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Continuous Quality Improvement – Interim Report

DESIGNATED LEAD

Erin Chapman
Director of Nursing

PREAMBLE

Hastings Manor is one of two homes operated by the County of Hastings in partnership with the Cities of Belleville and Quinte West. We have a diverse, inclusive team of residents, families, team members and community partners coming together to ensure our residents' have the best possible experience while living in our home. Our Quality Improvement Plan is guided by Hastings' County corporate mandate of – Supporting People and Our Communities, and Hastings County Long Term Care's Vision, Mission, and Values.

> **VISION STATEMENT**
> Leading the way through continuous improvement in resident-centered care.
> **MISSION STATEMENT**
> Our long term care team works together to optimize quality of life in a diverse environment of compassion, safety, and comfort.
> **VALUES**
> **S**upportive Environment
> **H**onesty and Integrity
> **A**ccountability
> **R**espect
> **E**mpathy

In the wake of the global COVID-19 pandemic, which brought many long-standing issues in the long-term care sector to the attention of the broader public, Hastings Manor remains dedicated to continuing our journey to focus on "Person-Centered" care. Recognizing the current human resource challenges being faced by the long term care sector, our residents are our first priority. We will continue to strive to provide high quality care and services, supported by a strong community of partners and continue to be recognized as a leader in not-for-profit LTC.

In 2019 we successfully implemented Excellence in Resident Centered Care and are pleased we can continue this training, supported by Conestoga College and the Centers for Learning, Research and Education.
Our 2022/2023 QIP continues to build on past successes, with further improvements anticipated.

QUALITY PRIORITIES FOR 2022/2023

Priorities Requiring Focused Action:

1. Palliative care philosophy/ Palliative and End of Life needs – Increase the percentage of resident who have their palliative care needs identified and documented (collecting baseline).
2. Reduction in the percentage of residents without a diagnosis of psychosis who are given antipsychotic medication from 28.89% to 27.45%.

Priorities Requiring Moderate Action:

3. Improve resident quality of life as measured by Resident Satisfaction Survey in the areas of how well they feel team members listen to their concerns (90.2% to 100%), and their comfort with expressing concerns to team members (90% to 100%).

Priority Requiring Monitoring:

4. Reduction of unnecessary ED visits is ongoing, and we will strive to reduce our current performance from 11.41% to 11.18%.

QIP PLANNING AND IMPLEMENTATION PROCESS

Hastings Manor's Quality Improvement Committee will oversee sub-committees dedicated to the planning and implementation of quality improvement initiatives which have been determined based on current performance and need. Our Quality Improvement, and all sub-committees are interdisciplinary with front-line and leadership team members and will also include resident and family representatives. Priorities will be shared with Resident's and Family Councils, as well as our Municipal Long Term Care Committee. Our committees will:

1. **Identify Improvement Initiatives**

Based on current performance data improvement ideas will be identified.

2. **Set Targets for Improvement**

Once data is reviewed targets will be set to measure using the SMART (Specific, Measurable, Attainable, Relevant, Time-bound) Methodology.

3. **Develop and Test Change Ideas for Improvement**

Utilizing current policies and procedures and Best Practice Guidelines the teams will implement and test change ideas through Plan-Do-Study-Act (PDSA) cycles to test for success and offer an opportunity to refine change ideas as required prior to wide-spread implementation.

4. **Implementation**

Once PDSA cycles are complete, improvement committees will develop implement the change ideas ensuring that:
- Risks to success are identified and mitigated
- Changes are embedded into existing workflow (e.g. policy and procedure, documentation platform)
- Education is provided to team members and resources to support changes are available (e.g. quick reference guides)
- Communication is provided to all stakeholders
- Implementation plan for spread is in place

5. **Monitoring**

Monitoring of the change ideas will be an ongoing requirement to identify success as well as areas that may require revision after implementation. Data will be collected through Documentation reports, CIHI data, and satisfaction survey results. Communication of improvement strategies and successes or revisions required will be key in maintaining momentum. Multiple methods of communication will be required to reach all stakeholders, and these include, but are not limited to:
- Posting in staff lounges
- Website
- Newsletter
- Handouts
- Presentations at staff education days, townhalls, and council meetings
- Team huddles
- Committee member champions