



Continuous Quality Improvement Report Villa Marconi Long Term Care Centre

Terri Ann Streight Administrator
DESIGNATED LEAD - Quality Improvement

Introduction to Villa Marconi Long Term Care

- Villa Marconi Long Term Care is a fully accredited not for profit long term care home that is located within the City of Ottawa. Villa Marconi Long Term Care Quality Improvement Plan (QIP) has been created to align with the home's mission and vision statements as well as the health priorities of Health Quality Ontario and the Ontario Health. As acknowledged within these statements there is an emphasis on a Continuous Quality Improvement (CQI) philosophy which aims to achieve positive outcome based care and the premise to "contribute to the quality of life throughout the provision of care that is based on the principles of CQI" These principles are guided by pillars of success through Universalcare's management of the home. Villa Marconi Long Term Care and its board of directors are committed to quality improvements as evidenced by an industry recognized CQI program.
- Villa Marconi is also recognized by the Registered Nurses Association of Ontario as we enter our second year in obtaining the designation as a Best Practice Spotlight Organization. Villa Marconi's QIP also aligns with CARF accreditation standards, its strategic plan, Ontario Health priorities and has the objective to improve resident focused quality care, where improvements are warranted. Villa Marconi successfully completed the CARF supplementary survey for accreditation in the winter of 2023 and . Specific goals and objectives regarding the homes plan are found in the attached Quality Improvement Workplan

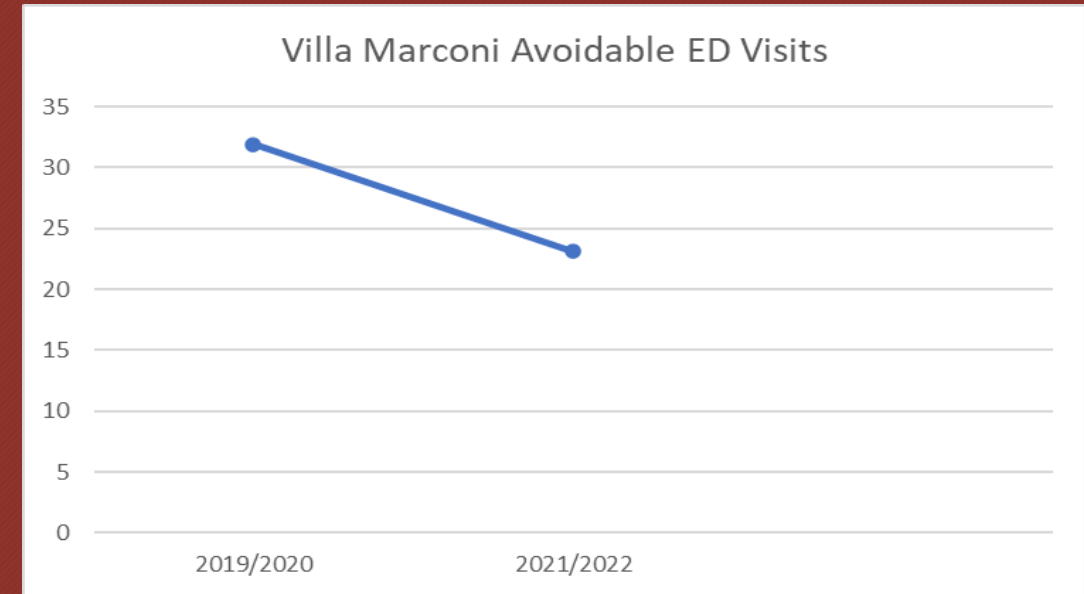
Quality Improvement Outcomes from 2022-23

| Quality Indicator | Performance Identified in 2022 | Current Performance Indicator |
|---------------------------------|--------------------------------|-------------------------------|
| Has pain | 4.0% | 3.2% |
| ED visits | 19% | 23.1% |
| Antipsychotic without diagnosis | 16.2% | 15.56% |
| Has Pressure Injuries | 2.7% | 2.4% |

High-Level overview of successes and objectives achieved in 2022:

- Reimplementation to alternative restraint best practice guideline with a focus on appropriate antipsychotic usage.
- Reimplementation of pain management guideline with a overall reduction of signs and symptoms of pain.
- Implementation of skin and wound app to enhance assessment and management of skin related issues. Successfully reducing pressure injuries over the course of the year

Quality Improvement Outcomes from 2022-23



QUALITY PRIORITIES FOR 2023/24

Villa Marconi Long Term Care is pleased to share its 2023/24 Continuous Quality Improvement Plan Report. Villa Marconi is committed to quality improvement and is reflected in our mission and strategic plan. We are continuing the implementation of the Person and Family Centred Care Best Practice Guideline ensuring residents and their families are supported to achieve their personal goals for their health and quality of life. We are implementing the Palliative Approach to Care and End-of-Life Care Best Practice Guidelines concentrating on improving or sustaining comfort and quality of life for the residents and their families facing a life-limiting illness. Our Palliative care approach encompasses holistic services that meets the physical, emotional, social, cultural, spiritual and psychological needs of the resident and their family members.

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence based practices and innovation remain high priorities for Villa Marconi. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.

The high-level priorities for Villa Marconi Long Term Care 2023 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Pre-designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction :

- Achieving Excellence in Quality of Life for residents in our Home
- Achieving Resident's Comfort
- Supporting Resident's Transition in our Home
- Meeting Resident's needs, wishes
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Maintaining Residents' and Staff Satisfaction

QUALITY OBJECTIVES FOR 2022/23

1. Achieving Excellence in Quality of Life for residents in our Home through the implementation of Person and Family Centered Care (PFCC) and Alternative to Restraints Best Practice Guideline and the Palliative Approach to Care Guideline
2. Achieving Resident's Comfort through the implementation of Pain Assessment and management Best Practice Guideline and the End-of-Life Care Guideline
3. Supporting Resident's Transition in our Home prior to admission through the process of pre-admission conference and on the day of admission through the implementation of the Admission and 24 Hours Assessment and Plan of Care Clinical Pathway
4. Meeting Resident's needs, wishes through the implementation of Clinical Pathways (Person and Family Centred Care and Pain Assessment and Management) and integration of goals of care discussions during resident care conferences
5. Data Integration through the implementation of AMPLIFI for the continuous updating of resident's information in both hospital and LTC Home record with transition exchanges
6. Supporting screening, assessment, prevention of risk and point of care decision making through the implementation of Assessment Tools and Clinical Pathways that integrate with Plan of Care through Nursing Advantage Canada electronic platform for residents' assessment
7. Maintaining Resident and Staff Satisfaction through Response and Action

QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Villa Marconi Long Term Care has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- 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
- MDS Indicators Raw Data Reports available in Point Click Care
- Resident, family and staff experience survey results;
- Identified priorities through program evaluations and recommendations from the homes continuous quality improvement committee
- Results of care and service audits
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Input from residents, families, staff, leaders and external partners.
- Mandated provincial improvement priorities (e.g., HQO)
- Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines

- Priorities are discussed within different committees and councils by interprofessional and interdisciplinary team members.
- These committees and councils include the Leadership Team, Resident Councils, Family Council, CQI Council and the Board of Directors Committee, such as Quality Care Committee. The process is interactive and engages different stakeholder groups.
- QIP targets QIP targets and practice change ideas are identified and confirmed by the Board of Directors.

Villa Marconi Long Term Care APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- Villa Marconi Long Term Care Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. Villa Marconi has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Complete Trends Analysis

- 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, 5 whys, fishbone, Plan-Do-Study-Act (PDSA) cycles, 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 there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family experience and satisfaction of outcomes, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.
- The aim statement includes the following parameters - “How much” (amount of improvement – e.g., 30%), “by when” (a month and year), “as measured by” (indicator or a general description of the indicator) and/or “target population” (e.g., residents, residents in specific area, etc.)

APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS CON'D)

3. Developing and Testing Practice Change(s)

- As a principal, Villa Marconi will identify practice changes to implement current evidence based recommendations established by the published best practice guideline(s)
- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move Villa Marconi towards meeting its aim statement (s).
- Villa Marconi will monitor and track outcomes of practice changes through observation, auditing and data collection

4. Implementation, Dissemination, Sustainability

- Improvement teams consider the following factors when developing implementation of practice change plan:
 - Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, documentation systems etc.)
 - Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).
 - Communication required to various stakeholders, before during and after implementation
 - Approach for spread across Villa Marconi, (to residents, families, staff)
 - Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)

Measures includes the following types:

Outcome Measures:

- Measures what the team is trying to achieve (the aim)

Process Measures:

- Measures key activities, tasks, processes implemented to achieve aim

Structure Measures:

- Measures systems, and processes to provide high-quality care.

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.
- Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or decline in performance.
- 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 adherence to compliance.

At An Organizational Level

- Villa Marconi Long Term Care is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway implementation, and different analysis tools available within different programs.
- Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:
 - Posting on unit Continuous Quality Improvement and Best Practice Boards, in common areas and in staff lounges
 - Publishing stories and results via the newsletter, presenting at practice change webinars, social media
 - Direct email to staff and families and other stakeholders
 - Handouts and one: one communication with residents, families and staff
 - Presentations at staff meetings, Resident Councils, Family Council
 - Change of shift reports
 - Use of Best Practice Champions to communicate directly with peers

Resident and Family Satisfaction Survey

- Resident and Family Satisfaction Surveys are provided to Residents and their family members each year in September
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and Family Council and members of the staff of the home
- Villa Marconi completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, Family Council, CQI committee members and staff members of the home

Villa Marconi Long Term Care 2022 Resident & Family Satisfaction Survey

2022 Resident and Family Satisfaction Surveys was completed on September 2022

Summary of Areas home is performing well:

- 80% Satisfaction with meal choices
- 80% satisfaction with I can express my opinion without fear of consequences
- 85% satisfaction with recommending the home

Summary of Areas for Improvement identified on 2022 Survey listed below:

- 70% satisfaction with staff listening to residents when they express their values, wishes, goals and expectations
- 70% satisfaction with are you involved in your plan of care
- 73% satisfaction with overall cleanliness of the home

Villa Marconi Long Term Care Quality Improvement Priority Indicators

1. Person and Family Centre Care

| Indicator | Current Performance | Target Performance |
|--|---------------------|--------------------|
| What numbers would you use to rate how well the staff listen to me | New Indicator | 85% |
| I can express my opinion without fear of consequences | New Indicator | 85% |

2. Percentage of LTC residents without psychosis who were given an antipsychotic

| Indicator | Current Performance | Target Performance |
|---|---------------------|--------------------|
| Residents Not Living With Psychosis Who Were Given Antipsychotic Medication | 15.56 | 12.00 |
| | | |

3. Number of ED Visits for modified list of ambulatory care conditions

| Indicator | Current Performance | Target Performance |
|---|---------------------|--------------------|
| Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures on admission through PFFC admission process | New Indicator | 100% |
| Utilizing Resident and Family Centered Care (RFCC) pre admission questionnaire and the PFFC admission assessment identify adequate medical diagnosis and history and identify potential risks that could lead to ED admission | New Indicator | 100% |
| Number of Emergency Department (ED) visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents | 25% | 18% |

Practice Changes/ Action Items to Support Quality Improvement

1. Clinical Pathway Implementation:

- 24 Hours Assessment and Plan of Care
- RFCC
- Risk for Delirium
- Pain Assessment and Management
- Feedback provided to RNAO and Point Click Care

2. Data Integration (AMPLIFI Project)

- Match of resident electronic health records between Villa Marconi Long Term Care and hospital software systems

3. Safety and Technology:

- Skin and Wound App.
- Practitioner Engagement and Secure Conversation App.
- Automated Dispensing Cabinets (ADC) use
- Infection Control Program Implementation

4. Improved Staff Experience:

- Supporting Point of Care Decision Making: Clinical Pathways, electronic Infection Control Program, ADC, electronic Skin and Wound Program
- Satisfaction Survey and Outcome

5. Residents Satisfaction Survey:

- Satisfaction Survey and Outcome
- Residents' Council Feedback
- Actions for improvement

Villa Marconi Continuous Quality Improvement Action Plan

Year: 2023

Instructions: Complete Continuous Quality Improvement Action Plan as a part of the CQI Report annually. Create action plan for targeted quality improvement initiatives identified during review of Resident & Family Satisfaction surveys, CQI Audits and Program Evaluations.

The following items need to be addressed each year in this action plan: QI Indicators (I.E. Skin, ED Transfers, Fall Prevention); Innovation (I.E. MST, PE/SC, Epic PCC integration); Resident/Family Survey action items; BPSO Indicators (i.e. Pain assessment and management, restraints, PFCC); CQI Audits action items and Program Evaluation action items

| Item Number | Quality Improvement Indicator | Current Performance | Target Performance | SMART Goal & Quadruple Aim (1. Resident Experience, 2. Outcomes, 3. Care Team Experience, 4. Effective Resource Utilization) | Practice Change Idea | Action Items | Target Completion Date | Responsible Person | Date Action was Taken | Outcomes of Actions Completed | Role of Resident/ Family Council in Actions Taken | Role of CQI Committee in Actions Taken | Description of how and when that actions taken were communication to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any) 5) Staff of the Home |
|-------------|---|---------------------|--------------------|--|---|---|------------------------|------------------------|-----------------------|-------------------------------|---|--|--|
| 1 | Number of Emergency Department (ED) visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents | 23% | 18% | Goal - Villa Marconi strives to decrease the number of ED visits to align with others in the sectors by decreasing by 2% by the end of June, 2023 Aim Statement - Utilizing the person and family centered care pre admission questionnaire and the patient family centered care admission assessment identify potential diagnosis and risks that could lead to an ED admission | 1) Using admission care conferences as an effective communication with the entire multidisciplinary team to review admissions assessments, admission information and determine potential areas of risk that with early intervention would reduce the need for transfer to the hospital ED | 1) Book Annual care conferences, ensure 6 weeks post admission conferences are booked 2) Audit of admission assessments to ensure diagnosis are up to date and shared with the team 3) Share information with the attending physician on record to determine tests that could be preformed in the home if needed | 2023-06-30 | Social Worker | | | Review Quality Plan and Action Plan related to ED at Residents' Council Review improvements implemented and updated metrics | Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken | Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards |
| 2 | Utilizing Resident and Family Centered Care (RFCC) pre admission questionnaire and the PFCC admission assessment identify adequate medical diagnosis and history and identify potential risks that could lead to ED admission | New Indicator | 100% | Goal - Villa Marconi implements practice change that includes a pre-admission Interdisciplinary Care Conference and questionnaire with the Resident/Substitute Decision Maker (SDM) and all new admissions will have the RFCC Clinical Pathway completed to better understand Resident's Goals and care wishes | 1) Using a questionnaire during pre-admission Interdisciplinary Care Conference and the RFCC Clinical Pathway completion for all new admissions will support staff to better understand the Residents and their care needs | 1) Schedule pre-admission Interdisciplinary Care Conference 2) Use of questionnaire prior to resident's admission 3) Diagnosis reconciliation with the admission package from Home and Community Care Center and if admitted from hospital with integrated electronic health care record 4) Audit admission documentation for medical diagnosis 5) Staff education on practice change | 2023-06-30 | Nurses, RAI, DOC, ADOC | | | Review Quality Plan and Action Plan related to RFCC Clinical Pathway completion and summary of audits at Residents' Council Review improvements implemented and updated metrics Feedback documented in Resident/ Family Council minutes and in Action Updates Communication included with Care Conference, newsletter, relevant boards | Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family | Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards |
| 3 | Number of residents identified under palliative care with resident specific care plans based on | New Indicator | 100% | Goal- 100% of all residents will be screened for palliative care and end of life care needs. Aim - 100% of all resident Care Plans will be reviewed for existing residents, and admissions assessments reviewed for new admissions to ensure we are meeting their goals of care and are respecting the values of the | 2) Implement the next program of RNAO BPSO program An approach to palliative care and end of life care in the last days and hours to set goals of care to reduce the | 1) GAP Analysis of Palliative and End of life Care 2) Ensure that staff are away of the RNAO admission pathway and complete the palliative section of the pathway. Provide education | 2023-06-30 | SW//DOC/ADOC/RAI | | | Review Quality Plan and Action Plan related to Palliative Care and admission completion of RFCC Clinical Pathway at Residents' | | Communication of improvements, practice change, education dates, and updates at relevant committees |

| | | | | | | | | | | | | | | | |
|---|---|---------------|-----|---|---|--|------------|---|--|--|--|--|---|--|--|
| | goals of care discussions regarding palliative care measures on admission through PFFC admission process | | | resident | need for unnecessary hospital admissions | 3) Audit of existing resident records and of new admission records to see that we are meeting resident palliative care goals | | | | | | | Council Review improvements implemented and updated metrics Feedback documented in Resident/Family Council minutes and in Action Updates Communication included with Care Conference, newsletter, relevant boards | Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family | Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards |
| 4 | Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" | New Indicator | 85% | Goal- Villa Marconi Long Term Care strives to be a leader in patient centered care by ensuring residents feel safe, respected and valued. Aim- Provide education sessions to staff on person centered language through the assistance of BSO to be able to communicate with various types of residents | 1) Provide education to staff on different ways to communicate through various types of webinars, workshops, training plate forms, and courses offered | 1) To have 3 GPA sessions by June 30th, and continue with 3 per quarter. 2) Through regular staff meetings continue to educate on person centered language 3) Resident Council meetings obtain feedback | 2023-06-30 | Nurses, RAI, DOC, ADOC | | | | | Review at Residents' Council Quality Plan and Action Plan related to Residents responding positively to "What number would you use to rate how well the staff listen to you?" Review improvements implemented and updated metrics Feedback documented in Resident/Family Council minutes and in Action Updates Communication included with Care Conference, newsletter, relevant boards | Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family | Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards |
| 5 | Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" | New Indicator | 85% | Goal- Villa Marconi Long Term Care strives Universal Care to be a leader in patient centered care by ensuring residents feel safe, respected and valued. Aim- Provide education sessions to staff on person centered language through the assistance of BSO to be able to communicate with various types of residents | 1) Encourage more residents to participate in resident council meetings which will allow residents to bring forward questions they have and have an opportunity to learn about policies/ changes in the home and voice their any concerns | 1) Promote Resident Council meetings in the home 2) Encourage residents to voice their opinions at resident council 3) Resident Council meetings obtain feedback | 2023-06-30 | Programs | | | | | Review at Residents' Council Quality Plan and Action Plan related to Residents responding positively to "What number would you use to rate how well the staff listen to you?" Review improvements implemented and updated metrics Feedback documented in Resident/Family Council minutes and in Action Updates Communication included with Care Conference, newsletter, relevant boards | Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family | Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards |
| 6 | Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment | 15% | 12% | Goal - Work with physicians, pharmacy, and geriatric mental health to review the use of psychotropics and if the resident has a diagnosis of delusions, hallucinations etc. ensure that a diagnosis of psychosis is added. Aim Statement - Villa Marconi continues to work as Universal Care an interdisciplinary team which includes community partners to review and continue to decrease our antipsychotic use | 1) Review current residents that are using psychotropics and who do not have a diagnosis of psychosis | 1) Review of Admission Diagnosis 2) Physician to review residents chart through quartley medication reviews 3) Share information with the attending physician on record to determine tests that could be preformed in the home if needed | 2023-06-30 | RAI Coordinators Pharmacy/ MD? Nurses | | | | | Review at Residents' Council Quality Plan and Action Plan related to Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment Review improvements implemented and updated metrics Feedback documented in Resident/Family Council minutes and in Action Updates Communication included with Care Conference, newsletter, relevant boards | Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family | Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees Relevant boards |