

# Maxville Manor's Continuous Quality Improvement – Interim Report

## DESIGNATED QUALITY LEAD

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## QUALITY PRIORITIES FOR 2022/23

Maxville Manor is pleased to share its 2022/23 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission to be a “caring community providing a continuum of long- term care, residential and community services designed to meet the evolving needs of the people we serve and those dedicated to them. We serve with our hearts”. In 2021, Maxville Manor’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.

At Maxville Manor we “serve with our hearts” and endeavor to offer the best of ourselves every day by living through our 7 core values:

Dignity and Respect

People Centered

Compassion

Excellence

Accountability

Collaboration

Bring Joy

Maxville Manor’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 Maxville Manor’s Board of Directors:

- reduce preventable harm through the reduction of falls, restraints and inappropriate use of antipsychotics
- provide the "right care" 100% of the time

- improve health-related quality of life
- improve staff experience

Priorities are divided into 2 categories based on the projected scope of work anticipated for the year – focused action and moderate action. Areas for action are included in this report.

## **QUALITY OBJECTIVES FOR 2022/23**

### **Focused Action:**

1. Reduce the percentage of residents who experienced pain from 18.3% to 15%.
2. Reduce the percentage of residents on antipsychotics without a diagnosis of psychosis from 35.13%% to 30.92%.
3. Reduce Falls from 11.26% to 9%
4. Reduce daily physical restraints from 17.64% to 12.5%

### **Moderate Action:**

5. Reduce ED visits for ambulatory care sensitive conditions from 16.67% to 15.84%

## **QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS**

Maxville Manor has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQP) every April with the exception of the last two years due to the pandemic. Maxville Manor's QIP planning cycle typically begins in July, 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 Council, Family Council, and the Quality Steering Committee and 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 Quality Steering Committee, which endorses the plan for approval by the Board of Directors.

## **MAXVILLE MANOR'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)**

Maxville Manor's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Maxville Manor 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.

### **2. 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 Maxville Manor, 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" (e.g. all Maxville Manor residents, residents in specific area, etc.)

### **3. Develop and Test Change Ideas**

With a better understanding of the current system, improvement teams identify various change ideas that will move Maxville Manor towards meeting its aim statement. During this phase, teams will prioritize alignment with best/prevaling 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.

#### **4. 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 are being explored at this time)
- 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. 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.

We are pursuing the possible implementation of a quarterly corporate dashboard with key performance indicators.

At an organizational level, Maxville Manor has a Quality Indicator Report which is reviewed quarterly by all Quality Teams (pain management, falls/restraints and antipsychotic use) and by the overarching Maxville Manor Quality Steering Committee.

Communication strategies are tailored to the specific improvement initiatives. These include, but are not limited to:

- Posting on our quality board, 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, Resident Council, Family Council
- Huddles at change of shift
- Use of Staff Champions to communicate directly with peers is being explored at this time