



**Perley Rideau**

The Perley and Rideau  
Veterans' Health Centre



*Let's Make Healthy Change Happen*

# Quality Improvement Plan (QIP) Narrative for The Perley and Rideau Veterans' Health Centre

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

## OVERVIEW

The Perley and Rideau Veterans' Health Centre (Perley Rideau) is a not-for profit seniors' care organization with 450 provincially licensed long-term care beds. While the Perley Rideau's primary focus is on long-term care, it also actively supports the capacity of seniors to live independently. To this end, the Perley Rideau partners effectively to develop a community of care and to provide ready access to a range of clinical and therapeutic services, along with social and recreational activities.

Perley Rideau is pleased to share its 2020/21 Quality Improvement Plan (QIP). Perley Rideau's primary focus is Excellence in Care and Service. Our commitment to quality is reflected in our mission "to achieve excellence in the health, safety and well-being of Seniors and Veterans with a focus on innovation in person centred and frailty-informed care and service" and in our supporting strategic plan, which was updated in 2017 to better reflect the evolving healthcare landscape.

The QIP is a roadmap to achieving excellence in care and service, while navigating challenges and opportunities in our environment. Perley Rideau's QIP is aligned with our quality framework, based on the Quadruple Aim framework adopted by Ontario Health.

The high-level objectives for this year's QIP are informed by the quality and safety aims under the various pillars of the framework, as determined by Perley Rideau's Board of Directors:

- increase resident and family experience
- reduce preventable harm
- provide the "right care" 100% of the time
- improve health-related quality of life
- improve staff experience

Specific initiatives, targets for improvement and projected change ideas/tactics for each high-level objective reflect:

- progress achieved in 2019/20;
- the most recent performance data available from the Canadian Institute for Health Information (CIHI), resident, family and staff experience surveys and our electronic health record;
- emergent issues identified internally (trends in critical incidents) and/or externally
- input from residents, families, staff, leaders and external partners, including the MOHLTC.

Initiatives are divided into 3 categories – focused action, moderate action and monitoring. Please note that targets reflect a blended average for both our community and veteran residents.

Focused Action:

- 1) Maintain or increase the percentage of residents who would positively recommend Perley Rideau to others (currently 92%, target at or above 90%).
- 2) Eliminate staff to resident abuse/neglect (reduce incidents reported to the MOHLTC from 5 to 0).
- 3) Increase the percentage of residents who have their palliative care needs identified and documented from 60% to 80%.

4) Enhance Culture of Safety (increase safety culture survey score from 2.74 to 2.90).

Moderate Action:

5) Reduce the percentage of residents on antipsychotics without a diagnosis of psychosis from 19.6% to 19.0%

6) Reduce the percentage of residents who had a worsening pressure ulcer from 2.9% to 2.8%

7) Reduce the percentage of residents with worsening behavioural symptoms from 17.8% to 17.0%

Ongoing Monitoring:

8) Reduce the percentage of residents who experienced pain from 14.1% to 13.5%

9) Reduce the percentage of residents who had a fall in the last 30 days from 21.2% to 20%

10) Reduce the number of potentially avoidable ED visits per 100 residents from 12.13 to 11.5

11) Reduce the use of daily physical restraints from 5.0% to 4.75%.

## **DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR**

### **Frailty-Informed Care**

Frailty is now recognized as a strong predictor of health outcomes. At Perley Rideau, we believe that understanding and recognizing frailty is crucial to providing good care. That's why we've developed SeeMe: Understanding Frailty Together™. SeeMe™ is a program that recognizes and assesses frailty as part of a person's overall health and supports residents and their families to make informed decisions around treatment that may be helpful or harmful within the context of frailty. The program involves a true partnership between the healthcare team and the resident/family in terms of considering the whole person and what matters most to them as an individual. SeeMe™ aims to align care with quality of life goals, with a true understanding of what a quality life means to individuals.

The program features a Comprehensive Frailty Informed Assessment, which provides a detailed overview of different drivers of frailty, including the major drivers of cognition, function, and mobility, and assigns an overall Clinical Frailty Scale score. The program also includes a standardized approach to care conferences, where the care team and resident/family can discuss the overall health picture and considerations for future decision-making. The new approach to care conferences includes a shift away from Advanced Directives and levels of care, replacing them with Goals of Care and Future Health Preferences, aligning the discussion with Advanced Care Planning principles and the local legal context related to informed consent.

Roll-out of the full SeeMe™ program on all (12) long-stay units of the Home was completed by December 31, 2019. The program is currently being adapted for the short-stay units, with roll-out planned for spring/summer 2020.

## **RNAO Best Practice Spotlight Organization (BPSO)**

BPSO is a designation program developed by the RNAO to work with health care facilities, in order to create evidence-based cultures. In March 2019, Perley Rideau successfully completed all required deliverables for earning official BPSO designation. Through the BPSO program, Perley Rideau has worked with the RNAO and other BPSOs to implement four Best Practice Guidelines addressing the areas of pain; falls; skin and wound; and delirium, dementia and depression. By putting the latest research into practice, reducing variation in care and eliminating interventions that have little effect, the initiative promises to further improve the quality of care delivered to residents of the Perley Rideau and of other long-term care facilities. Perley Rideau has observed statistical evidence of improvement in pressure injuries and responsive behaviours as a result of this work.

### **Joy in Work Project**

Burnout in PSWs has been shown to be a contributing factor in poor quality care and resident abuse incidents. Burnout also has a negative impact on the health and well-being of PSWs, which can result in reduced overall staff engagement and difficulty retaining quality providers. By engaging with PSWs on two pilot units through a focus group, the team was able to better understand some of the root causes of burnout. Teamwork dynamics was identified as the most prevalent theme, with subthemes that included not working as a team to share workload, calls bells not being answered by all team members, lack of guidance/support to new team members, and not feeling respected. To address this root cause, the QI team developed a change idea that would better utilize the shift report format. By optimizing this time, the team hoped to enhance team dynamics, team problem solving, and opportunities to provide support. A structured shift report agenda was developed that identified key items to be discussed at every report and also identified key soft skills that promote teamwork. Roll-out of the new structured shift report format began in 2019, with Home-wide completion targeted for April 2020.

Given that the structured shift report agenda is only one tool to address this complex issue, it is anticipated that changes in burnout levels may take time to see improvement. However, we have received staff feedback about how the shift report agenda has helped structure and streamline shift report, and has helped improve teamwork.

### **Dining Experience Project**

In November 2019, Perley Rideau piloted the “enhanced resident dining program for the breakfast meal” project on one unit. Mealtimes in LTC homes are an opportunity for residents to socialize in a relaxed and pleasurable dining setting. The focus of this project is to respect residents’ preferences and autonomy and give residents flexibility to decide when to eat breakfast. We are looking forward to achieving better outcomes in nutritional status, reduced responsive behaviours as well as improved Quality of Life. Flexibility will not only benefit residents but should also allow staff to prioritize their

workflow which may help reduce stress/burnout, providing resident care in a more effective and efficient manner.

## **COLLABORATION AND INTEGRATION**

Perley Rideau's strategic plan calls for new models of care and collaboration across the continuum to provide residents, clients, tenants and the broader community with high quality, cost effective care and services. We are working with numerous partners to advance integration and continuity of care. Highlights include:

### **Establishment and opening of a 20-bed Sub-Acute unit for care of the Frail Elderly (SAFE collaborative) in March 2018, a partnership with The Ottawa Hospital and the Champlain LHIN**

SAFE is focused on providing restorative, frailty informed care to seniors following an acute hospital stay to enable their timely and safe return to the community. The program is designed to decrease the risk of extended hospitalization for frail patients (those at risk of becoming ALC), minimize the risk of hospital-acquired complications, improve resident quality of life, decrease ED wait times and provide cost savings for the health care system and patients/families. The program includes intense collaboration between an acute care hospital and long-term care home, with physicians from the hospital providing medical care to patients on the SAFE Unit; as well as enhanced diagnostic support (lab, x-ray) in the long-term care setting, which will be available to both SAFE patients and long-stay residents, with a focus on building capacity and improving continuity of care for frail seniors.

A multi-phase evaluation of patient outcomes is currently underway. The first phase of the evaluation demonstrated that compared to a group of similar patients, SAFE patients had shorter lengths of stay, were more likely to return home and were no more likely return to an emergency department (despite having more complex disease profiles) than the control group. The next phase of the analysis will include looking at additional indicators including admission to long-term care, home care service use and cost-analysis to examine the implications to the health care system.

## **Establishment and opening of a 20-bed Specialized Behavioural Support Unit (SBSU) in April 2018, a partnership with The Royal Ottawa Hospital, Champlain LHIN and Behavioural Supports Ontario**

SBSUs have been established across Ontario to support persons with complex and challenging responsive behaviours. SBSUs provide specialized support for older adults whose behaviours have become unmanageable in their current setting; and stabilize behaviours and provide care until residents can safely return home, whether in another long term care home or in the community. These specialized units provide care to residents 65 years or older that have cognitive impairments due to dementia, mental illness, or other neurological conditions, with associated complex and challenging responsive behaviours.

Results of a 3rd party evaluation received in early 2020 indicated that the SBSU is performing as expected with great benefit to the patient population and the health care system. The SBSU was recently endorsed by the LHIN for permanent designation status.

## **Expansion of the Seniors' Village**

The Seniors' Village at Perley Rideau continues to grow and evolve with a goal of integrated services for seniors that will meet the majority of their health and social needs. The Interprofessional Clinic became operational in January 2019, and is an initiative of the Centre for Interprofessional Health Care and Research (CIHCR), stemming from a partnership with the University of Ottawa Faculty of Health Sciences. The Clinic offers Audiology, Occupational Therapy, Physiotherapy, and Speech Language Pathology to residents, tenants, and members of the community of all ages. The Clinic also serves as an interprofessional training centre for students at the University of Ottawa.

The strategic areas of the Interprofessional Clinic are interprofessional health care services, applied learning in the form of health care student placements, continuing education in the form of courses for clinicians and community members, and innovative research conducted in an applied health care setting. The vision is to be recognized as a leader in fostering interprofessional collaboration and innovative practices in health care, education and research to continuously improve the delivery of person-centred care.

## **Approval of the Ottawa Health Team/Équipe Santé Ottawa (OHT/ESO) in December 2019, a partnership with 53 local organizations, including The Ottawa Hospital and the Regional Geriatric Program of Eastern Ontario**

OHT/ESO will plan and deliver healthcare for the Ottawa region under the Ontario Health Team Model. An initial focus of OHT/ESO will be two groups: frail older adults at risk of losing their functional independence; and adults with moderate to complex mental-health and addiction issues. The Perley Rideau will participate in OHT/ESO's Frail Older Adults action team, building on our expertise in delivering frailty-informed care.

## **PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS**

Perley Rideau has three active councils focused on resident and family experience - the Veteran Residents Council, the Community Residents Council, and the Family and Friends Council (FFC). The councils are a valuable forum for collaboration and engagement. The leadership team and councils enjoy a positive and productive relationship. Members of the Management team are invited to, and attend, all council meetings. In addition, at least one Executive leader attends all meetings of the FFC Executive. The FFC Exec elects one of its representatives to be a standing member of the Board Quality and Safety Committee. The Chair of the Veteran Residents Council is a member of the Veteran Liaison Committee.

The Management team routinely seeks feedback and involvement from the councils regarding various aspects of the Perley Rideau's operations such as the annual resident/family experience surveys, annual budget, operating plan and quality improvement priorities. Co-design methods are frequently used, most recently in the development of the updated care conference structure with embedded Goals of Care and Future Health Preferences discussion.

In an effort to further formalize resident and family engagement in quality improvement activities, a Resident and Family Advisor Program was established in 2016. The goal of this program is to promote resident and/or family participation on all of Perley Rideau's QI projects, and other initiatives, as appropriate. Since its inception, this program has successfully matched resident/family advisors with all active QIP teams as well as other initiatives across the Home.

Results of the annual interRAI Quality of Life Survey and Family Experience Survey are brought to the FFC and Residents Councils, providing a platform for the Councils to further inform the final QIP.

# WORKPLACE VIOLENCE PREVENTION

Improving the staff experience is a key priority outlined in Perley Rideau's quality framework. As such, Perley Rideau is committed to providing a physically and psychologically safe environment for staff, physicians and volunteers.

To reduce the risk of workplace violence, a number of measures are in place:

- 1) Robust policies and procedures that cover all aspects of staff safety, including a comprehensive Violence Prevention policy. This policy outlines the key measures in place to monitor, address and prevent workplace violence, including regular education for staff, prompt investigation and follow-up of all incidents, identification and communication of hazardous situations, as well as implementation of corrective actions. Roles and responsibilities are clearly outlined within the policy, which is revised annually.

In 2018, the Home collaborated with an external subject matter expert to develop Anti-Bullying education. A train-the-trainer approach was used for the education, with the consultant delivering initial education sessions to Management and staff. Education sessions have been delivered in small group sessions to encourage staff engagement and discussion.

- 2) An active Joint Occupational Health and Safety (JOHSC) committee. Perley Rideau's JOHSC has a mandate "to identify, assess and control workplace hazards and make recommendations to the workplace to prevent injuries and illnesses". The JOHSC achieves this mandate through regular review and discussion of workplace incident data, and annual completion of a workplace violence risk assessment tool. The JOHSC will either address an issue directly (as appropriate), or make recommendations to the Management Team when further actions are required to minimize identified risks. The JOHSC plays an integral role in the development, implementation and reviews of Perley Rideau's Violence Prevention Policy.

The JOHSC has identified resident to staff responsive behaviours (both verbal and physical) as one of the contributors of violence in the workplace and follows these incidents diligently. The JOHSC has done work in this area to improve the reporting and incident follow-up process, but has deferred further improvement work to the 3Ds QIP Team. Although the main objective of the 3Ds QIP team is to minimize the occurrence of resident responsive behaviours to improve quality of life for residents, the team's work should also result in a decreased risk of violence for staff, and an overall improvement in staff work life.

- 3) The Home's Code White (physically responsive resident) and Code Silver (threatening person) emergency responses are revised and tested on an annual basis.
- 4) Regular discussion of Safety-related issues at the Management level. Safety is included as a standing item on the Management team's bi-weekly agenda.

In addition to the work above, Perley Rideau management has a renewed focus on the issue of psychological safety, which is identified as a priority for Focused Action in this year's QIP. A diagnostic is currently underway to better understand the opportunities for improvement. Management will be reporting to the Quality Committee of the Board on this topic twice annually.

## **ALTERNATE LEVEL OF CARE**

As highlighted above, Perley Rideau has established a Sub-Acute for the Frail Elderly (SAFE) unit in partnership with The Ottawa Hospital (TOH) and the Champlain LHIN. This collaborative will improve the outcomes for hospitalized frail seniors by proactively addressing the conditions that contribute to ALC before the deconditioning associated with prolonged hospitalization is experienced. This will enable TOH to reduce its ALC population, thus allowing beds that are currently dedicated to ALC clients to be repatriated to acute care. This collaborative has the capacity to transform how major acute care hospitals treat older patients at risk of ALC and deconditioning (early assessment, collaboration with LTC).

## **VIRTUAL CARE**

- Perley Rideau leverages *Cliniconex's* automated care messaging solution to communicate effectively with family members by telephone. The solution is currently used to inform family members about upcoming medical appointments, care conference dates and outbreaks.
- Staff have (read-only) access to EPIC at The Ottawa Hospital and Meditech at Queensway Carleton Hospital to enable timely, integrated care during care transitions to and from the hospital (e.g. admissions to SAFE and convalescent programs, discharge from ED)
- Perley Rideau participates in *ConnectingOntario*, which enables health providers across the province to access digital health records, including laboratory results, diagnostic imaging results, etc. in real-time
- OTN capabilities are available on-site
- Physicians have access to a regional e-consult program, enabling timely consults with specialists

## **CONTACT INFORMATION**

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