

## **Quality Improvement Report**

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### **Overview**

Isabel and Arthur Meighen Manor is a not-for-profit charitable long-term care home dedicated to continuously improving care and service provision. The quality improvement plan for 2023-24 reflects our commitment to engage with all stakeholders – residents, families, staff and external partners to collaboratively advance innovative care and services leading to improved outcomes. Committing to quality improvement and innovation are pillars of our organization's strategic vision.

Identified strategic priorities provide a roadmap to address the many challenges long-term care operators will continue to face over the next few years and guide our approach to responding to sector-wide staffing shortages, aging demographics, the high acuity care needs and multiple health co-morbidities and complexities of the resident population. Our work encourages innovation, research, effective, efficient service pathways and emotion-centered resident care.

Our commitment to quality improvement has over 20 years of history, and we have fostered a culture of improvement where staff are committed to continuously enhancing the quality of care and services for residents, caregivers and families. Quality improvement is everyone's responsibility, and it is more than a project or initiative; it is about how we provide care and services and stop, reflect, adapt, adopt and abandon practices when they no longer meet or achieve the desired outcomes. It is aligned with the experience responses received from the annual Residents and Families experience survey, Residents' Council and Family Council. Quality Improvement is about doing something when you hear that change is needed, when data illustrates an area for improvement, and when service and care pathways no longer achieve positive outcomes. Quality Improvement is fluid and empowers all stakeholders to collaborate to achieve an ideal state.

### **Quality Improvement Priority Selection Process**

The quality improvement priority selection process reflects the collaboration and analysis of statistical data trends, program evaluation outcomes, inspection guidelines, audit results, Ministry of Long-Term Care reports, results from the Resident and Family experience, Ontario Health system level

priority areas, collaborations with healthcare partners and opportunities for improvement submitted to Site Continuous Quality Improvement Committee. The selection process balances the many opportunities and resources available to support quality improvement work and the significant impact on the quality of care and service that can be achieved. The Quality Improvement Plan is developed through consultation and approved by the Site Continuous Quality Improvement Committee.

### **Priority Areas for 2023-24**

#### **IAMM will focus on improving:**

- Resident Experience – Percent of residents responding positively to the following statements: “I can express my opinion without fear of consequences” and “What number would you rate how well the staff listen to you?”
- Palliative and End of Life Care in partnership with the Centre for Learning, Research and Innovation (CLRI)
- Potentially avoidable Emergency visits
- Percentage of residents on antipsychotics without a diagnosis of psychosis
- Worsened symptoms of depression and social isolation

The long-term care home has diligently worked on improving healthcare outcomes over the year(s) and is below the provincial average in several areas, which will be monitored and were not included in the Quality Improvement Plan.

The Quality Improvement Plan 2023/24 and Narrative are posted in the home, provided to the Residents’ Council, Family Council, and staff and can be

accessed on the [Ontario Health – Health Quality Ontario website.](#)

### **Resident and Family Survey**

The advice of the Residents’ Council and Family Council was sought in developing and carrying out the annual Experience Survey, which was administered in September 2022. The survey consists of 14 standard questions with an additional 1-2 questions from the Residents’ Council and Family Council. The results of the survey are integrated into the QIP as priority areas.

The results were presented to the Residents’ Council and Family Council in April 2023, and advice was used in further developing the Quality Improvement Plan. Updates on the plan and projects will be provided

throughout the year as requested by the chairs of these committees and documented in the minutes. Residents and families have been invited to participate in quality improvement work, including providing feedback through surveys. Residents and family members are part of the home's Site Continuous Quality Improvement Committee terms of reference and committee.

### **Partnerships and Achievements 2022/23**

The QI team continues to foster a relationship of trust, collaboration and partnership with our residents, families and partners. We fostered strong collaboration with many organizations, such as the University of Toronto, Sunnybrook Health Sciences, St. Michael's Hospital, CLRI and the Wellness Hub. These partnerships continue to support many quality improvement projects.

- Engaged with the Alzheimer's Society to educate families regarding the transition to long-term care and to provide support in helping them cope with the resident's changing needs as their disease progresses.
- Piloted the SHINE project- the goal was to empower shared decision-making between the health care team and residents/families regarding medication use in Long Term Care, recognizing their roles and responsibilities to ultimately achieve the residents' best possible quality of life.
- GeneX pilot in collaboration with Sunnybrook North Toronto Hub (a preliminary testing machine with a processing time of less than 45 mins to identify the presence of Rhinovirus, Influenza A and B, COVID-19 or RSV).
- PREP LTC- The Preceptor Resource and Education Program in Long-Term Care (PREP LTC) provided funding to help increase the quality and capacity for clinical student placements in Ontario. The goal is to provide students and preceptors with a positive, high-quality experience.
- Palliative Care collaboration with the Centre for Learning, Research and Innovation (CLRI)- Our palliative approach starts on admission throughout the end of life and bereavement. Through this approach, we aim to create a care plan right for our residents with the help of the multidisciplinary team in Meighen Manor. We strive to provide inclusive, dignified, and respectful care to our residents and their families that meet their diverse needs.
- In collaboration with Healthcare Excellence Canada, the team assessed the organization's current state of human resources' wellness. We introduced Staff wellness rooms and various direct and indirect access to resources to help foster staff wellness. The home was invited to

share its project at a national event held by Healthcare Excellence Canada and received positive feedback.

- LTC+, CARF, CLRI, the Institute for Safe Medication Practices and Healthcare Excellence Canada acknowledged the home's commitment to quality improvement.

### **Policies, Procedures and Protocols that Guide Continuous Quality Improvement:**

#### **Quality Improvement Policy:**

- Establishes our commitment to continuous quality improvement in care and service by applying a quality improvement methodology to achieve positive resident outcomes.

#### Quality Improvement Project Idea Submission Form:

- Meighen Manor uses the Resident and Family Survey completed annually as one of our resources to identify the key areas of improvement.
- Also, we refer to the benchmarking from the Canadian Institute of Health Institute (CIHI) to select the priority indicators.
- We also use the National Ambulatory Care Reporting System results to track our progress regarding potentially avoidable emergency visits.

#### Quality Improvement Project Selection Matrix:

- The Quality Improvement Project Selection Matrix form assists in the prioritizing and approval of quality improvement submission ideas.

### **Quality Improvement Reporting:**

- Quality Improvement reports are prepared and submitted at minimum quarterly to identify quality improvement priorities, current activities, success to date and future quality improvement work.

#### Quality Improvement Charters:

- The Quality Improvement Charter is a documentation tool that supports teams through the Plan Do Study Act (PDSA) problem-solving model. The PDSA problem-solving model provides a common framework for different teams to speak the same language and work together to improve a process or care outcome. The charter is a communication tool for the team and Quality Committee to track the progress of QI projects/initiatives.

Problem-Solving Cycle Model – Plan-Do-Study- Act (QI Model for Improvement)®:

- Quality improvement work within the home is grounded in QI science, which outlines the tools and processes to support, assess achievements and spread QI results. Teams apply QI tools aligned within the Model for Improvement – Plan Do Study Act (PDSA), Six Sigma and Lean, enabling them to achieve incremental changes.

The QIC members consider and act on opportunities to improve in strategic direction, quality improvement, risk management, safety culture, positive customer experience, resource allocation, positive work environment, and inclusive and ethical culture.

### **Communication of Quality Improvement Work:**

A comprehensive communication strategy supports quality improvement work within the long-term care home and with stakeholders. The actions enable the home to broadly communicate annual Quality Improvement Plans and the results of quality improvement activities. A central part of the communication strategy is to seek advice from the Residents' Council and Family Council and make improvements as appropriate to care and services.

### **Communication strategies are in place and include the following:**

- Posting on the long-term care home's Information Board located in the Reception area
- Staff huddles and team meetings
- Quarterly reports on the progress of quality improvement work
- Sharing quality improvement highlights with staff through
- Sharing quality improvement highlights with stakeholders using Monthly Newsletters, Annual Report and posting on the website

- Projects are presented externally to member associations and shared with other healthcare organizations through learning events and publications