Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 25, 2024

Ontario Health

OVERVIEW

Blue Water Rest Home is a 65 bed, not for profit, Long-Term Care home located just outside the town of Zurich Ontario. We are a part of the West Huron Care Centre which provides 'A Hub of Services" to our local communities. The services include a London Bridge daycare, independent and seniors apartments, community outreach and and includes Meals on Wheels and community dining programs.

Blue Water Rest Home is home to residents with a wide variety of clinically complex care needs. Our Vision Statement is that "all individuals we serve enjoy safe, effective and continually improving care that helps them achieve the highest quality of life". To achieve these goals we strive to attract the multidisciplinary talent needed to maintain our high standard of care.

Our Quality Committee chooses initiatives that are important to our residents, families and team members. We acknowledge that quality improvement is most successful when it is multidisciplinary, evidence-based and fluid. We include representation from all departments within our home, as well as residents when making quality decisions that will affect resident care.

ACCESS AND FLOW

At Blue Water Rest Home we have worked diligently to ensure that our beds are occupied at all times. We work collaboratively with community partners and have streamlined internal processes to ensure that applications to our home are reviewed and dealt with in a timely manner. We have introduced the role of Admissions Co-ordinator to ensure that a residents admission to our home is well organized, streamlined and welcoming for all residents and families.

We have been working to continue to reduce our number of ED visits. Our ED visits and hospitalizations have decreased with effective collaboration between our nursing staff and Nurse Practitioner (NP)/Medical Director. Our nurses are able to provide referrals to our NP for assessment for medication changes, biopsies and minor procedures which when dealt with on a timely basis prevents small issues from becoming more complicated. In 2023, all registered nursing staff completed training the insertion of nasal packing so we are able to effectively deal with uncontrolled epitaxis which in the previous year had necessitated ED visits for two of our residents.

Our data review indicated that the majority of our ED visits were related to falls with injury. We have purchased the necessary equipment to enable our NP/Medical Director to suture or staple a laceration sustained in our home, therefore preventing the need to send these residents out to the ED for this treatment.

With Local Priorities Funding, we were able to purchase a bladder scanner which has benefitted our residents for non-invasive post void residuals and unecessary catheterizations.

EQUITY AND INDIGENOUS HEALTH

The population of Blue Water Rest Home reflects the level of diversity of our surrounding rural area which is not as diverse as that of an urban center. Our goal is to treat each resident as an unique individual with their own preferences, needs, and goals. We have initiated the RNAO Nursing Advantage Program which has provided us with individualized assessments which are embedded in Point Click Care and are initiated during the admission process. This system provides suggestions for potential referrals, and assists staff members in the completion of individualized care plans for our residents.

Our Activation team completes an individualized recreation assessment upon admission which outlines resident interests, hobbies, and music preferences among other items. This assessment allows the team to implement activities and programs that meet of needs of our entire resident population. We also work with our community religious partners to provide religious services targeted toward the various differing denominations for the residents that reside in our home.

We have reviewed and updated our Acessibility for Ontarians with Disabilities Act (AODA) policies and procedures to ensure we are able to provide assistance and services to all people within our community.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Our quality improvement efforts continue to focus on providing our residents with the best quality care we can provide. To accomplish this we utilize the expertise and ideas of our residents, families, medical professionals and community partners.

We continue to be extremely fortunate to have the expertise of our dedicated Nurse Practitioner two and a half days per week to support and mentor our staff. She has been instrumental in providing timely care for our residents and by doing so reducing our number of transfers to the ED department. She has recently participated in the Foundations of MAID in Canada Course, hosted by the Canadian Association of MAID Assessors and Providers, to further our knowledge in the process of Medical Assistance In Dying.

In keeping with the Fixing Long-Term Care Homes Act, 2021 we have a dedicated Registered Nurse working as our Infection Prevention and Control Lead (IPAC). She has upgraded her knowledge of IPAC and has successfully challenged the CBIC exam to gain Certification in Infection Prevention in Long-Term Care (LTC-CIP). We have ensured that our residents are offered all recommended vaccinations to prevent infection. Our IPAC lead is involved in the IPAC Community of Practice and is a member of IPAC Canada.

We have dedicated RN leads in both our Behavioural Supports Ontario (BSO) and Palliative Care Programs. These leads are to have dedicated work shifts to use for project development and initiation. We have worked diligently this year to improve our residents palliative experience. We implemented a new palliative care box for families use when their loved one is at End of Life, including toiletries, snacks, reading and comfort materials. The feedback we have received from our families has shown this addition to our program to be beneficial. Our embedded BSO team has taken advantage of many educational opportunities this year including, BSO Foundations, and U-First. This team acts as a valuable resource for our staff and residents.

Utilizing the Resident Health and Well-Being and Allied Health funding, we were able to add the services of a Social Worker to our multi-disciplinary team. Social Work has provided transition services (at time of admission) and counselling for our residents and their families.

PROVIDER EXPERIENCE

We have continued to experience staffing challenges in the past year, as have other Long-Term Care Homes as well as acute care facilities in our region. There have been challenges recruiting staff in all disciplines, and we have had to supplement with Agency staff. We continue to use creative ways to introduce staff to our home including, providing placement experiences for Nursing and PSW students. We have also partnered with one of our local high schools to provided co-op opportunities.

We continue to utilize creative approaches to attract staff including utilizing our social media page to advertise for job vacancies. In the event of emergencies, such as the 2022 December blizzard, members of the leadership team including our CEO, and our dedicated staff members remained onsite to ensure our residents needs were met when roads were closed for days. We have been able to add full-time positions to our team to enhance direct care hours so that we can achieve the provincial target of 4.0 hours of care by 2024/2025.

The leadership team have put a lot of effort into staff retention by continuing to offer our staff members special meals e.g. sub days for lunch, snacks, food trucks, and ice cream bars on hot summer days.

SAFETY

The safety of our residents and staff members is of great importance to our homes leadership and multidisciplinary teams. Processes have been utilized to allow us to document, track and analyze data in an ongoing effort to prevent recurrence. These processes include completion of post fall huddle assessments following resident falls, tracking and analysis of medication errors, tracking and analysis of incidents of hypoglycemia and tracking and analysis of infections including antibiotic resistant organisms. The data procured from these incidents is shared in multidisciplinary meetings including the Quality Sub-Committee where they are discussed, analyzed and initiatives for prevention can be implemented.

We are in the process of implementing a new swipe card entry system at the entrance and within the home areas. This will provide added safety for both residents and staff.

POPULATION HEALTH APPROACH

At Blue Water Rest Home we work closely with our community partners to promote health, prevent disease and assist our residents to live well. We have a close working relationship with Huron Perth Public Health which ensures that we are supported with knowledge and assistance during outbreaks of infectious disease. We partner with them to ensure that we have a robust immunization program for our residents.

We routinely collaborate with Seniors Mental Health and the Alzheimers society of Huron Perth to meet the needs of our residents and families. We are a collaborating partner with the Huron Perth and area Ontario Health Team. We also work closely with Home and Community Care Support Services to ensure that our beds are filled in a timely manner thus assisting with reducing the number of residents waiting for Long-Term Care Placement in Acute Care.

Our community outreach division runs wellness programs including grocery delivery, Meals on Wheels, congregate dining programs and blood pressure clinics for the senior population in our community. These community programs promote wellness and assists in meeting the social needs of our seniors.

CONTACT INFORMATION/DESIGNATED LEAD

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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 25, 2024

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	X	5.00	Although we are well below the provincial rate of 20.83, as evidenced by the suppressed number, we will continue to work on this indicator.	

Change Ideas

Change Idea #1 We have purchased all equipment nescessary for our NP or MD to close lacerations in house rather than transport to the ED Department.

Methods	Process measures	Target for process measure	Comments
We will track data throughout the year as to how many residents experience lacerations requiring sutures or staples. We will also track how many of those lacerations can be treated at BWRH without ED transport.	Number of lacerations sustained in 2024. Number of lacerations treated at BWRH.	95% of lacerations sustained by residents will be be treated at BWRH without ED transport.	

Experience

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?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	44.74	60.00	We will continue to work on this indicator as we feel the reason our number is low is due to the response rate of our survey.	

Change Ideas

Change Idea #1 All Blue Water Rest Home staff will complete customer service education in 2024.

Methods	Process measures	Target for process measure	Comments
This will be completed via modules assigned in Surge Learning.	# of employees who have completed customer service training in 2024.	100% of BWRH employees will complete customer service training in 2024.	Total Surveys Initiated: 39 Total LTCH Beds: 65

Change Idea #2 Increase the rate of return for POA surveys (POA Surveys are sent out to POAs for those residents without the cognitive ability to complete the Resident Quality of Life Survey even with accomdation including assistance.)

Methods	Process measures	Target for process measure	Comments
-Implement follow up emails to remind POAs to complete and return the surveys. -Print and make available hard copies of the Survey at the BWRH front desk. -Utilize BWRH social media pages to remind POAs of Surveys.	# of POA-REsident Quality of Life returned completed.	Increase rate of return of POA Surveys by 20%	

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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	92.31	95.00	We are performing well on this indicator, however we will continue to work at increasing this in this area.	

Change Ideas

Change Idea #1 Increase the rate of return for POA surveys (POA Surveys are sent out to POAs for those residents without the cognitive ability to complete the Resident Quality of Life Survey even with accomdation including assistance.)

Methods	Process measures	Target for process measure	Comments
-Implement follow up emails to remind POAs to complete and return the surveys. -Print and make available hard copies of the Survey at the BWRH front desk. -Utilize BWRH social media pages to remind POAs of Surveys.	# of POA-Resident Quality of Life returned completed.	Increase rate of return of POA Surveys by 20%	Total Surveys Initiated: 39 Total LTCH Beds: 65

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.94	15.54	We are currently above the Provincial Average (15.54) for falls. Our goal is to to reduce our falls to meet or be lower than the Provincial rate.	

Change Ideas

Change Idea #1 Communicate falls data to all staff on a monthly basis.

Methods	Process measures	Target for process measure	Comments
Post falls data monthly on PCC home page so all staff are aware of how many falls have occurred each month and which residents have had 3 or more falls in the calendar month.	# of residents who fallen 3 or more times in a calendar month.	Falls data will be posted on the PCC Homepage within the first 7 days of the calendar month.	

Change Idea #2 Increase 1:1 time for residents at risk for frequent falls.

Methods	Process measures	Target for process measure	Comments
Delegate students in nursing to increase 1:1 time with residents who are at increased fall risk during evening shift.	# of 1:1 time hours spent with resident who are at risk for frequent falls.	Students in nursing will increase the amount of time spent providing 1:1's with at residents at increased fall risk by 25%.	

Measure - Dimension: Safe

Indicator #5	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	O	% / LTC home residents	CIHI CCRS / July 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	16.36	15.00	We are currently below the Provincial Rate of 20.55 in this indicator however we will to continue to work on reducing our rate.	

Change Ideas

Change Idea #1 Increased identification of those residents taking antipsychotic medications when palliating during end of life in our home.

Methods	Process measures	Target for process measure	Comments
RAI coordinator will cross reference those residents who have been identitified in palliative rounds as being EOL and ensure they are being coded as such in the RAI-MDS.	# of residents who are actively at end of life taking antipsychotic medications.	100% of end of life residents who are at end of life and taking antipsychotic medications will be identified.	

Change Idea #2 Implementation of a screening assessment for delirium.

Methods	Process measures	Target for process measure	Comments
The delirium screening assessment will be completed by registered staff during the admission process for new residents and when triggered by Point of Care charting by PSWs.	# of delirium screening assessments completed.	100% of residents will have a delirium screening assessment completed on admission.	

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #4 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Bluewater Rest Home)	**10.96** **Performance (2023/24)**	**10** **Target (2023/24)**	**X** **Performance (2024/25)**	**5** **Target (2024/25)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Education will be provided for Registered Nursing staff on how to effectively manage epitaxis 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.

Process measure

- Percentage of Registered Staff attending the educational in-service for cessation of epitaxis and nasal packing.

Target for process measure

- 80% of Registered Staff will attend the in-service.

Lessons Learned

100% of our registered staff were trained to complete nasal packing in the event of epitaxis. This was a success as one of our RNs successful demonstrated she was able to insert nasal packing in the nare of one of our residents which did in fact prevent a ED visit. She then was able to act as a mentor to other staff.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Review and analyze all ED transfers quarterly at our interdisciplinary Quality Committee meeting.

Process measure

- Number of ED transfers reviewed quarterly.

Target for process measure

- 100% of ED transfers will be reviewed at Quality Committee each quarter.

Lessons Learned

This change idea was implemented. Through analysis of our ED visits it was found that the majority of the visits to the ED are due to resident falls with injury, therefore we planning to implement new change ideas on this years QIP to shift this trend.

Experience | Patient-centred | Priority Indicator

	Last Year		This Year	
Indicator #3 Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Bluewater Rest Home)	**95.65** Performance (2023/24)	**100** Target (2023/24)	**92.31** Performance (2024/25)	**95** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue to encourage and educate staff to use person-centred language and care.

Process measure

- A portion of each staff meeting will be dedicated to a person-centred care topic

Target for process measure

- 100% of staff meetings will include a topic dedicated to person-centred care.

Lessons Learned

We continued to work on person-centred care and language. We have implemented the RNAO Nursing Advantage Tool which embeds person centred care directly into our care plans. We have also added person centred care topics into our staff meetings with good results.

	Last Year		This Year	
Indicator #2 Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Bluewater Rest Home)	**CB** Performance (2023/24)	**CB** Target (2023/24)	**44.74** Performance (2024/25)	**60** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not implemented

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

Process measure

- Number of residents who rate staff listening as a 9 or 10. (with 0 as worst possible and 10 as best possible)

Target for process measure

- 80% of residents will rate staff listening to them as a 9 or 10 on the Survey.

Lessons Learned

This was our first year asking this question in our Resident Satisfaction Survey. We were pleased that we had 0 responses in the worst categories (0-4).
Some of our residents struggled to answer this question and had difficulty. We have had to send out surveys to resident POAs if the resident's CPS is 4 or higher. We have found that some of our residents with a CPS of 3 are not able to complete the survey even with assistance. We have also noted that the return of surveys from our POAs has been poor.

Comment

We plan to strategize on ways to increase rate of return for POA surveys for residents with a CPS score of greater than 3 in the 2024/25 QIP

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #1 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Bluewater Rest Home)	**12.84** **Performance (2023/24)**	**12** **Target (2023/24)**	**16.36** **Performance (2024/25)**	**15** **Target (2024/25)**

Change Idea #1 ☑ Implemented ☐ Not implemented

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.

Process measure

- Percentage of care plans of all new residents on antipsychotic medications reviewed upon admission.

Target for process measure

- 100% of care plans of all new residents on antipsychotic medications will be reviewed upon admission.

Lessons Learned

We discovered that many of our newly admitted residents were on antipsychotics out of necessity and there was little change we could make in this area.

Change Idea #2 ☑ Implemented ☐ Not implemented

Utilize Hogan CareRx Drug Utilization Report on a quarterly basis and discuss findings at Quality Improvement Sub Committee.

Process measure

- Percentage of Quality Subcommittee Meetings attended by Hogan CareRx Pharmacist with provision of the Drug Utilization Report.

Target for process measure

- Hogan CareRx Pharmacist will attend 100% of Quality Subcommittee Meetings, providing the most recent Drug Utilization Report.

Lessons Learned

This report has been discussed quarterly at our meetings.

Comment

We were unable to reach our goal of decreasing antipsychotic usage, however our Medical Director and NP continue to regularly assess the need for antipsychotic medication and attempt tapering reduction as able.