CONTINUOUS QUALITY IMPROVEMENT PLAN FOR THE BOB RUMBALL HOME FOR THE DEAF

2023-2024

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2023/24

Bob Rumball Home for the Deaf is pleased to share its 2023/24 Continuous Quality Improvement Plan (CQIP).

The BRHD's principle, purpose and philosophy of care, as outlined in the BRHD's **Mission Statement**, is driven by the primary goal of providing quality care that is resident-directed and safe. [i]

The Bob Rumball Home for the Deaf further strengthens its devotion to excellence by adhering to the standards of the Ministry of Health and Long-term Care, committing to the Continuous Quality Improvement process, exhibiting the highest level of ethical and fiscal conduct, recognizing social and environmental responsibilities and providing fair and equitable treatment to all employees.

SUMMARY - QUALITY INITIATIVES FOR 2022/23

We were successful in developing a comprehensive CQI Program that is aligned with the requirements of Fixing Long-Term Care Act, 2021 (FLTCA).

A Dietary subcommittee was implemented to address the need for departmental staff to collaborate in a more effective manner, working towards meeting the assessed needs of the residents at both mealtime and snack time and improve resident satisfaction. This is an ongoing project where we will continue to use Quality Improvement tools such as the PDSA cycle. The ongoing work will be presented to the Residents Council on a bi-monthly basis.

QUALITY INITIATIVES FOR 2023/24

ISSUE # 1

Inappropriate transfers to Emergency Department (ED).

Quality Dimension: Decrease the number of unnecessary transfers to the Emergency Department.

Measure: Reduced ED visits.

Current Performance: The Home's current baseline is 10.11 our target is to reduce this number to 9.

Source Information: Quality Improvement Plan-Health Quality Ontario (QIP) and ED tracking form, Point Click Care (PCC) Transfer to hospital/admission progress notes.

External Collaborators: LTC Diagnostic Strategy, NSM Palliative Care Network, STL Imaging, SilverFox Pharmacy, Nurse Practitioner Outreach Team, Behaviour Support Ontario, Pro-Resp.

Change Idea: Education for staff, families and residents on prevention of inappropriate transfers to ED.

Methods: Review of Best Practice Guidelines regarding reducing ED visits, utilizing the Pain/Palliative resource nurse. Discussion/education at the Annual Family Care Conference regarding Advanced Care Directives and prevention strategies for ED visits. Education huddles with frontline staff. On-line education for all frontline staff including agencies. Identify trends and implement strategies accordingly. Add first and last resident checks at the beginning and end of shift to Point of Care (POC) task list. Utilize the LTC Diagnostic Strategy for non-urgent diagnostic work.

Process Measure

Audit the number of fall risk assessments reviewed per month by the quality team, audit on-line education, audit the POC tasks. Audit ED visits. Utilize the Plan, Do, Study, Act (PDSA) cycle.

ISSUE # 2

Resident perspective: staff do not listen to them when they express their needs or concerns.

Quality Dimension: Resident Centered service excellence.

Measure: Resident experience, through the Resident Experience Survey where resident satisfaction is 80% or greater.

Current Performance: 2022 survey indicated that there is approx. 63% of residents who were satisfied with the level of communication with staff.

Source Information: Resident Experience Survey, individual feedback, Resident Council and Family Council.

External Collaborators: Hire an ASL Instructor for teaching ASL to staff. BSO – How to communicate with different residents in different ways, GPA Program, NSM Hospice Palliative Care. Education on Customer Service, Alzheimer's Society. Deaf Blind-Services.

Change Idea: To improve the communication between staff and residents to a level where residents feel they are being heard.

Methods: Training of staff including agency staff on the importance of having conversations with residents. ASL classes will resume this spring 2023. Role play for education purposes. Observing dining room interactions. Auditing attendance at ASL classes. Annual resident experience surveys. Teaching staff; small group discussions, role playing, body language, appropriate conversations with the elderly.

Process Measures: Resident satisfaction - asking for feedback on a quarterly basis on how residents are feeling, , service excellence and compliance. (PDSA). Resident Council meetings, or on a one to one basis. Observing staff and resident interactions.

ISSUE #3

Resident perspective: resident do not feel comfortable expressing their opinion without fear of consequences.

Quality Dimension: Resident Centered service excellence.

Measure: Resident experience, through the Resident Experience Survey where resident satisfaction is 80% or greater.

Current Performance: 2022 survey indicates that there is approx. 70% who indicated that they were comfortable expressing their opinion without fear of consequences.

Source Information: Resident Experience Survey, individual feedback, Resident Council and Family Council.

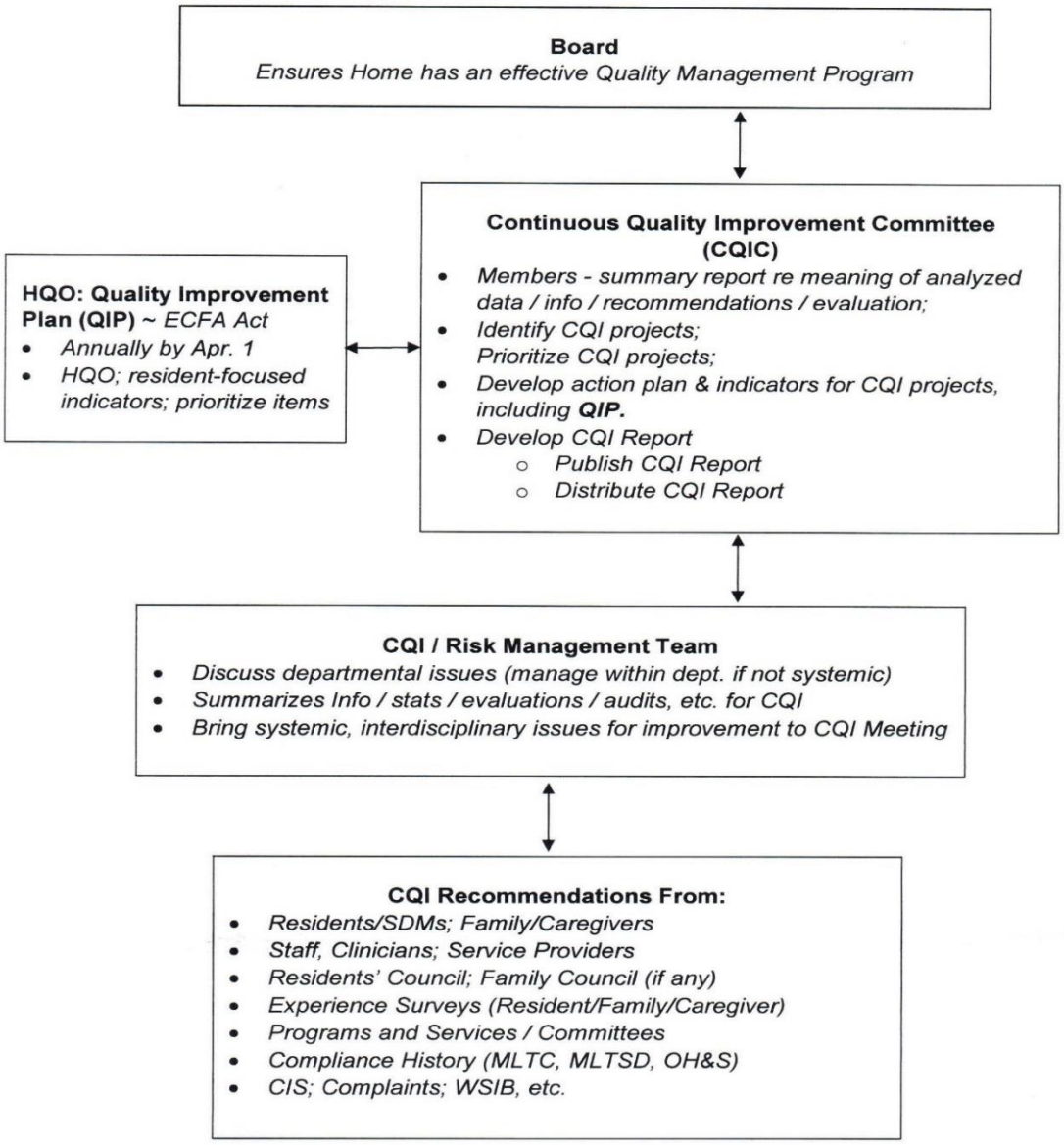
External Collaborators: Hire an ASL Instructor for teaching ASL to staff. BSO – How to communicate with different residents in different ways, GPA Program, NSM Hospice Palliative Care. Education on Customer Service, Alzheimer's Society. Deaf Blind-Services.

Change Idea: To improve the communication between staff and residents to a level where residents feel comfortable expressing their opinions.

Methods: Training of staff including agency staff on the importance of having conversations with residents. ASL classes will resume this spring 2023. Role play for education purposes. Observing dining room interactions. Auditing attendance at ASL classes. Annual resident experience surveys. Teaching staff; small group discussions, role playing, body language, appropriate conversations with the elderly. Education on Deaf Culture, educating Deaf residents and staff on hearing perceptions.

Process Measures: Asking for feedback on a quarterly basis on how residents are feeling at resident council meetings, or on a one to one basis. Observing staff and resident interactions. Resident satisfaction, service excellence and compliance. (PDSA).

Quality Management Plan



Model for Improvement: *Plan, Do, Study, Act* Apr.30//22

BRHD's Quality Management Plan

- The Quality Management Plan on the previous page is intended to provide an overview of the CQI process at BRHD.
- The arrows represent a flow of movement between the various boxes, including information related to the areas in need of improvement, and communication of the improvement outcomes.
- Process improvements will be prioritized, and may be "gradual" or "breakthrough" in nature.

The CQI Initiative

- The legislative requirements and many of the concerns and /or recommendations for improvement start with the residents, their SDMs / family/caregivers, and staff.
- As such, the explanation of the CQI Plan overview diagram will start with the Residents/SDMs and Family/Caregivers

Bob Rumball Home for the Deaf has developed Quality Improvement Plan (QIP's) since 2015, with the QIPs submitted to Health Quality Ontario (HQO) every April. Bob Rumball Home for the Deaf's QIP planning is ongoing, and includes an annual evaluation of the following factors to identify preliminary priorities:

- Progress achieved in recent years;
- 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
- Resident, family and staff experience survey results;
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Input from residents, families, staff, leaders and external partners, including the MOLTC.
- Mandated provincial improvement priorities (e.g. HQO)

Final review of the Interim QIP is conducted by the Professional Advisory Committee, who endorses the plan for approval by the Board of Directors.

BOB RUMBALL HOME FOR THE DEAF'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Bob Rumball Home for the Deafs' nursing and administrative policies, combined with QI principles, provide a baseline for staff in providing quality care and service. Bob Rumball Home for the Deaf has adopted the following five principles to guide quality improvement activities.

Quality Improvement (QI) Principles [ii]

Quality improvement in healthcare is both achievable and absolutely necessary. By using the QI principles and starting small, BRHD can quicken the pace of QI in the home. In addition, BRHD can reduce wasteful spending while improving their processes by applying the following five guiding principles:

1. **Facilitate acceptance/adoption through hands-on improvement projects.**
   - QI theory & methodology is best learned through hands-on improvement work- applying it to the actual clinical/work environment.

2. **Define quality** (as per objectives) and **get agreement**.

3. **Measure for *improvement*, not accountability.**
   - An improvement **measure collects data to measure system (not people) performance**, so a process can be improved. *[prevention over correction]*

4. **Use a quality improvement framework and PDSA (Plan-Do-Study-Act) cycles**.[iii]
   - The "**Model for Improvement**" framework proposes that an improvement team should ask three fundamental questions:
     - What are we trying to accomplish? *(goal / **aim**)*
     - How will we know that a change is an improvement? *(**measure**)*
     - What changes can we make that will result in improvement? *(**intervention/ change**)*
       ***This question leads to PDSA cycle. The PDSA cycle** tests small scale changes, or interventions, to measure their effect on outcomes*

PDSA Cycles ~ Plan-Do-Study-Act Cycles – backbone of QI in healthcare [iv]

- ***Plan*** ~ Establish the objective, determine what questions need to be asked and what predictions need to be made, and then plan to carry out the cycle.
- ***Do*** ~ Carry out the plan, document problems and unexpected observations, and begin data analysis
- ***Study*** ~ Complete the data analysis, compare the data to the predictions, and then summarize learnings.
- ***Act*** ~ Determine what changes will be made and what the next cycle will be.

The PDSA Cycle - YouTube; Whiteboard: The PDSA Cycle (Part 2) - YouTube
Note: *Refer also to the PDSA description of the Steps in Policy QI-A-02.*

- An improvement project usually involves several PDSA cycles. After each cycle, the improvement team assesses the success of the associated intervention. At some point, the intervention is adopted or abandoned, which indicates the end of PDSA cycles for that intervention. Then the team can move to the next intervention. Reaching global aim indicates completion of the overall QI project.

5. **<u>Learn from variation in data</u>.**
    - **Intended and unintended variation** in data
        - Intended variation is purposely deciding to do something a different way (A rationale exists for the decision.)
        - If the variation is not thoughtful or it's out of habit or convenience, then it's unintended.
    - **Common cause and special cause variation**
        - Common causes are an inherent part of a system or process that impact all people and outcomes.
        - Special causes arise from specific circumstances which may impact only a subset of people or outcomes.

    Studying common cause and special cause variation is a cornerstone of improvement because it shows why the variation occurred and suggests the most effective approach to address it.

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 deterioration in performance. Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes. If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas 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 compliance, etc.

Operational indicators.

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Posting at Care Centre, in common areas and in staff lounges
- Publishing stories and results on the website, on social media
- Direct email to staff and families and other stakeholders
- Handouts and one: one communication with residents
- Presentations at staff meetings, town halls, Resident Councils, Family Council
- Huddles at change of shift
- Use of Champions to communicate directly with peers

[i] FLTCA s.4.(1) (b).
[ii] Quality Improvement in Healthcare: 5 Guiding Principles (healthcatalyst.com)
[iii] Model For Improvement Clip 1 - YouTube

[iv] Quality Improvement in Healthcare: 5 Guiding Principles (healthcatalyst.com)