The Salvation Army

Canada & Bermuda
Ontario Division

Meighen Health Centre
Isabel and Arthur Meighen Manor

Giving Hope Today

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Continuous Quality Improvement – Interim Report

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2022/23

Isabel and Arthur Meighen Manor is pleased to share its 2022/23 Quality Improvement Plan (QIP. In 2021, Meighen Manor's strategic plan was refreshed in response to several unprecedented factors which resulted in a fundamentally changed healthcare landscape. These factors included, 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. The core pillars of the long-term strategy remain relevant and are reflected in the refreshed strategy, which outlines objectives and priorities for 2022 - 2025. The QIP is a roadmap to achieving both objectives while navigating challenges and opportunities in our environment.

Meighen Manor's QIP is aligned with our Quality Framework, based on the Quadruple Aim framework adopted by Ontario Health. The 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 Meighen Health Centre's Board of Directors:

- increase resident, family and staff experience
- improve resident and family partnering and relations
- enhance the quality of life

Priorities are divided into 3 categories based on the projected scope of work anticipated for the year – focused action, moderate action and monitoring. Areas for action are included in this report.

QUALITY OBJECTIVES FOR 2022/23

Focused Action:

William and Catherine Booth
Founders

Brian Peddle
General

Floyd J. Tidd
Territorial Commander

Shawn Critch
Divisional Commander

1. Increase residents' and families' experience as evidenced by two indicators: increased confidence to voice their concerns without fear of consequences from 84% to 90% and the feeling of being listened to, from 70% to 90%

2. Decrease the number of avoidable Emergency Department transfers from 9.62 to 7 per 100 residents

Moderate Action:

1. Reduce the percentage of residents on antipsychotics without a diagnosis of psychosis from 20.16% to 19.0%.

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Meighen Manor has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQO) every April. The planning cycle typically begins in August and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- resident, family and staff experience survey results;
- emergent issues identified internally (trends in critical incidents) and/or externally;
- input from residents, families, staff, leaders and external partners, including the MOLTC.
- mandated provincial improvement priorities (e.g., HQO)

Preliminary priorities are subsequently presented and discussed at various forums to validate and identify other priorities that may have been missed. These forums include the broader leadership team, Resident Councils, Family Council, and the Board of Directors' Quality Improvement Committee (QIC). It is an iterative process with multiple engagement touchpoints with different stakeholder groups as QIP targets, and high-level change ideas are identified and confirmed. The final review of the QIP is completed by the QIC, which endorses the plan for approval by the Board of Directors.

MEIGHEN MANOR'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Nursing and administrative policies and practice standards provide a baseline for staff in providing quality care and service. The Home adopted the Model for Improvement to

guide quality improvement activity. Interprofessional quality improvement teams, including residents 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. This work can include process or value stream mapping, 5 whys, fishbone, etc. Also included is an analysis of relevant data and completion of gap analysis against relevant Best Practice Guidelines.

2. Set Improvement Aims
Once teams better understand the current system, they aim to improve and understand what is important to the resident, and an overall improvement aim is identified. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

The improvement teams develop aim statements that are SMART (Specific, Measurable, Attainable, Relevant and Time-Bound). For example, "the amount of improvement – e.g., 30%), to be achieved by a specific time/date (a month and year), as measured by (an indicator or a general description of the indicator) and/or the target population (all residents with a specific risk)

3. Develop and Test Change Ideas
With a better understanding of the current system, improvement teams identify various change ideas to move them into aim statements. During this phase, teams will prioritize alignment with best/prevailing practices when designing preliminary change ideas for testing.

Plan-Do-Study-Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs allow teams to iteratively refine their change ideas and build confidence in the solution before implementation. Change ideas typically undergo several PDSA cycles before implementation.

4. Implement, Spread and Sustain
Before implementation, improvement teams develop a sustainability plan. The plan identifies the different strategies the team will use to evaluate and address the short-term and long-term sustainability of the implemented changes.

Improvement teams consider the following factors when developing a strong implementation/change management plan:

- Outstanding work to be completed before implementation (e.g., final, embedding changes into existing workflow, updating relevant P&P)

- Education required to support implementation, including key staff resources (e.g., Champions)
- Communication 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
Process: measures key activities, tasks, and processes implemented
Balancing: measures other parts of the system that changes could unintentionally impact

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. Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or deterioration in performance. 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, and engage with staff to better understand gaps in compliance.

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

- Posting on unit quality boards, in common areas and staff lounges
- 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 on one communication with residents
- Presentations at staff meetings, Resident Council, Family Council
- Huddles at the change of shift
- Use of Champions to communicate directly with peers