Quality Council Committee will meet quarterly, at a minimum, to monitor, review and revise the selected change ideas. The quality improvement areas are department/program specific, therefore the departmental and committee leads will monitor, implement, and evaluate the models of improvement to ensure the Home is meeting the targets identified. The overall targeted focus is to improve the process and delivery of care to the residents within the Home, while adhering to legislative requirements, and providing innovative approaches that are within best practice guidelines.

For the objectives listed above, the target of measurement includes, but is not limited to:

Annual training for staff
Internal qualitative surveys for residents, staff and families
Factors identified through compliance
Departmental meetings and tracking of minutes
Canadian Institute for Health Information (CIHI) Indicators and RAI MDS
Compliance through audits and resident satisfaction surveys
Annual review of policies and practices
Meeting regulatory requirements
Concerns and recommendations responded to within regulated time frames
More accurate input on resident perception of being listened to
Implementing new committee quantitative measurement tools

Reference:

Model for improvement / PDSA. West of England Academic Health Science Network. (2021, April 15). Retrieved June 30, 2022, from <https://www.weahsn.net/toolkits-and-resources/quality-improvement-tools-2/model-for-improvement-pdsa/>

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