



Continuous Quality Improvement-Interim Report

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Quality Priorities for 2022/23

St. Patrick's Home of Ottawa has a long and very proud history. Founded two years before Confederation, it is one of the oldest long-term care homes in Ontario.

We continue to focus on person-directed care to our community members. St. Patrick's Home of Ottawa is the primary residence for 288 people. In 2021, 358 individuals were welcomed into St. Patrick's and who quickly became a member of our community.

We have had to take a two-year hiatus from developing a formal Quality Improvement Plan (QIP) due to Covid-19 but we are excited to bring our focus back to what we value the most, person-directed care.

It is also important to note that we are in the final stage of confirming our Strategic Framework for the next 5 years. When the Strategic Framework is fully approved by the Board of Directors and the Strategic Priorities are established, the quality improvement initiatives will be more fully developed. The Mission, Vision, and Values, as well as the Strategic Priorities will be the platform for the development of the Quality Improvement initiatives for 2022 and beyond.

QIP Planning Cycle and Priority Setting Process

In addition to performing and evaluating our Resident Satisfaction Survey and following Ontario Health's recommended areas of quality, we also look at the following factors when developing our QIPs:

- Our goals and objectives from the previous years as well as our overall Home's strategic goals

- Ongoing analysis of our performance indicators that are available from the Canadian Institute for Health Information (CIHI). These indicators allow us to analyze our trends over time but also compare to the provincial average.
- Family satisfaction survey
- Ongoing analysis of our internal complaints and feedback from families, designated caregivers, staff, and residents
- Risk assessment associated with current environment

This year's QIP focuses on increasing Resident's quality of life and include the following suggested Ontario Health priority indicators:

- Increasing Resident's comfort with their ability to express their opinion without fear of consequences from 62% in agreement back to pre-pandemic level of 74% in agreement
- Decreasing the number of Residents without psychosis who are given antipsychotic medication from 21% to 20%, the provincial average

In addition to the priority indicators set out by Ontario Health, St. Pat's has committed to continued work on the following initiatives:

- Increasing Resident's satisfaction with opportunities for to spend time with like-minded individuals from 27% back to pre-pandemic score of 52%
- Increasing Resident's satisfaction with the availability of enjoyable things for to do in the evenings and on weekends from 31% back to pre-pandemic score of 44%
- Increasing Resident's satisfaction with the availability of their favourite foods from 40% back to pre-Pandemic score of 52%
- Increasing Resident's satisfaction with the feeling that staff respect what they like and dislike from 70% back to pre-pandemic score of 78%
- Decreasing the number of Residents who have worsening bladder control from 21% to 18%, the provincial average
- Decreasing the number of Residents in daily restraints from 3.5% to 2.6%, the provincial average
- Decrease the number of Residents with new stage 2-4 pressure ulcers from 2.9% to 1.9%, the provincial average

Approach to Continuous Quality Improvement

Internal challenges are always looked at as opportunities to improve. When an area is identified as something we need to focus on, we use the A3 process of quality improvement.



The diagram shows a blue A3 report template with seven numbered sections arranged in a grid. Each section contains specific sub-points. The bottom right section includes fields for Project Leader, Team Members, Department, and Date.

A3 Report Name

1. Background <ul style="list-style-type: none">- Importance- Context	5. Countermeasures <ul style="list-style-type: none">- Possible Solutions- Go Back to Goals and Add Details If Needed
2. Current Situation <ul style="list-style-type: none">- Problem Statement- Process Mapping	6. Implementation <ul style="list-style-type: none">- List of Actions- Assign Responsible Individuals
3. Set targets/goals <ul style="list-style-type: none">- Desired Outcome- Success Metrics	7. Follow-Up <ul style="list-style-type: none">- Report Results- Standardize or Modify
4. Root Cause Analysis <ul style="list-style-type: none">- 5 Whys- Dig Deeper- Find Initial Problem	Project Leader: _____ Team Members: _____ Department: _____ Date: _____

Kanbanzie, 2022

This is a quality improvement methodology that allows St. Pat's to objectively move through a process to ensure we are addressing the area for improvement in the right way as well as engraining the concept that lasting change takes time and almost always, multiple iterations to get to a fulsome solution.

One of the pivotal pieces of this method is the idea of Plan-Do-Study-Act (PDSA). The concept is that we trial a solution, measure its success (or failure), and try again until we get it right. It is expected that a successful improvement will go through several PDSA cycles before full implementation.

Monitoring and Measuring Progress

The A3 format of Quality Improvement ensure we set measurable targets. As we move through the process, we are constantly measuring our progress. If we miss a target, we return to the root cause analysis step of the process and re-examine if we are focusing the right thing. Most times any challenge has multiple causations, and it might be that a solution focuses on another or requires a second root cause to be addressed simultaneously.

Communication and Engagement Strategy

Our Quality Improvement Board is where we share our project progress, in addition to discussions with Family and Resident's Council. Residents and Family members are on our working groups and committees. Resident satisfaction surveys are posted on our website.

We are actively working on four organization wide projects, all with Resident and Family Council involvement. These were in the works prior to the setting of our goals for this year. They include:

The Linen Project: This project aims to ensure that all team members have access to linen in the right place and at the right time. We are using our Quality Improvement board to share our work and findings. We will be doing a series of Plan-Do-Study-Act (PDSA) trails to come up with the best solution.

The Medication Management Project: St. Pat's was selected as one of eight Champion Homes by The Institute for Safe Medication Practices (ISMP) Canada. We are implementing an electronic medication order entry system, which should greatly cut down on the potential for medication errors.

i-Care Plans: We received a Healthcare Excellence Canada grant to do work on person-delivered care. We are looking at Responsive Behaviour libraries for care plans and how we can change the wording to first person. An example might be, instead of saying, "Do not speak loudly to the Resident", it would now look something like, "I do not like loud noises. Please approach me quietly and speak softly".

Sign Project: Residents had brought forth how many times it is difficult to read signs, how they are frequently torn or falling off. So far, the project has moved all Covid-19 signage from inside the RHA out to the elevator area, as well as removed any signs that were damaged or no longer significant.

References

Kabanize, 2022. *A3 Problem-Solving: Fight the Root Cause*. Retrieved from:
<https://kanbanize.com/lean-management/improvement/a3-problem-solving>