



## CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT 2023-24

*DESIGNATED LEAD:* Mithila Vidwans, Director of Quality & Innovation

### *QUALITY IMPROVEMENT PRIORITIES 2023-24:*

- To reduce avoidable Emergency Department (ED) transfers by refreshing the use of the PreviewED (Practical Routine Elder Variants Indicate Early Warning for Emergency Department) tool for all direct care team members, through consultations with in-house Nurse Practitioner or physician prior to ED transfers during Nurse Practitioner's hours on site as well as by educating our Nursing team on decision making in regards to ED visits to build capacity and confidence
- To reduce the number of residents receiving antipsychotics by identifying and tracking those eligible for reduction as well as by providing education to team members and family members on the benefits of reducing antipsychotics and on the use of non-pharmacological interventions and alternate ways to support residents with personal expressions
- To reduce new and worsening pressure injuries by enhancing the skills of our registered team with regards to assessment of wounds and accurate wound staging as well as by increasing their awareness on the importance of nutrition in improving pressure injuries and wound healing through education sessions with the Registered Dietitian
- To boost the percentage of residents who respond positively to the statement, "I have enjoyable things to do here on weekends," by creating more resident engagement in the planning of monthly activities as well as by making recreation more accessible for each day of the week for all residents

### *PROCESS TO DETERMINE PRIORITY AREAS:*

- We identified ED transfers as a priority through review of our performance against available benchmarks and the alignment with provincial and organizational priorities.
- We identified reducing the number of residents receiving antipsychotics without a diagnosis of psychosis as a key priority this year based on review of our CIHI data against organizational and provincial benchmarks.
- Upon a review of CIHI data for worsening pressure injuries in our Village, we chose to work on this indicator with the goal of moving closer to the provincial and organizational average.
- Positive responses in terms of resident engagement on the weekend was chosen as a key priority based on the feedback received from residents on this indicator during Residents' Council meetings in 2022.

### *PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS, AND COMMUNICATE OUTCOMES:*

- The percentage of team members completing PreviewED education and the percentage of residents sent to the Emergency Department assessed by the Nurse Practitioner will be reviewed monthly. Outcomes will be communicated with the team during monthly interdisciplinary Quality and Risk Management meetings as well as during quarterly Professional Advisory Committee (PAC) and Continuous Quality Improvement (CQI) meetings.
- The number of residents receiving antipsychotics who are eligible for reduction will be reviewed quarterly. The number of education sessions via huddles held by PERT for team members and the number of one-on-one

education sessions held by PERT for families will be reviewed quarterly. Outcomes will be communicated with the team during monthly interdisciplinary Quality and Risk Management meetings as well as during quarterly Professional Advisory Committee (PAC) and Continuous Quality Improvement (CQI) meetings.

- The percentage of Registered team members trained on wound assessment and wound staging on every neighbourhood will be reviewed and tracked quarterly and wound trends will be reviewed monthly. The number of current active pressure injuries that have Registered Dietitian referrals will be tracked monthly for 3 months and then, every quarter. Outcomes will be communicated with the team during interdisciplinary monthly Quality and Risk Management meetings as well as during quarterly Professional Advisory Committee (PAC) and Continuous Quality Improvement (CQI) meetings.
- The number of residents involved in activity planning and monthly calendar creation will be reviewed monthly and the number of shifts not covered by Recreation team members will be reviewed during each pay period. Outcomes will be communicated with the team during monthly interdisciplinary Quality and Risk Management and Residents' Council meetings as well as during quarterly Professional Advisory Committee (PAC) and Continuous Quality Improvement (CQI) meetings.

#### *RESIDENT & FAMILY/CAREGIVER EXPERIENCE SURVEYS:*

Schlegel Villages measures resident and family/caregiver experience using the interRAI Self-Reported Quality of Life Survey and the interRAI Family Survey on Quality of Life. The survey is made up of a number of statements, and participants are asked to respond with how frequently the statement is true for them – Never, Rarely, Sometimes, Most of the Time or Always. The validated surveys are used internationally and allow for benchmarking across organizations and countries.

*Resident survey:* Residents who are able, are given the opportunity to complete the survey annually, around the anniversary of their move-in date. Surveys are run year-round to help eliminate bias. New residents moving into the Village are ideally offered a survey twice in their first year; three months after moving in and then again around their anniversary.

*Family survey:* This relatively new survey was launched in late October 2022. Families/caregivers were provided a copy of the survey and encouraged to return a paper copy, or complete online.

*Survey results:* Survey results were shared with Residents' Council in June 2023. The results were also shared with the leadership team during the monthly Quality and Risk Management meeting in June 2023. The plan is to share the results with frontline team members during monthly meetings on the neighbourhoods over the month of July.

#### *QUALITY IMPROVEMENT IN 2022-2023:*

Quality improvement priorities from 2022-2023 included reducing the number of avoidable ED visits, working to improve worsening wounds as well as implementing the "Thoughtful Design" pillar of the 'Living in My Today' program. Initial progress has been made, but we continue to focus on these initiatives in 2023-24.

The "Thoughtful Design" pillar of the 'Living In My Today' program was initiated in 2022. A number of spaces around the neighbourhoods have been designed to feel more like home with careful use of patterns, designs, furniture as well as lighting. Further development of this program continues into this year.

A number of new roles were implemented as part of new staffing standards. Additional PSWs and recreation team members will help to improve quality of care and quality of life outcomes for our residents.

A Director of Quality and Innovation was introduced and we implemented the Continuous Quality Improvement (CQI) Committee. Consequently, a more focused approach to quality improvement has begun. Feedback provided by the

interdisciplinary members during the monthly Quality and Risk Management Committee and quarterly CQI committee meetings have led to many improvements in a number of areas around the Village.

The Director of PAL (Program for Active Living) position was also created last year which has resulted in a greater caseload of residents being seen for one-to-one exercise. Additionally, weekly meetings to discuss residents' falls incidents were initiated which has led to a more focused understanding behind their occurrence.

Another role created in the previous year is that of the Resident Support Coordinator whose varied duties include supporting the Village waitlist in partnership with the clinical team, coordinating the resident move-in experience as well as arranging care conferences and family meetings.