

Glen Hill Terrace "GHT" Quality Improvement Plan 2022/2023

MISSION: Durham Christian Homes is a welcoming community that provides exemplary, quality care to our residents through empowerment, compassion, dignity and respect.

VISION: To be an innovative leader and the homes of choice, committed to enhancing quality of life.

VALUES: Motivated by our Christian faith, we CARE: Commitment to Community. Accountability. Respect. Excellence

QUALITY DIMENSION: EFFICIENT

Quality Theme	Measure - Priority Area for Improvement	Current Performance	Target	Change Ideas	Method	Process Measures	Lead	Timeline
Timely and Efficient Transitions	Decrease avoidable Emergency Transfers	5.9	Maintain performance as we are doing better than province	Timely and meaningful goals of care conversations will occur between Attending/Nurse Practitioner and resident and/or family	All transfers to Emergency Department will be reviewed monthly by Director of Care and Director of Quality and Innovation to identify avoidable transfers	Monthly monitoring of resident transferred, people involved in transfer and what, if anything, could have been done to avoid the transfer	Administrator DOC DQI	Q4 2022 and ongoing
Timely and Efficient Transitions	Enhance Care Transitions with communication	Collecting baseline	Collecting baseline by end of August; develop workbook; implement by end of September	Ensure consistent sharing of information between hospital and Glen Hill Terrace	Early adopter of innovative pilot project, Amplify, to improve continuity of care by streamlining clinical information between GHT and hospitals during transitions of care and to streamline GHT workflows GHT nurse to complete "transfer out" documentation through Point Click Care at time of transfer to hospital Upon return from hospital GHT nurse to review for completed medical records	Information will be tracked monthly via GHT workbook	Administrator DOC ADOC DQI	Q4 2022 and ongoing

QUALITY DIMENSION: Patient-Centred

Quality Theme	Measure - Priority Area for Improvement	Current Performance	Target	Change Ideas	Method	Process Measures	Lead	Timeline
Resident Experience	Providing resident-centred care	Staff listen to me 60.71% I can express my opinion without fear of reprisal 75% I am given opportunities to make decisions about my care 46.43%	Increase resident satisfaction by 10% Increase resident satisfaction by 5% Increase resident satisfaction by 10%	Implementation of RNAO "Person- and Family-Centred Care" Best Practice Guideline	Complete Gap Analysis for current state in home Develop implementation action plan Develop sustainability plan	Annual Resident and Family satisfaction survey results Random sampling of each home area monthly and report to Quality Committee	Administrator Programs Manager DQI DOC	Q4 2022 and ongoing

Resident Experience	Resident focused care plans that captures their spiritual needs	Collecting baseline	100% of pastoral care plans will be completed by year end	Develop customized spiritual care plans to enhance resident quality of life	Chaplain will develop in collaboration with resident and/or family their pastoral care plan	Chaplain will review and report status monthly to the Quality Committee	Chaplain	Q4 2022 and ongoing
Resident Experience	Providing meaningful activities that are resident-centred	I like the activities in this home 53.57% There are opportunities for me to participate in activities 57.14% I have access to enjoyable things to do on weekends 42.86% There are activities that support my religious beliefs 67.86%	Improve all resident satisfaction values by 10%	Develop resident centered programming	Programs staff will review resident engagement in activities	Resident satisfaction will increase by 10% with respect to resident centred meaningful activities available	Programs Manager Chaplain	Q4 2022 and ongoing
Resident Experience	Meeting spiritual needs of the residents by the provision of communion	70%	100% of residents who wish to receive communion	Forge effective partnerships with community-based faith providers to enhance spiritual programming	Communion will be available the 1st and 3rd Fridays of every month	Chaplain will review and report status monthly to the Quality Committee	Chaplain	Q4 2022 and ongoing
Resident Experience	Early identification of residents who will benefit from hospice palliative care, as assessed using a holistic tool	Collecting baseline	Assessment of Palliative Care Needs	Early identification of residents who would benefit from a hospice approach to palliative care	Implement hospice care approaches to palliative and end of life program Implementation of standardized tools to promote earlier identification for hospice care on admission, quarterly and change in status Integration of the Quality Palliative Care in Long Term Care Toolkit into everyday practice	Number of residents with a completed baseline Palliative Performance Score Palliative committee to review identified residents and ensure measures were appropriately implemented Number of residents with a completed Clinical Support Tool (Palliative and End of Life)	Administrator DOC ADOC DQI Leads of Palliative Committee	Q4 2022 and ongoing

Resident Experience	Promoting pleasureable dining to enhance resident experience	Mealtimes are pleasureable for myself/my family member 35.71% "The overall quality of food and drinks is good" 35.71% "There is good variety of foods and drinks offered to me" 42.86%	Improve all resident satisfaction values by 10%	Pleasureable dining through resident-centred innovations	Creation of a la carte menue to provide individualized options and meal time flexibility Continental breakfasts to support natural wake times Continuous engagement with residents through Food for Thought collaboration	Improve associated indicators by 10% "mealtimes are pleasureable for myself/my family member" "the overall quality of food and drinks is good" "there is good variety of foods and drinks offered to me"	Administrator Dietary Manager	Q4 2022 and ongoing
Resident Experience	Develop effective and efficient laundry and housekeeping processes to ensure residents needs are being met	Family Survey Results: The home is clean and tidy 66.67% The laundry services are good 17.65% Resident Survey Results: The laundry services are good 46.43% The home is clean and tidy	Increase of resident satisfaction by 10% Increase of resident satisfaction by 20% Increase of resident satisfaction by 10%	Mapping of current laundry processes to determine efficiencies Mapping of current house keeping processes to determine efficiencies	Lean process improvement reviewing resident laundry cycle, including labelling "Glo Germ" surface testing Train the trainer methodology Housekeeping leadership shadowing staff and providing in-time feedback	Resident satisfaction will increase by 10% with respect to laundry and housekeeping services Family satisfaction will increase by 10% with respect to laundry and housekeeping services Audit results will be reviewed and analized monthly at Quality Committee for trends	Administrator Environmental Services Manager	Q4 2022 and ongoing
Resident Experience	Understanding the person behind the illness, taking a holistic approach to dementia care	Collecting baseline Q1 baseline 0	100% of residents with completed and posted "My Story"	Implement "My Story" to assist with challenging behaviours. My Story assists care providers with de-escalating responsive behaviours and provides background to the resident and their life prior to admission	Provide "My Story" template to families prior to admission Completed template to be posted in resident room	Number of residents who have a "My Story" document completed and posted in room	BSO Nurse Social Services Coordinator	Q4 2022 and ongoing

QUALITY DIMENSION: Safe and Effective Care

Quality Theme	Measure - Priority Area for Improvement	Current Performance	Target	Change Ideas	Method	Process Measures	Lead	Timeline
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Safe	Decrease in responsive behaviours using resident centred approaches	14%	10%	Increase staff awareness of triggers and supportive methods to support residents living with cognitive impairments	Gentle Persuasive Approaches training sessions for all staff Host 2 - 8 hour sessions per month Increase in usage of available Clinical Support Tools with respect to responsive behaviours and dementia care	40% of full time staff trained in Gentle Persuasive Approaches by year end 40% of part time staff trained in Gentle Persuasive Approaches by year end Percentage of residents utilizing the Clinical Support Tools and report results to Behavioural Support Committee	DOC ADOC DQI BSO Nurse	Q4 2022 and ongoing
Effective	Creating an environment to support residents who exhibit responsive behaviours as a result of a cognitive impairment	14%	10%	Increase staff awareness of potential methods to support residents living with cognitive impairments	Dementiability training sessions, using a train the trainer model Trainers to develop a program roll out schedule	50% of Full Time staff trained in DementiAbility 50% of Part Time staff trained in DementiAbility 10 DementiAbility trainers	DQI BSO Nurse DOC ADOC	Q4 2022 and ongoing
Safe	Worsened stage II-IV pressure injuries New stage II - IV pressure injuries	4.3% 3.1%	2% 1.5%	Reduction in worsened pressure injuries Reduction in internally acquired pressure injuries Implement Skin and Wound Application in Point Click Care	Implementation of a formalized Purposeful Rounding Program Clinical staff to receive training on the delivery of purposeful rounding (positioning, pain, possessions and prompted toileting) Training to be provided to nursing staff via elearning (SmartZone) and hands on training using Train the Trainer methodology Surge Learning	Decrease in worsening pressure injuries by 10% Decrease in internally acquired pressure injuries by 10% 70% of Full Time and Part Time nurses to be trained on the Skin and Wound Application	DOC ADOC DQI	Q4 2022 and ongoing
Safe	Reduction of falls	26.00%	16.20%	Reduce the number and severity of falls	Clinical staff to receive training on the delivery of purposeful rounding (positioning, pain, possessions and prompted toileting) Surge Learning Physiotherapy referrals with every fall	Decrease in falls causing harm by 10% Information to be reviewed and analyzed monthly at falls committee and Quality Committee	DOC ADOC DQI PT	Q3 2022
Safe	Reduction in medication incidents	5 incidents	Decrease medication incidents by 20% each quarter	Implement an automated dispensing unit to support medication safety Review all incidents, analyze trends and assess for systemic issues	Registered staff to receive training via elearning module Huddles with registered staff regarding identified medication incident trends	Decrease medication errors by 20% Analysis is completed and brought forward to Quality Committee	DOC ADOC DQI	Q4 2022 and ongoing

Safe	Reduction of residents given antipsychotic without a diagnosis of psychosis	32.60%	21%	Utilize non-pharmacological options and alternative approaches prior to pharmacological usage	Clinical team medication review Early identification of triggers for responsive behaviours by way of completion of a Dementia Observation System (DOS) Utilization of community supports by way of Behavioural Supports Ontario and Ontario Shores	Decrease in antipsychotic usage by 10% Review of DOS to determine triggers, and implement strategies to decrease occurrence Increase support by 50% through increased referrals to the program	DOC Pharmacy Attendings Nurse Practitioner BSO Nurse	Q4 2022
Effective	Residents experiencing worsened mood from symptoms of depression	65.45% 50.6%	Decrease in incidents by 20%	Utilize available assessment tools such as Geriatric Depression Scale (GDS), Clinical Support Tools	Registered staff to complete a Geriatric Depression Scale in Point Click Care and report results to medical team and social service coordinator Review of RAI/MDS coding to ensure accuracy	Review and analysis of GDS and report to Quality Committee and BSO Auditing of RAI/MDS data prior to submission to ensure accuracy	DOC DQI RAI Coordinator Attendings Nurse Practitioner Social Services Coordinator	Q4 2022
Safe	Increase compliance with hand hygiene with respect to "Moment One"	70%	100%	Refresher training on "Just Clean your Hands" program Routine hand hygiene audits Education and training using Public Health Ontario IPAC modules using Surge Learning	Utilization of community partners (specifically Durham Public Health and IPAC HUB) to support education and audits	70% of full time staff will receive "Just Clean your Hands" training 70% of part time staff will receive "Just Clean your Hands" training Review and analyze audits at monthly IPAC and Quality Committee meetings 70% of full time staff will complete Public Health Ontario IPAC modules 70% of part time staff will Public Health Ontario IPAC modules	ADOC	Q4 2022 and ongoing

Legend
Director of Quality and Innovation - DQI
Director of Care - DOC
Associate Director of Care - ADOC
Infection Prevention and Control - IPAC
Behavioural Support Ontario - BSO
Nurse Practitioner - NP
Physiotherapist - PT