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MIRAMICHI LODGE
Long-Term Care Home

Continuous Quality Improvement
Interim Report

Designated Lead

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Continuous Quality Improvement

Miramichi Lodge 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 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, Miramichi Lodge 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

Miramichi Lodge 2022/23 Priority Quality Objectives

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

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 conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2020 - September 2021	9.64	9.00	Maintain current performance as ML is well below provincial average of 16.0	

Change Ideas

Change Idea #1 Implement discussion guide and enhanced documentation procedures for Goals of Care (GOC) Meetings to ensure individuals/caregivers are holistically supported to prepare for and manage end-of-life choices and the dying process, and cope with loss and grief by addressing physical, psychological, social, spiritual, as well as practical issues and their associated expectations, needs, hopes, and fears.

Methods	Process measures	Target for process measure	Comments
Amendments to the Care Conference/GOC documentation templates in the electronic Health Record (Point Click Care).	Number of residents with a holistic and individualized palliative approach discussed and documented in their plan of care following their admission/annual care conference by March 31, 2023.	90% (allowing for new admissions <6 weeks, and/or cases in which discussion related to palliative care has been declined) by March 31, 2023.	Quality initiative will include processes to ensure expressed palliative care needs are reflected in the resident care plan.

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	CB	100.00	Goal is 100% satisfaction. Current performance based on in-house 2021 Resident Satisfaction Survey for the most similar question was 8.29 (83%).	

Change Ideas

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	Improvement from QUIS Observation Tool Baseline from 7/10 to 9/10 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.

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents whose mood from symptoms of depression worsened (%)	C	% / LTC home residents	CIHI eReporting Tool / Quarterly CIHI reports	36.30	22.00	Goal for year 1 is to reduce this indicator to meet or exceed the provincial average of 22.0	

Change Ideas

Change Idea #1 Miramichi Lodge is pleased to have secured 1 FTE Social Worker (SW) for the home committed to enhancing the biopsychosocial wellbeing of 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 focused assessment and SW therapeutic interventions as consenting and 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 improved at the time of 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 worsened by March 31, 2021.	Depression within the LTC is complex, and requires consideration to the natural feelings of loss experienced with relocation to Long-Term Care.

THEME I: Timely and Efficient Transitions

THEME II: Service Excellence

Measure **Dimension:** Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who responded positively on the annual Resident Satisfaction Survey to the statement: "Meals are appealing".	C	% / LTC home residents	In house data, InterRAI survey, NHCAHPS survey / Annually	7.76	9.50	The home achieved an overall average satisfaction score of 9.47 (95%) on the annual in-house Resident Satisfaction Survey.	

Change Ideas

Change Idea #1 The menu cycle will provide a minimum of one entree and accompanying side dish at all 3 meals, with available alternatives to meet resident specific needs and preferences, including a variety of foods including fresh produce and local seasonal foods, that provide nutritional adequacy based on Dietary Reference Intakes (DRI's).

Methods	Process measures	Target for process measure	Comments
Each menu cycle will be developed with consideration to feedback from Residents Council, evaluated by both the Food Services Supervisor and Registered Dietitian, and served at times agreed upon by Residents Council and the Home Administrator (or designate).	Percentage of long-term care home residents who responded positively on the annual Resident Satisfaction Survey to the statement: "Meals are appealing".	9.5 (95%) of residents responding positively on the annual Resident Satisfaction Survey to the statement: "Meals are appealing".	The Ontario 2022-2023 Budget indicates a standardized survey will be prepared by the province for all LTCH's to use.

Measure **Dimension:** Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment	C	% / LTC home residents	CIHI CCRS / quarterly	13.10	5.00	Target is to meet or exceed provincial average of 5%	

Change Ideas

Change Idea #1 Engage registered nursing staff in a targeted pain related education campaign focused on pain assessment using a validated and clinically appropriate pain assessment scales, and pain management strategies inclusive of evaluation of prn analgesic use to improve both resident quality of life and data quality.

Methods	Process measures	Target for process measure	Comments
Develop staff education sessions in collaboration with the Medical Director, Nurse Practitioner, and Pharmacist specific to the identified needs of the home	# number of registered nurses (RN/RPN) who have completed Pain Assessment and Management Training on or before December 30th 2022.	100% of Registered nurses (RN/RPN) who have completed Pain Assessment and Management Training on or before December 30th 2022.	Pain is subjective in nature and can be difficult to measure. There are also general limitations when using RAI-MDS data (missing values) as well as interrater reliability between pain assessment tools.

Measure **Dimension:** Safe

Indicator #6	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 / July - September 2021	19.11	15.30	The current provincial average is 19.3%. Miramichi Lodge aims to exceed the provincial average by a minimum of 4% by 2023.	

Change Ideas

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 of benefit to individual residents on a case by case basis. In addition to antipsychotics, the initiative target 4 other main drug classes: Proton pump inhibitors (PPI's), Benzodiazepines, Antihyperglycemics, and Cholinesterase Inhibitors (ChEI's).

Methods	Process measures	Target for process measure	Comments
Miramichi Lodge's deprescribing initiative for 2022/2023 will be initiated as a small scale change initiative starting with 2 resident home areas selected based on drug utilization rates, in addition to a continued focus on antipsychotic usage rates on our Butterfly Wing.	Quarterly Drug Utilization Reports (DUR's) - Average # of medications per unit.	Goal is to reduce overall antipsychotic use to 15.3%, and to achieve a reduction in average # of meds of 7.96 (from 22.96 to 15.0) on Unit A, and a reduction in average # of meds of 6.8 (from 21.8 to 15.0) on Unit B by March 31, 2023.	New admissions have a higher rate of both antipsychotic use and overall # of medications as a result of efforts to manage care in the community during COVID -impacting medication statistics for LTCH's as many meds must be tapered.

THEME III: Safe and Effective Care

THEME IV: Equity

Measure **Dimension:** Equitable

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who responded positively on the annual Resident Satisfaction Survey as being satisfied with the availability of dental hygiene services.	C	% / LTC home residents	In house data, InterRAI survey, NHCAHPS survey / annual	7.86	9.50	The home achieved an overall average satisfaction score of 9.47 (95%) on the annual in-house Resident Satisfaction Survey.	

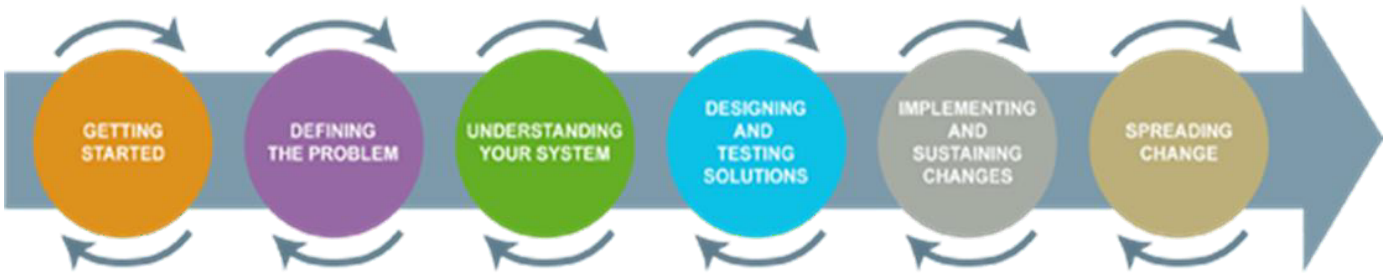
Change Ideas

Change Idea #1 Engage procurement process for in-house dental hygienist services (or viable alternative) to ensure equitable access to services for Miramichi Lodge Residents.

Methods	Process measures	Target for process measure	Comments
Process will comply with County of Renfrew (COR) Corporate Policy GA-01 - Procurement of Goods and Services.	Percentage of long-term care home residents who responded positively on the annual Resident Satisfaction Survey as being satisfied with the availability of dental hygiene services.	9.5 (95%) of residents responding positively on the annual Resident Satisfaction Survey as being satisfied with the availability of dental hygiene services.	The Ontario 2022-2023 Budget indicates a standardized survey will be prepared by the province for all LTCH's to use.

Description of Quality Improvement Procedures and Protocols

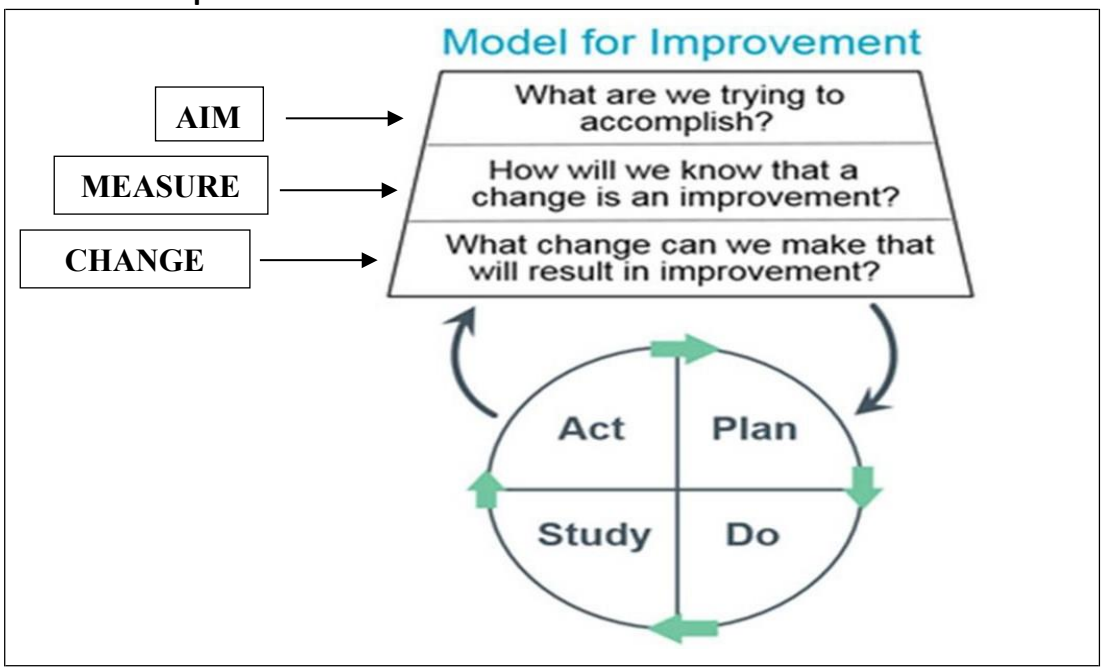
Miramichi Lodge uses Health Quality Ontario's comprehensive Quality Improvement Framework to guide Quality Improvement Initiatives. The Health Quality Ontario (HQO) QI Framework consists of six (6) phases. Each phase is iterative and designed to build on knowledge gained in the previous phase. The HQO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



Process to Monitor, Identify & Implement Adjustments & Measure Progress

Designated Continuous Quality Improvement project 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 to change management is also supported through the application of situationally appropriate QI support tools (i.e. **5-Why's, Fishbone, Pareto Charts, Run Charts etc.**).

Model for Improvement:



Types of Measures: Miramichi Lodge applies four (4) types of measures to gauge progress in QI:

1. **Outcome Measures**: are "the voice of the resident" (or population 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 inputs/steps that contribute to system outcomes (i.e. percentage of times staff apply a new best practice).
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 both the process and the system.

Communication & Record of Quality Initiative Evaluation(s)

Communication Plan: The Communication Plan ensures that planned changes are communicated to the various stakeholders who will be affected by the change and serves to avoid gaps in communication that can result in an overall lack of buy-in for the change initiative. Miramichi Lodge QI project lead(s) use Health Quality Ontario's **Communication Plan Tool** to create clarity around who communications are intended to reach, what the frequency of communications will be, and the key messages and methods to be employed.

Evaluation Record: The Miramichi Lodge 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 the evaluation of improvements. This record is included in Miramichi Lodge's annual **Continuous Quality Improvement Initiative Report**.