

Braemar Nursing Home

Continuous Quality Improvement (CQI) Initiative Report

April 01, 2024 – March 31, 2025



Compassion **R**espect **E**mpathy **A**cceptance **T**eamwork **E**mpowerment

Designated Lead: Amanda Henbid

Designated Co-Lead: Tammy Mitchell



Overview and Framework:

Braemar Nursing Home is committed to ensuring that high-quality and integrated care is provided to all persons served in our Home. We endeavour to create a culture of quality and knowledge integration where we are continually focused on improving the quality of services delivered.

Objectives:

We strive to continually deliver the highest level of quality services to the persons served by using the following key processes:

- Risk management Plan
- Corporate Operational and Strategic Plan
- Dedicated Quality Improvement Lead at the Home level
- Quarterly Quality Council Meetings
- Weekly All Staff Huddle Meetings
- Monthly Department Meetings
- Monthly CQI Review meetings
- Focused committees and departmental meetings
- Resident and Family Councils
- Internal Audits
- Annual Program evaluations
- Review of priority indicators from Ontario Health
- Result of our Resident, Family, Staff and Volunteer Satisfaction Surveys

Our key priority indicators are tracked monthly, and an evaluation of the data is completed annually using a Root Cause Analysis approach and action plans are put in place. Outcomes are communicated at our Quarterly Quality Council meetings.

Accreditation:

Braemar's quality improvement initiatives align with Accreditation Canada and other legislation requirements to improve, enhance, and sustain the quality of delivery and services for the individuals cared for in our home. In 2021, Braemar was successful in being granted a Four-Year Accreditation

BPSO Designated:

Braemar's ongoing partnership with the RNAO and becoming a Best Practice Spotlight Organization aligns with our ongoing quality improvement and person and family centered care initiatives; improving services and care for the individuals cared for in our home.

DementiAbility Certified:

Through becoming DementiAbility Certified, Braemar has implemented an evidence-based model of care which, through a variety of harmonized approaches, have created positive and meaningful experiences for those living with Dementia that is based on the individuals needs, abilities, strengths and potential, supporting a person-centered environment.

2023/2024 Survey Results

Resident Satisfaction Survey Results:

The Recreation Department distributes annual fiscal year satisfaction surveys to those who can participate, and assistance is provided as required. An inter-personal team meets annually to assess appropriate residents to survey based on their cognitive performance scale (CPS) score. In 2023, there were 10 respondents, with an overall satisfaction rate of 100%

Family Satisfaction Survey Results:

The Recreation Department distributes annual fiscal year family satisfaction surveys to all family members. In 2023, there were 20 respondents, with an overall satisfaction rate of 100%

Staff Satisfaction Survey Results:

The annual fiscal year survey was made available to all embedded and agency staff members. In 2023, there were 23 respondents, with a satisfaction rate of 78%.

2023/2024 Survey Results			
Date of Survey	Survey	Overall Satisfaction	Date Shared & Action Plan input received F- Family R- Resident S- Staff QC- Quality Council
2023-11-14- 2023-12-21	2023 Resident overall satisfaction rate	100%	F- 2024-03-20 R-2024-05-03 S-2024-04-23 QC- 2024-04-17
2023-11-14- 2023-12-08	2023 Family overall satisfaction rate	100%	F- 2024-02-07 R-2024-05-03 S-2024-04-23 QC-2024-04-17
2023-11-24- 2023-12-21	2023 Staff overall satisfaction rate	78%	F- 2024-04-17 R-2024-05-03 S- 2024-01-17 QC-2024-04-17

Action plans were developed jointly by the CQI lead and co-lead, the leadership team; and reviewed with each with Residents Council, Family Council, and staff for input. Survey feedback forms were developed and submitted to staff, residents' council, and family council to gain more feedback on how to improve the areas identified as opportunities for improvement. This can be validated through respective meeting minutes.

CQI Achievements for 2022/2023

- Surge uptake for mandatory education, annual in-house education, audits and program evaluations
- Clinical Support Tools (CST) implementation
- Dedicated I PAC Lead & Clinical Educator
- Dedicated QI RN
- Quality Improvement program implementation
- Restructured ministry required programs/committees
- Policy updates with FLTC Act and O. REGS 246/22
- Achieved 100% surge completion for education on surge learning, and implementation of annual in-house education for all staff.
- Staffing hours of care compliments increases
- Partnership with RNAO in becoming a Designated BPSO Home
- Partnership with DementiAbility in becoming a Certified DementiAbility Home
- Partnership with Silver Meridian, improving staff morale and organizational culture

CQI Achievements for 2023/2024

Braemar has been involved in several Quality Improvement initiatives and planned methods of improvement, but not limited to as follows:

- Maintain surge uptake for mandatory education, annual in-house education, audits and program evaluations
- Clinical Support Tools (CST) implementation
- Dedicated I PAC Lead & Clinical Educator
- Dedicated QI RN
- Maintain Quality Improvement program implementation
- Maintain restructured ministry required programs/committees
- Policy updates with FLTC Act and O. REGS 246/22
- Redevelopment of resident admission package
- Staffing hours of care compliments increases
- Designated BPSO Home with the RNAO
- Designated DementiAbility Home
- Successful partnership with Silver Meridian, improving staff morale and organizational culture

Quality Priorities for 2024/2025

Braemar's Quality Improvement Plan was aligned with the Health Ontario QIP. In addition, Braemar added additional indicators based on our previously identified areas requiring improvement.

Our Quality Improvement Plan (QIP) for 2024/2025 focuses on our objectives to provide high quality resident care that is safe, effective, and resident centered. It aligns with the key provincial publicly reported indicators identified by the Ministry of Health and Long-Term Care (MOHLTC) as key determinants of resident safety. It serves as our roadmap and identifies opportunities to implement changes in practice to achieve better outcomes and meet resident expectations. Our QIP supports our strategic directions to achieve excellence, enable growth and build successful relationships with key stakeholders. It is aligned with our Long-Term Care Service Accountability Agreement (L-SAA), our goals and with our accreditation body's required practices, standards and recommendations.

Braemar's Quality Improvement Plan demonstrates our commitment to improve quality and outlines strategies for ensuring patient safety, delivering optimal care, and achieving high resident satisfaction. Our quality improvement efforts include the following:

1. To reduce CIS submissions due to incident resulting in resident injury
2. To maintain restraints below provincial average
3. To reduce percentage of calls for residents who fall within 30 days leading up to assessment
4. To receive and utilize feedback regarding resident experience and quality of life
5. To reduce use of antipsychotics in the absence of psychosis
6. To implement an interdisciplinary diversity, inclusiveness, and culture committee
7. To maintain completion of mandatory education for ALL staff

Braemar's quality improvement goals are aligned with the Home's vision, mission, core values and strategic direction, and demonstrate that we are committed to providing safe, high-quality resident centered care and services.

Quality Objectives for 2024/2025

The Quality improvement metrics include the following measurements to improve resident, and family experience outcomes through inter-professional, high-quality care:

- Falls – Total number of falls
- Wounds – Number of Residents who had a pressure ulcer
- Resident/Family satisfaction surveys – Overall, I am satisfied with the care and services provided in Home
- Complaints- Total number of resident/family complaints
- ED Visits – Number of Resident ED visits
- Restraints- Total number of restraints
- Residents with depression and worsening depression
- Residents in pain and with worsening pain
- Antipsychotics – Number of antipsychotics prescribed in the absence of the associated diagnosis

QIP Planning Cycle and Priority Setting Process

Braemar develops QIPs as part of the annual fiscal year planning, with QIPs submitted to Health Quality Ontario (HQO) every April. The Quality Improvement Plan is created in order to meet legislative requirements, as well as disclosing our commitment to provide improved care for the Residents. The objective of the QIP is to sustain and/or improve to meet targets.

Performance, Quality and Development, in collaboration with the leadership team, facilitate the creation of the Quality Improvement Plan by using the provincial indicators, along with the Homes Priorities, and determine what areas will be the focus of this year's improvement strategies. Braemar's QIP planning cycle also includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in recent years
- Results, goals and objectives from Required Program Evaluations
- 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 MOHLTC
- Mandated provincial improvement priorities (e.g. HQO)

Preliminary priorities are subsequently presented and discussed at the Quality and Safety Committee meetings to review priorities and identify additional priorities that may have been missed. Priorities are reviewed and validated through 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 Leadership team, who endorses the plan for approval.

The QIP Progress Report includes:

- Updates sharing the outcomes of the initiatives underway in the home for the current and previous year
- Reflecting on the change ideas, whether they had an impact on our goals and objectives, and deciding on which ideas to adopt or abandon
- Using this analysis in the development of future year's Quality Improvement plan

The Work Plan Development includes:

- In collaboration with the leadership team and service providers, creating a work plan that illustrates how to undertake improvements and change ideas on the indicators chosen.
- Updating the work plan with current goals and targets, as well as the planned improvement initiatives
- Referring to HQOs Quality Improvement Plans Guidance Document for Ontario's Healthcare organization

Braemar's Approach to CQI (POLICIES)

Braemar's policies, standard work and standards of practice provide a baseline for staff in providing quality care and service. Braemar's approach to CQI include:

- Required program workplan and evaluation
- Regular policy reviews
- Quality Improvement Plans (QIP)
- Quarterly Braemar Quality Council meetings
- Monthly Quality and Safety Committee meetings
- Monthly ministry required programs/committees
- Weekly Leadership meetings

Interprofessional quality improvement teams, including Residents and Family, work through quality improvement to:

Diagnose/Analyze the Problem:

Teams use various QI methodologies to understand the root cause of the problem and identify opportunities for improvement. This work can include process mapping or value stream mapping, 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.

Set Improvement Aims:

Once teams have a better understanding of the current state, they aim to improve and develop an understanding of what is important to the resident, to identify an overall improvement aim. This aim is used to evaluate the impact of the proposed change ideas through implementation and sustainability. At Braemar, 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 general description of the indicator) and/or "target population"

Develop and Test Change Ideas:

With a better understanding of the current system, improvement teams identify various change ideas that will move Braemar towards meeting CQI initiatives. Plan – Do – Study – Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs provide an opportunity for teams to refine their change ideas and build confidence in the solution prior to implementation, along with allowing all stakeholders to provide feedback in real time as the change is tested. Change ideas typically undergo several PDSA cycles before implementation.

Maintenance:

Once an improvement initiative has undergone the necessary PDSA cycles and result in a stable process that provides what was intended to the satisfaction of the stakeholders involved, methods of maintaining the improvement begin. These methods include regular audits to ensure processes are followed, along with annual fiscal year reviews that allow staff to continually improve the process to better care for Residents.

Process to Monitor and Measure Progress, Identify and Implement Adjustments and Communicate Outcomes

Quality and Safety Committee meetings are held monthly to support and promote quality, risk management and quality improvement initiatives. This committee provides a forum for discussion of issues relative to continuous quality improvement and Resident safety. The purpose of the Quality and Safety meeting is to provide updates, support continuous quality improvement initiatives for each home and improve the quality of care provided to the Residents through an interdisciplinary quality improvement council that includes representation from management, front line staff, Residents, and staff.

Workplan monitoring and evaluation of our QIP and CQI includes:

- Status updates in the monthly Home Quality and Safety Committee meeting discussions
- Status updates to the Quality Council management meeting discussions
- Documented evaluations of change ideas within the plan and Project and QIP to determine which change ideas were effective and adopted as part of the overall process.

Communication strategies are tailored to the specific improvement initiatives. Along with the regular Quality and Safety Committee meetings, communication will also occur, but are not limited to:

- Publishing stories and results on the resident/family newsletter
- Direct email to staff and families and other stakeholders
- Handouts and one on one communication with residents and staff
- Presentations to staff at staff meetings and huddles
- Presentations to Residents at Residents council
- Presentations to Families at Family Council