Continuous Quality Improvement – Interim Report

**DESIGNATED LEAD**

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**QUALITY PRIORITIES FOR 2022/23**

Perley Health is pleased to share its 2022/23 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission “to achieve excellence in the health, safety and well-being of Seniors and Veterans with a focus on innovation in person centred and frailty-informed care and service" and in our long-term strategic plan, which identifies Excellence in Resident Care and Service as one of Perley Health's 4 key strategic pillars. In 2021, Perley Health'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. These objectives include "Sustaining excellence in Seniors' and Veterans' care", as well as embodying a "People First" philosophy. The QIP is a roadmap to achieving both of these objectives, while navigating challenges and opportunities in our environment.

Perley Health’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 Perley Health's Board of Directors:

* increase resident and family experience
* reduce preventable harm
* provide the "right care" 100% of the time
* improve health-related quality of life
* improve staff experience

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:**

1. Enhance Psychological Health and Safety (increase safety culture survey score from 2.77 to 2.90).
2. Reduce the percentage of residents who experienced pain from 11.3% to 10%.

**Moderate Action:**

1. Increase the percentage of residents who have their palliative care needs identified and documented from 60% to 80%.
2. Eliminate staff to resident abuse/neglect (reduce substantiated incidents reported to the MOLTC from 2 to 0).
3. Reduce the percentage of residents on antipsychotics without a diagnosis of psychosis from 19.3% to 19.0%.
4. Reduce the percentage of residents whose mood from symptoms of depression worsened from 36.3% to 35%.
5. Enhance resident quality of life as measured by the interRAI Resident QOL Survey by focusing on the areas of Food and Social Life (increase overall domain scores from 60% to 65%, and 34% to 40%, respectively).

**QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS**

Perley Health has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQO) every April. Perley Health’s QIP 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 priorities and identify additional priorities that may have been missed. These forums include the broader leadership team, Resident Councils, Family and Friends Council, and the Quality of Life

and Safety Committee (QLSC) of the Board of Directors. This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP targets and high-level change ideas are identified and confirmed. Final review of the QIP is completed by the QLSC, which endorses the plan for approval by the Board of Directors.

**PERLEY HEALTH’S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)**

Perley Health’s nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Perley Health has adopted the Model for Improvement to guide quality improvement activity. Interprofessional quality improvement teams, including resident 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 mapping or value stream mapping, Gemba, 5 whys, fishbone, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

1. **Set Improvement Aims**

Once teams have a better understanding of the current system they aim to improve as well as an understanding of what is important to the resident, an overall improvement aim is identified. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

At Perley Health, improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART). A good aim statement includes the following parameters - “How much” (amount of improvement – e.g. 30%), “by when” (a month and year), “as measured by” (a big dot indicator or a general description of the indicator) and/or “target population” (e.g. all Perley Health residents, residents in specific area, etc.)

1. **Develop and Test Change Ideas**

With a better understanding of the current system, improvement teams identify various change ideas that will move Perley Health towards meeting its aim statement. During this phase, teams will prioritize alignment with best/prevailing practices when designing preliminary change ideas for testing. Additionally, teams leverage the Hierarchy for Effectiveness when selecting change ideas, with teams favouring system redesign, process standardization, and force function over education and policy change.

Plan-Do-Study-Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs provide an opportunity for teams to iteratively refine their change ideas and build

confidence in the solution prior to implementation. Change ideas typically undergo several PDSA cycles before implementation.

1. **Implement, Spread and Sustain**

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

* Outstanding work to be completed prior to implementation (e.g. final revisions to change ideas based on PDSAs, embedding changes into existing workflow, updating relevant P&P, etc.)
* Education required to support implementation, including key staff resources (e.g. Change Champions)
* Communication required 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 (the aim)

Process:

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

Balancing:

* Measures other parts of the system that could be unintentionally impacted by changes

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

**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, engage with staff to better understand gaps in compliance, etc.

At an organizational level, Perley Health has adopted a “Big Dot” report to monitor and measure progress on strategic aims, aligned with the Quadruple Aim. A “Small Dot” report is used for Operational indicators.

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 in 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:one communication with residents
* Presentations at staff meetings, townhalls, Resident Councils, Family and Friends Council
* Huddles at change of shift
* Use of Champions to communicate directly with peers