

# Bonnechere Manor Continuous Quality Improvement Interim Report

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## Continuous Quality Improvement

Bonnechere Manor is pleased to share its 2022/23 Quality Improvement Plan (QIP). The annual QIP outlines the key actions we are committed to implementing to ensure we maintain the highest standards of care through continuous evaluation and improvement of the care and services we deliver.

## Process used to Identify Priority Areas for Quality Improvement

Each year, the priority areas for quality improvement are determined based on the recommendations of the Continuous Quality Improvement Committee, approved through Health Committee and County Council, and informed through:

- The results of the Resident and Family/Caregiver Experience Survey
- The County of Renfrew Mission Statement and Strategic Plan
- The Long-Term Care Home (LTCH) Mission Statement and Strategic Plan
- The LTCH Operational Plan
- LTCH Quality Indicators
- Goals and Objectives of the Ottawa Valley Ontario Health Team (OHT)
- Provincial and Legislative requirements and initiatives

These quality improvement initiatives are reflective of our broader organizational strategic plan, and closely align with our Mission, Vision, and Values.

**Mission Statement:** With a person-centered approach, Bonnechere Manor is a safe and caring community to live and work.

**Vision:** Leading excellence in service delivery

**Values:** Honesty and Integrity, Professionalism, Client Service Orientation, Focus on Results

## Bonnechere Manor 2022/23 Priority Quality Objectives

Bonnechere Manor quality priorities are themed in accordance with the established long-term care system performance measures and quality indicators developed through **Health Quality Ontario (HQO)**.

## Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit/ Population	Source/ Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care – sensitive condition * per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS/ October 2020 - September 2021	12.5	12	Focus will be placed on education for early assessment, intervention and utilization of Nurse Practitioner (NP) to treat residents in home. Maintain current performance as BM is below the provincial average of 16.0	

**Change Idea #1** Reduce the number of potentially preventable Emergency Department Admission through early assessment, intervention and utilization of NP to treat residents in home.

Methods	Process measures	Target for process measure	Comments
Secure full time NP for Bonnechere Manor.	Monthly audit of care conferences and physical assessments for completion.	New NP to be interviewed and hire by October 1, 2022.	Ensuring funding is key to recruiting for this position. Early assessment and intervention greatly reduce the chances of residents requiring hospitalization. Collaboration with current NP and Medical Director will be crucial to success.

**Change Idea #2** Develop policy for IV reconstitution to allow for first does antibiotics to be given in a timely manner within Bonnechere Manor.

Methods	Process measures	Target for process measure	Comments
Develop Best Practice Policy for first dose IV therapy administration approved by Professional Advisory Committee and Medical Director. Collaborate with Pharmacy to ensure supplies can be provided. Educate registered staff to ensure staff are trained with this skill.	Monthly audits to review reasons for transfers to hospital. Audit emergency drug box usage for IV therapy products.	Decrease number of transfers to hospital for first dose IV therapy by 50% by December 1, 2022.	Collaboration and communication will be essential with all internal and external stakeholders. May need to find opportunity for registered staff to practice IV insertion.

**Change Idea #3** Hire Social Worker to improve family rapport. Ensure goals of care discussions take place at scheduled care conferences.

Methods	Process measures	Target for process measure	Comments
Hire and develop social worker position to improve therapeutic relations with residents and their family members	Audit admission and care conference notes to ensure advanced directives discussions are being held. Audit transfer to ER book for reasoning of transfer to hospital.	100% documented discussions related to advanced directive discussion during care conference and with social worker on admission to Bonnechere Manor.	

## Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	Type	Unit/ Population	Source/ Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / April 2021 - March 2022	NA	100	Goal is 100% satisfaction. Current performance based on in-house 2021 Resident satisfaction survey for the most similar question was 8.00 (80%)	
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	Other / other	In house data, interRAI survey / April 2021 - March 2022	CB	90%	Goal is 100% satisfaction. Current performance based on in-house 2021 Resident satisfaction survey for the most similar question was 8.00 (80%)	

**Change Idea #1** Resumption of emotion based care training for staff under the Butterfly Model  
Philosophy of Care.

Methods	Process measures	Target for process measure	Comments
Implementation of emotion based methods and approaches taught through Butterfly Model Training.	Meaningful Care Matters QUIS Observation Tool.	The goal is to decrease Controlling Protective Care and Controlling Restrictive Care by 50% as evident by QUIS Observation Tool Baseline score by March 31, 2023.	The Ontario 2022-2023 budget indicates a standardized survey will be prepared by the province for all LTCH's to use.

**Change Idea #2** Engaging residents psychosocial well-being by promoting resident conversations.

<b>Methods</b>	<b>Process measures</b>	<b>Target for process measure</b>	<b>Comments</b>
New Social Worker (SW) will initiate a therapy group for residents to meet and have meaningful discussions with staff.	180 resident/family satisfaction surveys. Surveys will be reviewed quarterly.	Survey will demonstrate 90% of residents feel staff listen to them.	The SW role is new to home the SW will work with residents in the home by identifying their psychosocial, mental and emotional needs along with providing, developing, and/or aiding in the access of services to meet those needs.

### Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #3	Type	Unit/ Population	Source/ Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents who fell during a 30 day period before an assessment by healthcare professional	C	Other / Other	CIHI CCRS, CIHI NACRS/ July - Sept 2021	24%	16.7 Provincial average	Falls among long-term care home residents are a common cause of injuries such as hip fractures, and may result in a visit to the emergency department or hospital admission.	Cardinal health Medline/ Medical Mart

**Change Idea #1** Establish a falls prevention working group to assess resident falls and prevent recurrence.

Methods	Process measures	Target for process measure	Comments
Expression of interest to interdisciplinary team to recruit engaged staff and improve our current falls program.	Audit falls risk assessment through PCC to ensure early assessment is completed and interventions are in place to prevent recurrence or injury to residents. Falls risk assessment will be completed after each fall.	Interdisciplinary falls prevention team to be established by October 1, 2022. The goal is have 100% of the Falls Risk Assessments completed and interventions established immediately after fall. Quarterly audits to ensure compliance by December 31, 2022.	Bonnechere Manor promotes independence and enhanced quality of life therefore we provide care in a least restraint setting which can put residents at a higher risk for falls. We will be looking at quality initiatives including early assessment and intervention implementation for those residents identified as a high risk to mitigate the risk of injury through falls.

Indicator #4	Type	Unit/ Population	Source/ Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with a new pressure ulcer (bed sore), or one that worsened since their previous assessment by a health care professional	C	% / LTC home residents	CIHI CCRS, CIHI NACRS/ July - September 2021	2.6%	1%	Residents are at a greater risk of pressure ulcers in LTC because of immobility, poor nutritional intake, impaired status and incontinence	RNAO Cardinal Health Medline/ Medical Mart

**Change Idea #1** Improve wound care education for all registered staff.

Methods	Process measures	Target for process measure	Comments
Provide registered staff with link to RNAO webinar series on Wound Care to become wound care champions.	Ensure 50% of full-time and 50% of part-time staff have completed training by December 1, 2022. All registered staff will have completed the training by March 31, 2023.	The goal for year one is a 1.6% reduction in percentage of LTCH residents with a pressure ulcer.	Residents with pressure ulcers have decreased quality of life and increased morbidity and mortality. Pressure ulcers are common, costly, and debilitating chronic wounds, which occur preferentially in people with advanced age, physical or cognitive impairments, and multiple comorbidities

**Change Idea #2** Improve continuity and consistency in documenting of wounds so that wounds are documented in a timely, accurate and repeatable format. Ensuring interventions are in place to prevent further deterioration.

Methods	Process measures	Target for process measure	Comments
Reach out to Point Click Care(PCC) to discuss the potential for integrating IPAD camera into PCC documentation for wound care management.	Audit PCC notes to ensure picture is uploaded to accompany each wound care note.	100% compliance by March 31, 2023.	The cost for this program is still undetermined and funding will need to be secured.

**Change Idea #3** Along with education provided to registered staff a resource binder will be created for each unit outlining best practice guidelines in wound care management. Including products and prevention strategies.

Methods	Process measures	Target for process measure	Comments
Provide wound care days for registered staff to create resource binders.		Resource binders will be created for each unit identifying best practice by October 1, 2022.	Prevention includes identifying at-risk persons and implementing specific prevention measures, such as following a patient repositioning schedule; keeping the head of the bed at the lowest safe elevation to prevent shear; using pressure-reducing surfaces; and assessing nutrition and providing supplementation, if needed. Proper product use is also crucial in wound care management.



Indicator #5	Type	Unit/ Population	Source/ Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	P	% / LTC home residents	CIHI CCRS, CIHI NACRS/ July - September 2021	17.7	19	Antipsychotic medication can help control hallucinations, agitation or aggression caused by dementia, but side effects may include confusion, higher risk of falls and slightly increased risk of death	Medisystem GMH

**Change Idea #1** Optimization of medication through targeted deprescribing using a planned and supervised process of dose reduction or stopping of medication that might have adverse side effects, or no longer be benefit to individual residents on a case by case basis. In addition to antipsychotics, the initiative will target 4 other main drug classes; Proton Pump Inhibitors(PPIs), Benzodiazepines, Antihyperglycemics and Cholinesterase Inhibitors(ChEIs).

Methods	Process measures	Target for process measure	Comments
The deprescribing initiative for the 2022-2023 will be phased in starting with 2 resident home areas selected on drug utilization rates	Quarterly Drug Utilization Reports(DURs) – Average number of medications per unit.	Provincial Benchmark is 18.3	Continue with current processes as we are below the provincial benchmark

Indicator #6	Type	Unit/ Population	Source/ Period	Current Performance	Target	Target Justification	External Collaborators
Long-term Care Home Residents with Worsened Symptoms of Depression	C	% / LTC home residents	CIHI CCRS, CIHI NACRS/ July - September 2021	27.3%	13%	Symptoms of worsening depression such as growing sadness, anger, anxiety or tearfulness, are associated with a functional decline in long-term care home residents, as well as suffering by their families and caregivers.	

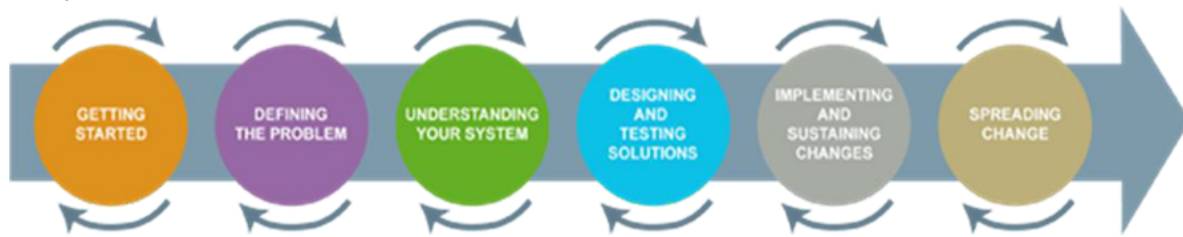
**Change Idea #1** Bonnechere Manor has secure a full-time Social Worker (SW) for the home to enhance the biopsychosocial well-being of all the residents.

Methods	Process measures	Target for process measure	Comments
Residents triggering psychosocial and/or mood state RAPs during quarterly RAI-MDS assessments will be referred to SW for assessment and therapeutic interventions with consenting and where appropriate.	Number of residents referred to SW based on psychosocial and/or mood state RAPs identified through individualized RAI-MDS assessment, who participate in therapeutic intervention, and whose mood from symptoms of depression improves at their next quarterly review.	The goal for year one is a 14.3% reduction in percentage of LTCH residents whose mood from symptoms of depression worsen by March 31, 2023.	Depression can cause headaches, chronic body aches, and pain that may not respond to medication. It may also cause irritability, anger, and loss of interest in things that used to bring pleasure.

### Description of Quality Improvement Procedures and Protocols

Bonnechere Manor uses Health Quality Ontario's comprehensive Quality Improvement

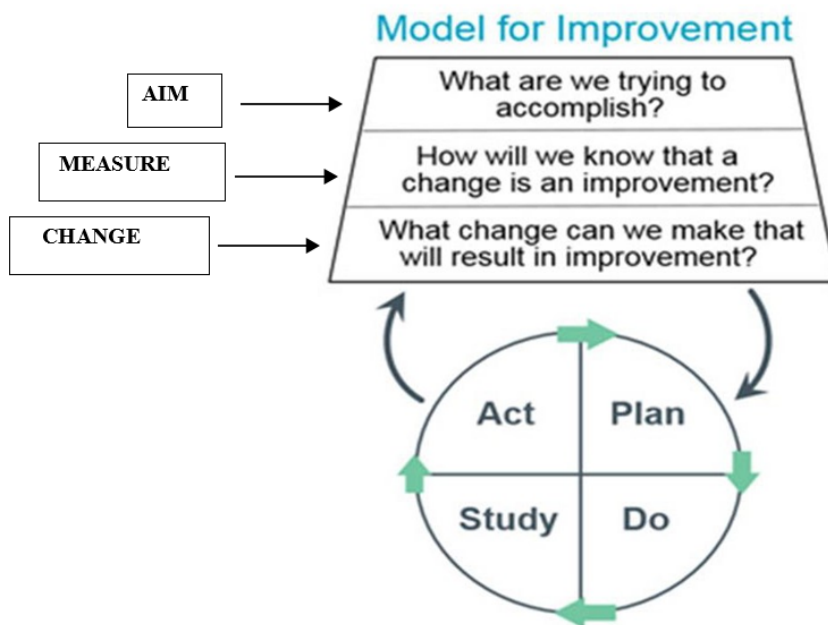
Framework to guide Quality Improvement Initiatives. The Health Quality Ontario (HQO) QI Framework consists of six (6) phases. Each phase is iterative and designed to build on knowledge gained in the previous phase. The HQO six phases of QI are:



**Process to Monitor & Measure Progress & Identify & Implement Adjustments**

The Continuous Quality Improvement designated lead(s) within the home apply science-based models and methodologies supported by HQO to facilitate both the “thinking” and “doing” perspectives of the quality improvement process. The **Model for Improvement** (developed by the Associates in Process Improvement) helps to support focused “thinking”, and the “doing” perspective is achieved through **PDSA (Plan-Do-Study- Act) Cycles** designed to test and implement change ideas. This structured approach is supported through application of situationally appropriate QI support tools (i.e. 5-Why’s, Fishbone, Pareto Charts, Run Charts, etc.).

**Model for Improvement:**



**Types of Measures:** Four (4) types of measures are used measure progress in quality improvement.

1. **Outcome Measures:** are “the voice of the resident” (or population to be impacted by

- the change), and capture system performance (i.e. reduction in falls).
2. **Process Measures:** are “the voice of the workings of the system”, and capture the changes quality improvement efforts make to the steps (inputs) that contribute to system outcomes (i.e. percentage of times staff apply best practices).
  3. **Balancing Measures:** determine whether changes designed to improve one part of the system are causing problems in other parts of the system.
  4. **PDSA Measures:** are collected with each test of change (PDSA cycle), and provide knowledge about the effect of each change attempt on the process and the system.

### **Communication Plan & Record of Quality Initiative Evaluation(s)**

**Communication Plan:** Health Quality Ontario’s Communication Plan Tool is used by the QI lead(s) to create clarity around who the communications are intended for, what the frequency of the communications will be, and the key messages and methods to be employed. The Communications Plan ensures that planned changes are communicated to the various audiences that the changes will impact, and help’s to avoid gaps in communication that can result in a lack of buy-in for the project overall.

**Evaluation:** The Bonnechere Manor Continuous Quality Improvement Committee (CQIC) meets quarterly to make recommendations regarding priority areas for quality improvement in the home, to coordinate and support the implementation of quality improvement initiatives, and to monitor and report on quality issues. Through the CQIC, a record is maintained which sets out the names of the persons who participated in evaluations of improvements. This record is included in the annual Continuous Quality Improvement Initiative Report.