DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2022/23

The Golden Manor is pleased to share its 2022/23 Integrated Quality, Safety, and Risk Management Plan. At the Golden Manor, we are committed to delivering safe, resident-centred services of the highest quality. To guide us in this endeavor, we have developed the 2022-2023 Integrated Quality, Safety and Risk Management Plan, which combines the respective work plans for Resident Safety, Quality, Risk Management and Continuous Improvement. This plan considers the types of services delivered by the organization, it is inclusive of resident and family needs, and it details the key quality, safety and risk management strategies that we undertake.

At the Golden Manor, we envision excellence in culturally-appropriate resident-and-family-centred care delivered by a talented workforce. This approach is reflected in our vision "Golden Manor Home for the Aged will be the leading Community of Care for the overall well-being and diversity of individuals and cultures in our community." Our vision signifies the importance of meeting the physical, psychological, social, spiritual and cultural needs of residents while providing the highest quality care. We acknowledge that a resident's well-being and quality of life depend on integration and collaboration between an ecosystem of people.

Early in 2020, the Golden Manor set out to update and develop a strategic plan which would identify our priorities and guide our activities over the period of 2020-2024. We are committed to ensure that we remain focused on and committed to maintaining and sustaining a heathy environment for our residents to live and for our staff to work, while we plan for the redevelopment of the Golden Manor. The four strategic priorities identified outline our objectives and priorities for 2020 - 2024. These priorities are:
STRATEGIC PRIORITY # 1: To ensure that Golden Manor is an exceptional place for our residents to live.
STRATEGIC PRIORITY # 2: To ensure that Golden Manor is an exceptional place for our staff to work.
STRATEGIC PRIORITY # 3: To ensure that our physical assets meet the needs of our residents, families and staff and that we remain financially sustainable.
STRATEGIC PRIORITY # 4: To sustain our ability to change and improve.

Objectives for Quality Improvement, Resident Safety, and Risk Management flow from this framework. These objectives are linked to performance metrics and are evaluated on an ongoing basis. Each program and department in the Golden Manor develops an Integrated

Quality, Safety, and Risk Managements Plan that identifies outcomes, activities and objectives. An overarching priority for all plans is person-centred care, ensuring all plans set at least one outcome that prioritizes excellence in resident and family-centred care.

QUALITY OBJECTIVES FOR 2022/23

STRATEGIC PRIORITY # 1: To ensure that Golden Manor is an exceptional place for our residents to live.

- Increase % of residents that respond positively to "I participate in meaningful activities" by 25%, from 41.1% to 51.4%, by August 31, 2022 (date of survey).
- Maintain % of residents with worsened mood from symptoms of depression below the provincial average of 21.3% by December 31, 2022.
- Increase the % of residents responding positively to "Do you enjoy the foods you are served?" by 9%, from 78% to 85% by December 31, 2022.
- Maintain % of ED visits below the regional average of 6.3%.
- Reduce % of residents who fell in the last 30 days by 14.4%, from 18.8% to 16.1%, by December 31, 2022, to reach the provincial average.
- Maintain % of residents with pain below the NELHIN average of 10.4% by December 31, 2022.
- Reduce the % of residents who experienced weight change by 30% from 11.3% to 7.9% by December 31, 2022 to reach the NELHIN average
- Maintain % of residents who had newly occurring stage 2 to 4 pressure ulcer below the provincial average of 1.9% by December 31, 2022.
- Increase % of residents responding positively to: "What number would you use to rate how well the staff listen to you?" by 32.35% from 56.67% to 75%.
- Increase % of residents who responded positively to the statement: "I can express my opinion without fear of consequences" by 16.32% from 81.67% to the previous year's performance of 95%.

STRATEGIC PRIORITY # 2: To ensure that Golden Manor is an exceptional place for our staff to work.

- Increase % of staff recognized through the staff recognition program.
- Reduce % of workplace injuries related to resident responsive behaviours.
- Increase average # of hours of training per employee.

STRATEGIC PRIORITY # 3: To ensure that our physical assets meet the needs of our residents, families and staff and that we remain financially sustainable.

- Meet redevelopment timelines while ensuring innovative detailed design is maintained within budget.

STRATEGIC PRIORITY # 4: To sustain our ability to change and improve.

- Reduce % of long-term care home residents not living with psychosis who were given antipsychotic medications by 15%, from 30.5% to 25.9% by March 31, 2023.
- 100% of resident care plans have been reviewed and updated to reflect personalized interventions by December 31, 2022.
- Increase % of staff who are compliant with hand hygiene before resident contact from current rate to 85%, by December 31, 2022, to reach the recommended JCYH target.

- Establish process for ACP meetings in which 20% of residents will have an ACP and palliative care needs are identified and documented, by December 31, 2022.

IQSRM PLANNING CYCLE AND PRIORITY SETTING PROCESS

The Golden Manor develops Integrated Quality, Safety, and Risk Management Plans annually in January and February for the fiscal year in line with QIPs submitted to Health Quality Ontario (HQO) every April. The Golden Manor evaluates a number of factors and data (see issue identification) to identify priorities.

This is an integral process with multiple touchpoints of engagement with different stakeholder groups as change ideas are identified and confirmed. Final review of the plans is completed by the Integrated Quality, Safety, and Risk Committee and leadership team.

APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

The Golden Manor administrative policies, combined with Best Practice Guidelines and Accreditation standards, provide a baseline for staff in providing quality care and service. The Golden Manor has adopted IDEAS Foundational Program for Quality Improvement to guide quality improvement activity. City of Timmins and Golden Manor staff have also been trained in a Continuous Improvement Program, the Continuous Improvement (CI) process is designed to improve process throughout the Corporation of the City of Timmins' ecosystem. Interprofessional quality improvement teams, including resident and family advisors, work through the following phases of the CI process.

1. **Issue Identification**

   Analysis of the following factors help to identify potential areas of improvement:
   - progress achieved in recent years;
   - performance data 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;
   - 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) and;
   - RNAO Best Practice Guidelines and Gap Analysis.

   Potential areas of improvement are reviewed by the ecosystem – those with interest or involvement in the process. Priorities are presented and discussed at various forums to validate the approach and identify additional priorities that may have been missed. These forums include the broader leadership team, Residents' Council, Family Council, and the Integrated Quality, Safety, and Risk Committee.

2. **Define the Project and Set Improvement Aims**
   Once teams have a better understanding of the current system they aim to improve as well as an understanding of what is important to the resident, the project is clearly defined using a

project charter and an overall improvement aim is identified. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

At the Golden Manor, improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART). A good aim statement includes the following parameters - "How much" (amount of improvement – e.g. 30%), "by when" (a month and year), "as measured by" (a big dot indicator or a general description of the indicator) and/or "target population" (e.g. all Golden Manor residents, residents in specific area, etc.)

3. **Understand the Process**
Vital to process improvement is mapping and analyzing the current process. The team will draft Process Flow Diagrams with those directly involved in carrying out the process.

4. **Investigate Cause**
Teams use various methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include Red, Blue, Green Analysis; Fishbone or Tree diagrams; 5 whys; etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines to validate potential causes.

5. **Create, Pilot and Implement Solutions**
With a better understanding of the current system, improvement teams identify various change ideas that will move the Golden Manor towards meeting its aim statement. During this phase, teams will prioritize alignment with best practices when designing preliminary change ideas for testing.

Plan-Do-Study-Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs provide an opportunity for teams to iteratively refine their change ideas and build confidence in the solution prior to implementation. Change ideas typically undergo several PDSA cycles before implementation.

Once alignment is reached for a solution set detailed design is required to ensure sustainability and consistency.

6. **Sustain, Reflect and Improve**
Improvement teams use process controls to ensure sustainability in improvements. These process controls include: policies and procedures, education required to support implementation, forms and checklists, audits, communication, etc.

Teams ensure that objectives have a clear process target (measure) and supporting plan to achieve this measure. Teams review this measures to determine if the changes implemented resulted in improvement.

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. Analysis and updates are provided quarterly using the Integrated Quality, Safety, and Risk Management Plans, including run charts. Analysis of the indicators 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 actions to determine if change ideas are effective or if other gaps 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.

At an organizational level, the Golden Manor has adopted a Balanced Scorecard to monitor and measure progress on strategic aims.

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

- Posting on unit quality boards,
- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Handouts and 1:1 communication with residents
- Presentations at staff meetings, Residents Council, Family Council
- Huddles at change of shift