2023/24 Quality Improvement and Safety Plan -FINAL

2023-06-27

QUALITY FRAMEWORK		Measure							Change				
Pillar	Aim	Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification		Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Priorities for FOCUSED ACTION													
Better Provider Experience	**Embody a "People First" Philosophy**	Psychological Health and Safety (PHS) Indicator Score	Overall Score	In-house data, Mental Fitness Index Survey, 2022	63	70	New survey tool introduced in 2021 to better capture psychological health and wellbeing. Long term, stretch/aspirational targets identified.		1)Psychological health & safety work - implement PHS action plan	Implementation of remaining action plan items	1) Implementation status	1) 100% of action items underway by December 2023	Work in this area aligns multiple streams of work, e.g. Accreditation Canada standards/ROPs, Perley Health focus on staff health and wellbeing (MFI), psychological health and safety, Psychologically Safe Leaders, Employee Engagement
									2)Embed" psychological health and safety" definition and guiding principles into Perley Health policies, education, processes (including incident/error investigations)	Review of relevant policies, education, processes to update as appropriate. Work to include following up on "resident abuse investigation work started in 2022)	1)Completion status	1) Completed by September 2023	
									3)Initiative identified by staff (based on staff consultation Q1 2023)	TBD - actioning Employee Engagement Survey results	TBD	TBD	
Better Experience of Care	**Achieve >90% in resident/ family experience scores**	Percentage of residents who responded positively to "I participate in meaningful activities". Percentage of family members who responded positively to "My family member participated in meaningful activities in the past week"	% / Residents	In-house data, interRAI Resident survey; interRAI Family survey / January 1 - December 31 2022	47 (resident); 42 (family)	55 (both)	New indicator for QIP. Long term, stretch/aspirational targets identified. Due to timing of survey administration, not likely to see significant metric gains in 2023 survey cycle.		1) Further analysis and engagement with residents and families to better understand opportunities for improvement	Work to be guided by two QI teams (one resident focused and the other family focused). Smaller group engagement (focus groups) to gather information	1) status of work	1) analysis completed by March 31, 2023	
									2) QI teams to identify both short term and long term strategies for improvement based on analysis and engagement activities	Work to be led by guiding QI teams. Timelines for process measures to be confirmed by QI teams as part of workplan	1) implementation status of short term objectives 2) implementation status of long term objectives	1) implementation underway by June 2023 2) implementation underway Jan 2024	
									3) Trial and implement a technological solution to enhance engagement for residents with cognitive impairment, and/or residents that don't enjoy participating in typical engagement activities	Work to be done in partnership with CABHI and led by co-leads of Family Social Life QI team	1) communication and education in preparation for trial on R1N 2) trial and evaluation of solution	1) completed by end of April 2023 2) trial and evaluation to begin by April 2023 (ending Sept 2023)	
		Percentage of residents who responded positively to "I enjoy meal times"	% / Residents	In-house data, interRAI survey / January 1 - December 31 2022	65	75	New indicator for QIP. Long term, stretch/aspirational targets identified. Due to timing of survey administration, not likely to see significant metric gains in 2023 survey cycle.		1) Further analysis and engagement with residents and families to better understand opportunities for improvement	Work to be lead by Manager Food & Nutrition/Housekeeping. One guiding QI committee with mixed membership to be developed (staff, resident, family), with smaller group engagement to gather information	1) status of work	1) analysis completed by March 31, 2023	
									2) QI team to identify both short term and long term strategies for improvement based on analysis and engagement activities	Work to be led by guiding QI committee. Timelines for process measures to be confirmed by QI team as part of workplan	1) implementation status of short term objectives 2) implementation status of long term objectives	1) implementation underway by June 2023 2) implementation underway Jan 2024	

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								3) Re-introduction of a Resident-Led Food Committee to get ongoing feedback from residents about menu	Committee to meet bi-monthly/quarterly	1) Implementation status	1) Established Q1 2023	
Better Experience of Care	Achieve >90% in resident/ family experience scores	Percentage of family members that responded positively to Communication or Engagement Domains	% / Family members	In-house data, interRAI survey / January 1 - December 31 2022	TBC	TBC	New indicator for QIP. Indicator and focus of work to be confirmed following consultation in Q1 2023	1) Engagement with families to better understand opportunities for improvement and goal	Engagement to be conducted at FFC meetings, FFC Exec meetings	1) status of work	1) engagement completed by March 2023	
								2) Identify and implement strategies to improve areas for improvement	Work to be led by Managers, Resident Care	1) status of implementation	1) implementation underway by June 2023	
								3) Continue to leverage the Resident and Family Advisor Program	1) Program reviewed, updated and communicated in partnership with Councils (as appropriate) 2) Sustain Family and/or Resident Advisors on QIP teams and working groups (if appropriate)	1) Status of work 2) Percentage of projects/initiatives with Family/Resident Advisor	1) Completed June 2023 2) 100% of QIP teams include Family and/or Resident Advisors by Dec 31, 2023	
Priorities for MODERATE ACTION												
Better Experience of Care	Provide "right" care 100% of the time	Percentage of Residents who Experienced Pain	% / Residents	CIHI CCRS / July - September 2022	11.7	11	2022/23 target (10%) not achieved, but performance has remained stable. Changes in practice aligned with BPG on Pain Management largely implemented in 2018. NOTES: Provincial average = 3.9% (Q2 2022); however, the literature suggests proportion of LTC residents with some level of pain is around 40-80%.	1) Reinstate Pain QI team to guide key practice changes in 2023	Workplan to include practice changes related to assessment, care planning, documentation and education. Phased approach to implementation. Pain Management P&P to be updated to reflect practice changes as they are implemented.	1) Development of workplan 2) Workplan status	1) Workplan developed by end of May 2023 2) implementation underway starting June 2023	Publicly reported indicator (CIHI Your Health System; HQO Long Term Care Performance) Aligns with full implementation of RNAO Best Practice Guideline.
								2) Introduce targeted chart audits for all residents that trigger Pain QI based on RAI MDS	Work to be led by Collaborative Practice Leader	1) Status of work	1) Process developed and implemented by April 2023	
Better Experience of Care	Provide "right" care 100% of the time	Percentage of residents that die at Perley Health that have a "meaningful death" (to the resident)	% / Residents	Local data collection (PCC)/	TBC	100%	Palliative Care QI team currently working on appropriate indicators (outcome/process) to measure this priority	1) Workplan developed by Palliative QI Team	Palliative QI team to develop workplan based on outcomes of BPG gap analysis (completed Q4 2022) and broader QI activities. Workplan to focus on 8 domains of palliative care.	1) Workplan development 2) Workplan implementation	1) Completed by April 2023 2) Implementation of workplan items to begin as early as May 2023	
								2) Implement care conference enhancements (agenda, goals of care tool, role clarity for physicians/nurses) and education.	Work to be done in collaboration with physicians	1) status of work	1) implemented by June 2023	

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Better Experience of Care	Provide "right" care 100% of the time	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CIHI CCRS / July - September 2022	23.3	22	2022/23 target not achieved; provincial average =@ 21.4 Q2 2022). Background info: In early 2018, facility opened a 20-bed Specialized Behavioural Support Unit (SBSU), a short-term unit for residents with high risk behaviours. Opening of SBSU resulted in the introduction of a high antipsychotic user group, accounting for ~25% increase in QI indicator.	1)Adapt and spread Appropriate Use of Antipsychotics process across long-stay units (excluding SBSU)	Consider embedding this work into responsibilities of Medication Management committee or 3Ds committee	1) implementation status	1) AUA approach implemented on all Gatineau units by December 31, 2023	**Identified as an LTC QIP Priority for 2023/24.** Publicly reported indicator (CIHI Your Health system).
Better Experience of Care	Provide "right" care 100% of the time	Percentage of Residents Whose Mood From Symptoms of Depression Worsened	% / Residents	CIHI CCRS / July - September 2022	32.5	31.5	New indicator for QIP. Median performance since Q3 2019 is 33%. Provincial average = 21.4% (Q2 2022)	1) Develop future state and workplan to address gaps identified in gap analysis, this includes investigation and implementation of validated tool for interprofessional team to identify signs/symptoms of moods/depression (as alternate to current documentation practice).	Tool to be used by team during RAI 7-day lookback period instead of Point-of-Care documentation by PSWs. This information would be aligned with RAI-MDS requirements	1) status of work 2) depression assessment work status	1) completed June 2023 2) tool identified and trialed by Sept 2023	This work is aligned with implementation of 3Ds best practice guidelines
								2) Introduce evidence based Suicide Risk Assessment tool and improved process	Evaluation to be completed by members of the 3Ds QI Team. Perley Health has identified GSIS as the preferred tool and through COE will be participating in a research study to evaluate a short version of the tool designed for LTC	1) status of work (dependent on research study workplan)	1) education and implementation planned to begin after April 2023	