Continuous Quality Improvement Report
Wellington House LTC

Brian Chant RN – Director of Care
DESIGNATED LEAD - Quality Improvement

Introduction to Wellington House

Wellington House is a 60 bed LTC home in Prescott, Ontario. This for-profit home is owned by Arch and Managed by Universal Care Inc.

Wellington House is best practice designate home with the RNAO Best Practice Organization. We offer a person and family centre care environment allowing our Resident's goals and preference to guide his/her care.

Wellington House has many extra services available including:

- In house blood work service
- Mobile x-ray and ultrasound
- Golden Care Dental offered dental and denture services on site
- Thousand Islands Hearing offers hearing and hearing aid services
- FYI Doctors offers vision services in house
- There is a hair dresser on site weekly
- Advanced Foot Care is available
- Wellington House's Medical Director, Dr. J Spohn and Alex Forrest, Canadian Certified Physician's Assistant visit the home several times per week to meet out resident's medical need and are supported by Dr. Thomas with the Psychogeriatric Outreach Team.

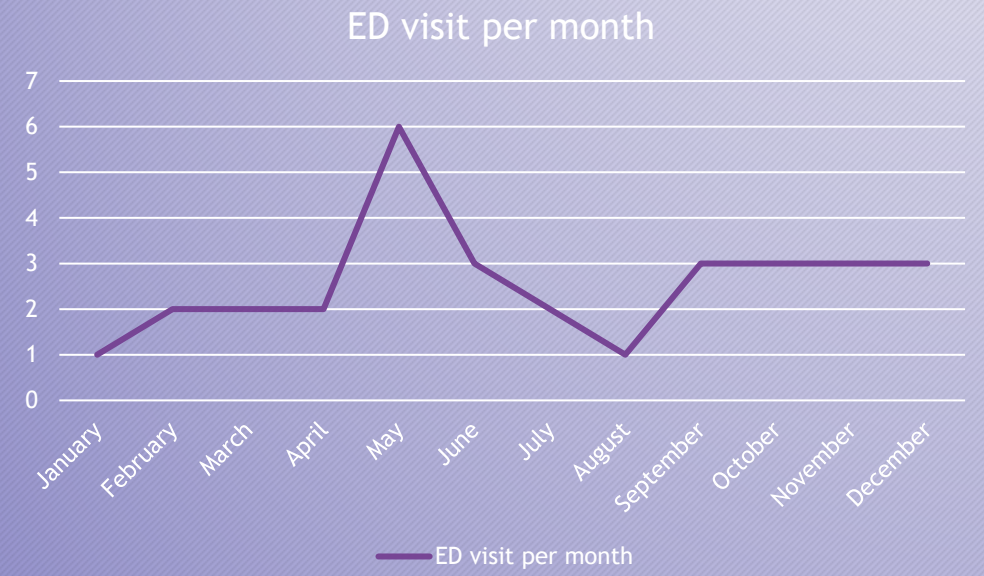
Quality Improvement Outcomes from 2022-23

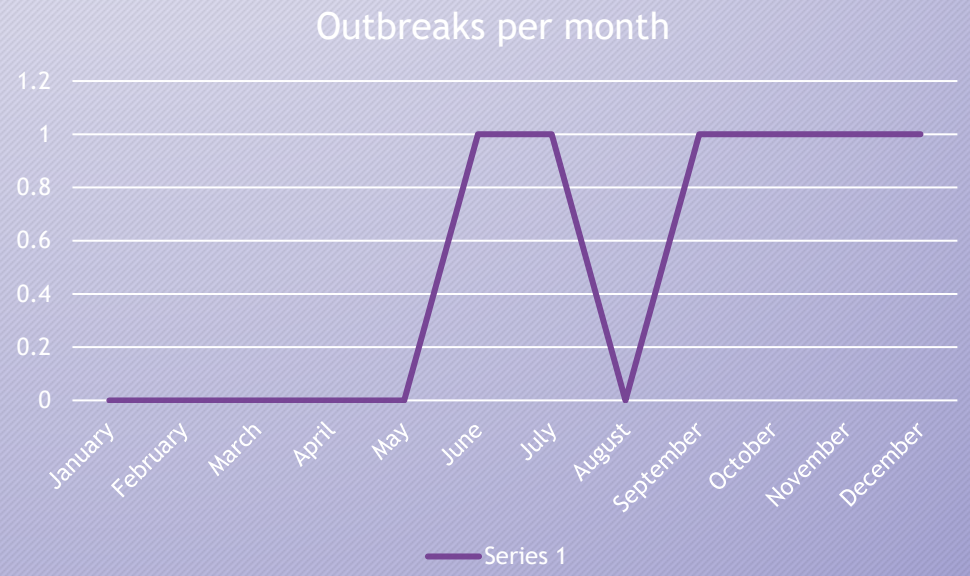
Quality Indicator	Performance Identified in 2022	Current Performance Indicator
ED Visits per month	2.6 visits per month	2.0 visits per month 2023
Outbreaks per month	0.5 outbreaks per month	0.5 outbreaks per month
Physical Restraints	0	0
Worsening Pressure Ulcers Stage 2-4	10% of residents	2.9% of residents

Successes and objectives achieved in 2022:

- ED visits have remained low due to the implementation of IV therapy, high level involvement of both NP and Physician, increased delirium screening as well as use of mobile x-ray and ultrasound services.
- In 2022 Wellington House experienced 6 outbreaks, 2 of which being Covid-19. This low number was due to vigilant active screening of staff and visitors and surveillance of residents, proper PPE use, high vaccination rates, close collaboration with public health and continuous auditing and education in the areas hand hygiene, PPE use, environmental cleaning and screening processes.
- Pressure ulcers are being monitored using a wound app and tracking tools with ongoing education of staff on both wounds and appropriate dressings. Collaborative approach of dietary, physio and nursing is used for ultimate healing.
- Home will maintain 0 restraints.

Quality Improvement Outcomes from 2022-23





QUALITY PRIORITIES FOR 2023/24

Wellington House is pleased to share its 2023/24 Continuous Quality Improvement Plan Report. Wellington House is committed to quality improvement and is reflected in our mission and strategic plan. We are continuing the implementation of the Person and Family Centred Care Best Practice Guideline ensuring residents and their families are supported to achieve their personal goals for their health and quality of life. We are implementing the Palliative Approach to Care and End-of-Life Care Best Practice Guidelines concentrating on improving or sustaining comfort and quality of life for the residents and their families facing a life-limiting illness. Our Palliative care approach encompasses holistic services that meets the physical, emotional, social, cultural, spiritual and psychological needs of the resident and their family members.

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence based practices and innovation remain high priorities for Wellington House. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.

The high-level priorities for Wellington House 2023 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Pre-designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction :

- Achieving Excellence in Quality of Life for residents in our Home
- Achieving Resident's Comfort
- Supporting Resident's Transition in our Home
- Meeting Resident's needs, wishes
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Maintaining Residents' and Staff Satisfaction

QUALITY OBJECTIVES FOR 2023/24

1. Achieving Excellence in Quality of Life for residents in our Home through the implementation of Person and Family Centered Care (PFCC) and Alternative to Restraints Best Practice Guideline and the Palliative Approach to Care Guideline
2. Achieving Resident's Comfort through the implementation of Pain Assessment and management Best Practice Guideline and the End-of-Life Care Guideline
3. Supporting Resident's Transition in our Home prior to admission through the process of pre-admission conference and on the day of admission through the implementation of the Admission and 24 Hours Assessment and Plan of Care Clinical Pathway
4. Meeting Resident's needs, wishes through the implementation of Clinical Pathways (Person and Family Centred Care and Pain Assessment and Management) and integration of goals of care discussions during resident care conferences
5. Supporting screening, assessment, prevention of risk and point of care decision making through the implementation of Assessment Tools and Clinical Pathways that integrate with Plan of Care though Nursing Advantage Canada electronic platform for residents' assessment
6. Maintaining Resident and Staff Satisfaction through Response and Action

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Wellington House has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- 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
- MDS Indicators Raw Data Reports available in Point Click Care
- Resident, family and staff experience survey results;
- Identified priorities through program evaluations and recommendations from the homes continuous quality improvement committee
- Results of care and service audits
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Input from residents, families, staff, leaders and external partners.
- Mandated provincial improvement priorities (e.g., HQO)
- Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines

- Priorities are discussed within different committees and councils by interprofessional and interdisciplinary team members.
- These committees and councils include the Leadership Team, Resident Councils, Family Council, CQI Council and the Professional Advisory Committee. The process is interactive and engages different stakeholder groups.
- QIP targets and practice change ideas are identified and confirmed.

Wellington House APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- Wellington House Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. Wellington House has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Complete Trends Analysis

- 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 mapping, 5 whys, fishbone, Plan-Do-Study-Act (PDSA) cycles, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

2. Set Improvement Aims

- Once there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family experience and satisfaction of outcomes, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.

- The aim statement includes the following parameters - “How much” (amount of improvement – e.g., 30%), “by when” (a month and year), “as measured by” (indicator or a general description of the indicator) and/or “target population” (e.g., residents, residents in specific area, etc.)

APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS CON'D)

3. Developing and Testing Practice Change(s)

- As a principal, Wellington House will identify practice changes to implement current evidence based recommendations established by the published best practice guideline(s)
- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move Wellington House towards meeting its aim statement (s).
- Wellington House will monitor and track outcomes of practice changes through observation, auditing and data collection

4. Implementation, Dissemination, Sustainability

- Improvement teams consider the following factors when developing implementation of practice change plan:

➢ Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, documentation systems etc.)

➢ Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).

➢ Communication required to various stakeholders, before during and after implementation

➢ Approach for spread across Wellington House, (to residents, families, staff)

➢ Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)

Measures includes the following types:

Outcome Measures:

- Measures what the team is trying to achieve (the aim)

Process Measures:

- Measures key activities, tasks, processes implemented to achieve aim

Structure Measures:

- Measures systems, and processes to provide high-quality care.

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 decline 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, engage with staff to better understand gaps in adherence to compliance.

At An Organizational Level

- Wellington House is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway implementation, and different analysis tools available within different programs.
- Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

  - Posting on unit Continuous Quality Improvement and Best Practice Boards, in common areas and in staff lounges
  - Publishing stories and results via the newsletter, presenting at practice change webinars, social media
  - Direct email to staff and families and other stakeholders
  - Handouts and one: one communication with residents, families and staff
  - Information given at staff meetings, Resident Councils, Family Council
  - Change of shift reports
  - Use of Best Practice Champions to communicate directly with peers

Resident and Family Satisfaction Survey

- Resident and Family Satisfaction Surveys are provided to Residents and their family members each year in the fall.
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and Family Council and members of the staff of the home
- Wellington House completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, Family Council, CQI committee members and staff members of the home

Wellington House 2022 Resident & Family Satisfaction Survey

2022 Resident and Family Satisfaction Surveys was completed September 2022

Summary of Areas home is performing well:

- 100% satisfaction with privacy being maintained and dignity
- 100% satisfaction with involvement in plan of care and implementing changes to the plan of care
- 100% satisfaction with voice and opinions/suggestions/concerns being acted upon

Summary of Areas for Improvement identified on 2022 Survey listed below:

- 80% satisfaction with having preferences met at meals
- 85% satisfaction with feeling at “home” at Wellington House
- 74% satisfaction with response time with request of assistance

Wellington House Quality Improvement Priority Indicators

1. Person and Family Centered Care

Indicator	Current Performance	Target Performance
Residents who feel at “home” here at Wellington House	85%	100%
Resident satisfaction with response time when requesting assistance	74%	100%

2. Nutrition

Indicator	Current Performance	Target Performance
Residents satisfied with variety of the menu	83%	100%
Residents satisfied with variety of snacks	86%	100%

3. Pain Assessment and Management

Indicator	Current Performance	Target Performance
Percentage of residents who report worsening pain	5%	0%
Percentage of residents with pain screening complete on admission	100%	100%

Practice Changes/ Action Items to Support Quality Improvement

1. **Clinical Pathway Implementation:**
- 24 Hours Assessment and Plan of Care
- PFCC
- Risk for Delirium
- Pain Assessment and Management
- Feedback provided to RNAO and Point Click Care

2. **Safety and Technology:**
- Skin and Wound App.
- Practitioner Engagement and Secure Conversation App.
- Automated Dispensing Cabinets (ADC) use
- Infection Control Program Implementation

3. **Improved Staff Experience:**
- Supporting Point of Care Decision Making: Clinical Pathways, electronic Infection Control Program, ADC, electronic Skin and Wound Program
- Satisfaction Survey and Outcome

4. Residents Satisfaction Survey:
- Satisfaction Survey and Outcome
- Residents' Council Feedback
- Actions for improvement

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BPSO BEST PRACTICE SPOTLIGHT ORGANIZATION CANADA

Continuous Quality Improvement Action Plan Wellington House

Year: 2023

Instructions: Complete Continuous Quality Improvement Action Plan as a part of the CQI Report annually. Create action plan for targeted quality improvement initiatives identifed during review of Resident & Family Satisfaction surveys from year previous, CQI Audits and Program Evaluations.

The following items need to be addressed each year in this action plan: QI Indicators (I.E. Skin, ED Transfers, Fall Prevention); Innovation (I.E. MST, PE/SC, Epic PCC integration); Resident/Family Survey action items; BPSO Indicators (i.e. Pain assessment and management, restraints, PFCC); CQI Audits action items and Program Evaluation action items

Item Number	Current Quality Indicator	Quality Indicator Target	Quadruple Aim & SMART goal (1. Resident Experience, 2. Outcomes, 3. Care Team Experience, 4. Cost Reduction)	Practice Change Idea	Action Items	Target Completion Date	Responsible Person	Date Action was Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken
1	85%	100%	Goal: Residents will report that they feel at "Home" Aim: By utiliizing the Resident and Family Centered Care pathway resdients will rate a higher level of satisfaction with the home feeling like "home" to them.	Resident Centred Care pathway guidiline utlizlation	1. Audit residents and families to find out what makes them feel at home at Wellington House and what can be improved. 2. Involve resident council in a welcome package/meeting with each resident at the time of admission (to be implmented by Apr 30/23) 3. Review and re-educate staff, familes and resdients on the Residnet Right: “Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.” “Every resident has the right to have his or her lifestyle and choices respected.” (To be completed by April 30/23)	2023-10-31	Miranda Boisvenue	Projected to be completed Oct/23	Resident and Family Centred preadmission and pathways implemented(Spring 2023) Care Planning allowing for more personal environment. New RFCC Care plan tool implemented(Spring 2023). Individual resident and family surveys ongoing.	Action plan and report presented to Residents Council at April 26/23 meeting. Report given and presented to the Family council April 2023. CQI Report and Action Plan given to both Resident and Family Councils to post in their forums. Will report outcomes at July 11/23 PAC/CQI meeting.	Action Plan and Report posted on the PAC/CQI bulliten Board. Report presented at the April 4/23 PAC/CQI meeting- Both Resident and Family Councel presidents attending. Will meet July 11/23 to review report and progress/outcomes. Awaiting Res/Fam Satisfaction Survey results scheduled for fall 2023.
2	74%	100%	Goal: Resident's call bells will be responded to in a timely manner Aim: Resident's will report that their call bell is responsed to and assistance given within a 3- 5 min window	PSWs and Nursing staff will work collaboratively to answer calls bells in a timely manner by working within their designated areas at all times.	1. Audit current response times to call bells. (to be completed by April 30/23) 2. Create workstations in hallways for staff to do point of care charting at time of care so are more acceessible to resident at all times. (To be installed by Mar 31/23) 3. Audit that all staff are carrying pagers(To be done by Mar 31/23)	2023-04-31	Brian Chant/Jeff Alvarez	Audit completed April 2023.POCs Tablet mounted May 2023.Pager Audit done April 2023	Call bell are being responed 45 seconds quicker in the May audit over the April audit. POC tablets are now mounted in the assigned sections of the home allowing staff to remain in their own sections for documentation. Pager audits showed 100% of staff carrying their pagers. Reg Staff to monitor continues compliance as well as not how often pagers get sent to their pagers(5 min if unanswered by PSW)	Action plan and report presented to Residents Council at April 26/23 meeting. Report given and presented to the Family council April 2023. CQI Report and Action Plan given to both Resident and Familiy Councils to post in their forums. Will report outcomes at the July 11/23 PAC/CQI Meeting	Action Plan and Report posted on the PAC/CQI bulliten Board. Report presented at the April 4/23 PAC/CQI meeting- Both Resident and Family Councel presidents attending. Will meet July 11/23 to review report and progress/outcomes. Awaiting Res/Fam Satisfaction Survey results scheduled for fall 2023.
3	83%	100%	Goal: Residents will be satisified with the variety of the menu offered Aim: Residents will have an option they are pleased with at each meal and be offered a variety of different meals in the planned menu	Nutrition: Menu will reflect a wide variety of nutritious and seasonally appropriate foods	1. Meeting with residents to get feedback and suggestions for meal ideas and wishes.(Done monthly at Resident's Council Meeting) 2. Review these findings with Dietitian and Food Service Manager to implement changes as able(Ongoing in response to direction from Resident's Counsil)	2023-10-31	Jan Pronko	Apr-23	The menu was reviewed at the April 2023 resident's council meeting and suggestion were sent back to the dietician. Changes made as per Resident feedback. A favourite meal program was implemented with dietary and programs to allow each resident's favourite meal to be served.	Resident's reviewed and appoved the new menu. Action plan and report presented to Residents Council at April 26/23 meeting. Report given and presented to the Family council April 2023. CQI Report and Action Plan given to both Resident and Familiy Councils to post in their forums. Will report outcomes at the July 11/23 PAC/CQI Meeting	Action Plan and Report posted on the PAC/CQI bulliten Board. Report presented at the April 4/23 PAC/CQI meeting- Both Resident and Family Councel presidents attending. Will meet July 11/23 to review report and progress/outcomes. Awaiting Res/Fam Satisfaction Survey results scheduled for fall 2023.
4	86%	100%	Goal: Residents will be satifed with the availalbilty and variety of snacks provided on the nutrition cart that is ciruclated 3 times per day. Aim: Residents will have an option on the cart for them to safely eat and enjoy	Nutrition: Variety of appropriate snacks will be availabe to all	1. Meeting with residents to get feedback and suggestions for meal ideas and wishes.(To be comleted by May 31/23) 2. Review these findings with Dietitian and Food Service Manager to implement changes as able(To be completed by June 30/23)	2023-10-31	Jan Pronko	April 23 and ongoing	Meeting with residents regarding snack cart held April 2023. Discussed at the April 26th residents council meeting and recommendations received and adjustments made. Is a reoccuring item at Resident's Council and will be adjusted as able to meet their preferences.	Food preferences reviewed monthly at Resident's Council Meetings. Action plan and report presented to Residents Council at April 26/23 meeting. Report given and presented to the Family council April 2023. CQI Report and Action Plan given to both Resident and Familiy Councils	Minute from Resident and Family Council Meetings reviewed and responded to monthly. Action Plan and Report posted on the PAC/CQI bulliten Board. Report presented at the April 4/23 PAC/CQI meeting- Both Resident and Family Councel presidents attending. Will meet July 11/23 to review report and progress/outcomes. Awaiting Res/Fam Satisfaction Survey results scheduled for fall 2023.

5	5.00%	0%	Goal: Residents will report low levels of worsening pain Aim: Comfort measures and medication use will maintain low levels of residnet pain within the home	Pain and Symptom Mangement clinical pathway use	1. Assess current levels of pain reported. 2. Assess pain medication use of these residents 3. Audit nursing process for assessing pain 4. Meet with MD to assess process for pain medication changes	2023-12-31	Brian Chant	Apr-23	Pain assessment audits are completed weekly to ensure completion. MD and Clinical lead do quarterly med review as well as adjust meds as required.	Action plan and report presented to Residents Council at April 26/23 meeting. Report given and presented to the Family council April 2023. CQI Report and Action Plan given to both Resident and Familiy Councils to post in their forums. Will report outcomes at the July 11/23 PAC/CQI Meeting	Action Plan and Report posted on the PAC/CQI bulliten Board. Report presented at the April 4/23 PAC/CQI meeting- Both Resident and Family Councel presidents attending. Will meet July 11/23 to review report and progress/outcomes
6	100%	100%	Goal: Pain screening on admission continues to be completed Aim: All nurses completing admission will be aware and complete the pain screening and complete the pain assessment to ensure managing pain well from the day the resident arrives.	Continuity and Consistency of Nursing Care	1. Continue to audit completion rate(with each admission) 2. Train additional nurses on the admission flowsheets and admission process(to be complete by June 30/23) 3. Continue to provide yearly pain and assessment training to all nursing staff(To be completed by Dec 1/23 on itacit) 4. Evaluate for additional 1:1 training needs	2023-12-31	Amy Hass/Brian Chant	Apr-23	100% of admission pain screening is completed. A letter of interest was posted and 3 registered staff have indicated they wish the extra training. Projected to start in Fall of 2023. 2 Courses on Itacit on-line learning provides annual training regarding pain management for registered staff.	Action plan and report presented to Residents Council at April 26/23 meeting. Report given and presented to the Family council April 2023. CQI Report and Action Plan given to both Resident and Family Councils to post in their forums. Will report outcomes at July 11/23 PAC/CQI meeting.	Action Plan and Report posted on the PAC/CQI bulliten Board. Report presented at the April 4/23 PAC/CQI meeting- Both Resident and Family Councel presidents attending. Will meet July 11/23 to review report and progress/outcomes. Awaiting Res/Fam Satisfaction Survey results scheduled for fall 2023.

Dates Action Plan and Outcomes communicated to Residents:	April 26, 2023 was invited to the Resident's Council Meeting. Presented and provided copy or the CQI report and Action Plan. Council President
Dates Action Plan and Outcomes communicated to Family Members:	April 2023 attended the Family Council Meeting. Presented and provided a copy of the CQI Report and Action Plan
Dates Action Plan and Outcomes communicated to Staff:	Report and Action Plan introduced to staff at daily huddles at 1400 and 1500 in April 2023, as well as, at the May/23 PSW meeting and Nursing Practice Meeting
Dates Action Plan and Outcomes communicated to Residents Council:	To be reviewed at the July 11/23 PAC/CQI Meeting. Final outcomes to be reported pending results of the 2023 Resident and Family Survey in fall 2023
Dates Action Plan and Outcomes communicated to Family Council:	To be reviewed at the July 11/23 PAC/CQI Meeting. Final outcomes to be reported pending results of the 2023 Resident and Family Survey in fall 2023