

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 28, 2023



## OVERVIEW

Blue Water Rest Home is a 65 bed Long-Term Care home located just outside Zurich, Ontario. We are a part of the West Huron Care Centre which provides 'A Hub of Services' to local communities, including a London Bridge daycare, community outreach and senior and assisted living apartments. Blue Water Rest Home is home to residents with a range of clinically complex care needs.

Our Vision Statement is "that all individuals we serve enjoy safe, effective, responsive and continually improving care that helps them achieve the highest quality of life". To achieve this we work as a team to provide high quality, innovative and collaborative resident-centered care for all of the residents in our home. Quality initiatives are driven by feedback we receive from residents, families and staff as well as external stakeholders. We acknowledge the importance of quality improvement that is multidisciplinary, evidence based and fluid.

Our quality committee has representation from the varied professionals which make up our staff, including our contracted partners. This committee meets on a quarterly basis to discuss and evaluate quality initiatives within our home.

## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

In the past year we have continued to focus efforts on quality improvement. We have implemented and continue to utilize several new computer-based platforms for staff to streamline processes, which in turn, have led to increased staff time for resident care. We have had substantial investment made into our HVAC system which allows for better air quality for our resident population. It also functions to keep our residents warmer in the winter and cooler in the summer. We implemented an online program for our Environmental Services Department which allows staff to submit work orders electronically, catalogue any purchased equipment and maintain records of past repairs. Through using this software, our equipment and buildings are kept in good repair which benefits our resident's quality of life.

We have implemented strategies to facilitate staff using person-centred language and care when interacting with our residents, between staff members and with partners. All resident doors have "door knocker" stickers affixed to them to remind staff and visitors to knock before entering a resident's personal space. Bulletin boards have been created and person-centered language tips have been posted at the nurse/PSW stations to remind staff of our initiative. Staff have been provided education and opportunities to use person-centred language when speaking to residents and families and in their daily documentation. Practicing person-centred care continues with all interactions including medication administration, wound care, and activities.

## PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Improving the experience and quality of life of our residents is the focus of our quality improvement efforts and to accomplish this we utilize the expertise and suggestions of our residents, families and community partners.

We have the expertise of a Nurse Practitioner who is on site two and a half days per week to support our staff, residents and families. She has been instrumental in reducing ED transfers by assessing and ordering medications/treatments for our resident population in a timely manner. She has also provided education and guidance for our registered staff.

We have an active embedded BSO team who act as mentors and a resource for our staff. This team has developed partnerships with the regions Seniors Mental Health team and the Alzheimer's Society of Huron-Perth for additional support and recommendations when current interventions are not effective for our residents.

We regularly collaborate with Huron Perth Public Health on our immunization program and outbreak management. Our IPAC lead also is involved in the IPAC Leads Community of Practice which focuses on infection prevention and control initiatives in Long Term Care.

We partnered with RNAO to adopt the Best Practice Guideline of Resident and Family-Centred Care. This has led to many practice changes within our home.

## PROVIDER EXPERIENCE

We like all Long-Term Care Homes in the area are experiencing issues with staff shortages. There is a shortage of all disciplines in this rural area including registered staff, psws, dietary workers, cooks and housekeeping/laundry staff. To maintain staffing levels we have utilized Agency staff to supplement our own staff in many departments. We have reached out to local high schools, colleges and universities to try and attract staff. We have partnered with Fanshawe College to host PSW and OTA/PTA student placements. We have also had RPN students complete their final placements in the home.

We have tried creative approaches to hiring such as using social media to post job vacancies. In the event of staffing crisis, our leadership team, including our CEO have worked on the unit with residents alongside staff.

At Blue Water Rest Home we have not denied staff days off or vacation time due to human resources shortages. We understand that staff have needed time away from work to rest and recharge and have worked creatively to ensure all disciplines have been able to take their vacation time.

In addition to actively attempting to recruit staff, we have worked to retain those we have with fun experiences, gifts and staff socially distanced gatherings. Staff were treated to 2 food trucks in the summer of 2022, that provided them with lunch of hamburgers, hot dogs and poutine and on the second occasion ice cream. We have also purchased team bonding 'Blue Water Rest Home Strong' t-shirts and jackets. We continued to have a Christmas Party each year during the pandemic by providing staff with a catered, socially distanced meal made available for all shifts.

We continue to onboard any new staff in a personal way. We have an in-person orientation session on a new staff members first day where each team member completes a portion of the orientation, this includes the CEO, all managers, scheduling coordinator, RAI coordinator, and IPAC and education lead.

## **WORKPLACE VIOLENCE PREVENTION**

Blue Water Rest Home promotes teamwork, mutual respect and collaboration which are paramount to preventing workplace violence in the home.

A large portion of our resident population have a diagnosis of dementia, in addition to chronic medical co-morbidities that have responsive behaviours associated with them. We have staff complete a SIRRA (Staff Incidence Report of Resident Aggression) form to document each incidence of resident aggression. These reports are reviewed by registered staff on shift and the Director of Care prior to being reviewed and the data analyzed for trends and recommendations by both the BSO team and the Joint Health and Safety Committee. Any recommendations arising from the analysis are communicated to the appropriate team members for follow up.

We have installed video monitoring in all public hallways and main entrances and exits of the home. This allows staff members to see all wings of the home and assists in keeping our residents safe within their home. Any persons who come to our doors can be seen at any time by staff who are on shift.

We have developed safety and actions plans for both resident and staff safety and have ensured that all staff members in all departments are aware of these plans by posting them on the

homes internal home wide communication page.

We have developed an identification system where residents are assessed by our BSO team and those who have shown the potential for verbal, physical or sexual aggression are identified with a small round orange magnet on their door frame. This is a visual cue to any staff of any department entering that residents room that there is a potential for aggression so they can be prepared and approach the resident mindfully. All staff are trained in this program during their orientation.

New resident applications are reviewed by the Director of Care to identify any potential risks. At times a site visit or communication with current care providers and care coordinator is warranted to ensure a safe transition to our home.

Our Emergency Management Plan was updated in 2022 and the review of the emergency management codes will be practiced annually with staff members including Code White (Physical Threat/Violence).

## **PATIENT SAFETY**

Resident safety is a priority when providing quality care. We strive to learn from our experiences both positive and negative.

Our Director of Care reviews and analyzes each medication incident that occurs at Blue Water Rest Home. These incidents are analyzed for trends in staff members, timing of incidents, and the type of medication incident. Coaching is provided to registered staff members that have been identified by the DOC as benefitting from it. The results of the analysis is shared with staff members at registered staff meetings. Medication incident analysis is also shared with our quality committee which has representation from all disciplines, including, our medical director/NP as well as our resident committee member.

Resident falls are tracked on a monthly basis by our quality lead. Falls are reviewed by registered staff at the time of the fall for circumstances and contributing factors, for example, medications, gait and location.

A Post Fall Huddle Assessment is completed on each resident who has fallen 3 or more times in a calendar month or with a fall leading to a critical incident. This assessment allows for greater depth in analysis. We use this data as a tool for falls prevention. Assistive devices are implemented based on this analysis such as Posey mats, or chair and bed alarms. The number of resident falls is posted on the Point Click Care homepage each month for staff to review. Our Quality Committee discusses fall prevention at our quarterly meetings.

## 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 / Oct 2021 - Sep 2022	10.96	10.00	We are below the Provincial average in this indicator, however, we continue to strive to reduce our number of ED visits.	

### Change Ideas

**Change Idea #1** Education will be provided for Registered Nursing staff on how to effectively manage epistaxis in our facility as we have experienced resident transfers to the ED department for nasal packing. If we can learn to become proficient at this in our facility we can avoid transfers.

Methods	Process measures	Target for process measure	Comments
Dr. Hammond, Medical Director will provide an in-service to educate nurses on the procedure for placing nasal packing, when nasal compression will not stop epistaxis.	Percentage of Registered Staff attending the educational in-service for cessation of epistaxis and nasal packing.	80% of Registered Staff will attend the in-service.	

**Change Idea #2** Review and analyze all ED transfers quarterly at our interdisciplinary Quality Committee meeting.

Methods	Process measures	Target for process measure	Comments
Quality Lead will compile a list of all residents transferred to the ED department each month including their reason for transfer. This list will be analyzed at Quality Committee for interventions which could be put into place to prevent further transfers	Number of ED transfers reviewed quarterly.	100% of ED transfers will be reviewed at Quality Committee each quarter.	

## 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, NHCAPHS survey / Apr 2022 - Mar 2023	CB	CB	Our 2022 Resident Quality of Life Survey did not include this question. We will include this question in our 2023 Survey.	

### Change Ideas

Change Idea #1 The question "What number would you use to rate how well staff listen to you?" will be added to our 2023 Resident Satisfaction Survey.

Methods	Process measures	Target for process measure	Comments
Question will be added to our annual Resident Satisfaction Survey.	Number of residents who rate staff listening as a 9 or 10. (with 0 as worst possible and 10 as best possible)	80% of residents will rate staff listening to them as a 9 or 10 on the Survey.	

**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 / Apr 2022 - Mar 2023	95.65	100.00	We strive to have 100% of residents respond positively to the statement.	

**Change Ideas**

Change Idea #1 Continue to encourage and educate staff to use person-centred language and care.

Methods	Process measures	Target for process measure	Comments
Blue Water Rest Home rolled out the Person Centred-Care Best Practice Guidelines our facility in 2021. We want to ensure staff are continuing to practice this way of care by provided reminders on bulletin boards, and in staff meetings.	A portion of each staff meeting will be dedicated to a person-centred care topic	100% of staff meetings will include a topic dedicated to person-centred care.	Total Surveys Initiated: 46 Total LTCH Beds: 61



## 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 / Jul - Sept 2022	12.84	12.00	We are below the provincial average, but we will continue to implement interventions to improve.	Hogan CareRx

### Change Ideas

**Change Idea #1** Our BSO team will review the care plans of all residents who are admitted on antipsychotic medications to identify non-pharmacological approaches to address responsive behaviours.

Methods	Process measures	Target for process measure	Comments
The Admission Coordinator will provide admission MAR to the BSO team for review following a new residents admission if that resident is taking antipsychotics.	Percentage of care plans of all new residents on antipsychotic medications reviewed upon admission.	100% of care plans of all new residents on antipsychotic medications will be reviewed upon admission.	

**Change Idea #2** Utilize Hogan CareRx Drug Utilization Report on a quarterly basis and discuss findings at Quality Improvement Sub Committee.

Methods	Process measures	Target for process measure	Comments
Hogan CareRx will attend Blue Water Rest Home's Quality Subcommittee quarterly and provide their Drug Utilization Report. This report will be discussed and recommendations can be made with Interdisciplinary team.	Percentage of Quality Subcommittee Meetings attended by Hogan CareRx Pharmacist with provision of the Drug Utilization Report.	Hogan CareRx Pharmacist will attend 100% of Quality Subcommittee Meetings, providing the most recent Drug Utilization Report.	

## HEALTH EQUITY

The population of Blue Water Rest Home reflects the level of diversity of our surrounding rural area which is not as diverse as a urban centre. We do strive to ensure that our residents are treated with individuality.

Upon admission several assessments are completed by our team to get to know the residents including a recreation assessment which reviews their leisure pastimes, musical preferences and spiritual background and needs. Our nutrition manager meets with each new resident to discuss any food intolerances as well as individual likes and dislikes.

We have set up an area in our home (the multipurpose worship room), which is separate from our chapel, which can be utilized by any faith for prayers. We also have rotating religious leaders completing church services to meet the various spiritual needs of our resident population.

We also have non gender specific washroom facilities in the home areas which can be utilized by any persons.

## CONTACT INFORMATION/DESIGNATED LEAD

Blue Water Rest Home  
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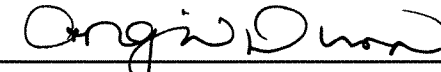
## SIGN-OFF

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 **March 28, 2023**



Charlene Oesch, Board Chair / Licensee or delegate



Angie Dunn, Administrator /Executive Director



Sherry Selves, Quality Committee Chair or delegate

Other leadership as appropriate