

Miramichi Lodge Continuous Quality Improvement Interim Report

Designate Lead: Nancy Lemire, Director of Care

Continuous Quality Improvement

Miramichi Lodge is pleased to share its 2023/24 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 2023/24 PRIORITY QUALITY OBJECTIVES

Miramichi Lodge 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 conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	8.9	18.10	Currently well below provincial average	

Change Idea #1 Reduce the number of potentially avoidable ED visits through early nursing assessment and reporting to NP/MD for in-house treatment where possible.

Methods	Process measures	Target for process measure	Comments
1. RN/RPN to report resident change in condition in a timely manner to NP/MD. 2. NP will provide assessment of acute changes and treat in a timely manner. 3. NP will complete all new admission physicals and develop baseline; review	Residents who are transferred to ER should have supporting documentation that is evident of the nursing process and supporting appropriate assessments.	NP will provide education to RN/RPN group to enhance nursing assessment & documentation skills. Chart audits will be completed for any resident sent to ED.	

THEME III: Safe and Efficient Transitions

Measure Dimension: Safe

Indicator #2	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 / Jul - Sept 2022	25.71	19.00	Miramichi Lodge has adjusted indicator data collection based on new definitions in FLTCA	

Change Idea #1 Optimization of medication through targeted de-prescribing 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.

Methods	Process measures	Target for process measure	Comments
Miramichi Lodge's de-prescribing initiatives are well underway for 2023/2024 through focused three month medication reviews completed by NP/MD.	Quarterly Drug Utilization reports provided quarterly by Pharmacy provider and reviewed at Professional Advisory Committee.	Goal is to reduce overall antipsychotic usage to 19% or lower.	

Measure Dimension: Safe

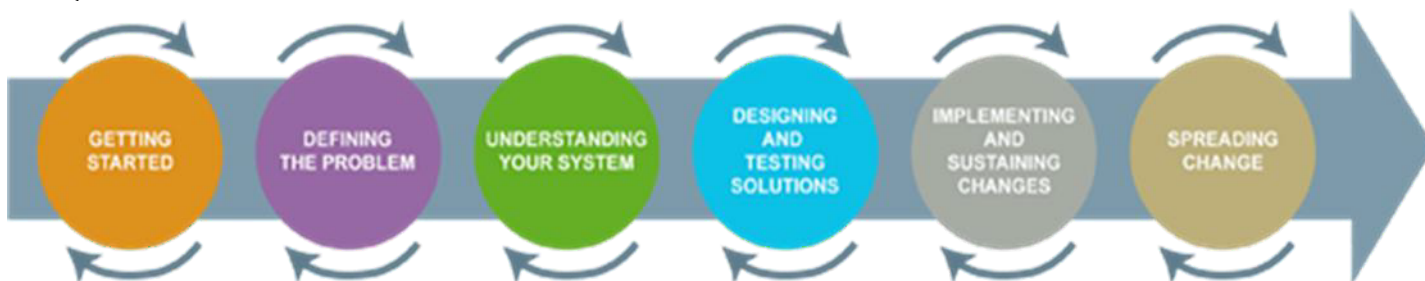
Indicator #3	Type	Unit/ Population	Source/ Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / Residents	CIHI CCRS / Quarterly	3.10	2.3	There has been an upward trend this year therefore an improvement of 1% is reasonable.	

Change Idea #1 A reduction in Worsening pressure ulcers will be evidenced quarterly.

Methods	Process measures	Target for process measure	Comments
Review and revise current skin and wound care program. Focus on prevention strategies and treatments according to BPGs. Develop education plan for RNs/RPNs/PSWs with respect to their roles in preventing skin breakdown. Meet with Medline to streamline product usage and utilize their wound care champions to standardize treatments and interventions for wounds.	Registered staff will assess wounds at stage 1 and 2 and provide appropriate treatment. NP will be utilized for Stage 3 and 4 wounds with regular inter-disciplinary review and Resident High Risk Rounds.	90% of Registered staff will complete education on the wound and skin care program 100% of new residents will have admission physicals completed by NP 100% of Residents with Stage 3 or 4 wound will be assessed and followed by NP	Trend of new residents with wounds prior to admission

Description of Quality Improvement Procedures and Protocols

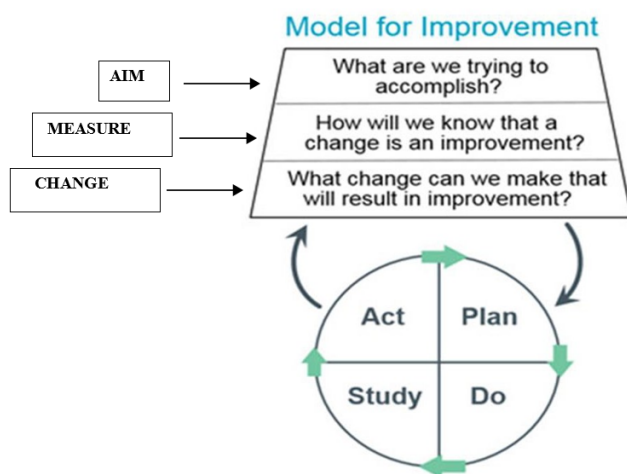
Miramichi Lodge uses Health Quality Ontario's comprehensive Quality Improvement Framework to guide Quality Improvement Initiatives. The Health Quality Ontario (HQO) QI Framework consists of six (6) phases. Each phase is iterative and designed to build on knowledge gained in the previous phase. The HQO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



Process to Monitor & 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 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 evaluations of improvements. This record is included in the annual Continuous Quality Improvement Initiative Report.