



# Continuous Quality Improvement Initiative Report Labdara Lithuanian Nursing Home

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**DESIGNATED LEAD - Quality Improvement**



# Introduction to Labdara Lithuanian Nursing Home

- Labdara Lithuanian Nursing Home (LLNH) is a 90-bed long-term care home for seniors located in the West End of Toronto, Ontario, with a focus on caring for seniors of Lithuanian descent.
- At Labdara we strive to be a leader in the long-term care field, recognized for high quality care and service and our commitment to working in partnership with residents and their families. We strive to design and deliver programming that meets the growing and changing needs of residents, to support each resident's right to privacy, dignity and independence and to provide a rewarding and empowering work environment.
- Quality is the foundation of everything we do, aligned with our enterprise-wide strategic priorities: safety, resident centredness and resident satisfaction. In January 2023 LLNH became part of UniversalCare Inc, management company. The quality improvement plan for the 2024-2025 year is aligned with UniversalCare Pillars of success and internal planning processes as well as objectives identified by our system partners such as the MOHLTC, HQO and OHT. We believe that including all stakeholders in the development of quality improvement plan supports our goals and our mission of providing a nurturing home that meets the physical, social, cultural and spiritual needs of its residents.

# Quality Improvement Outcomes from 2022-23

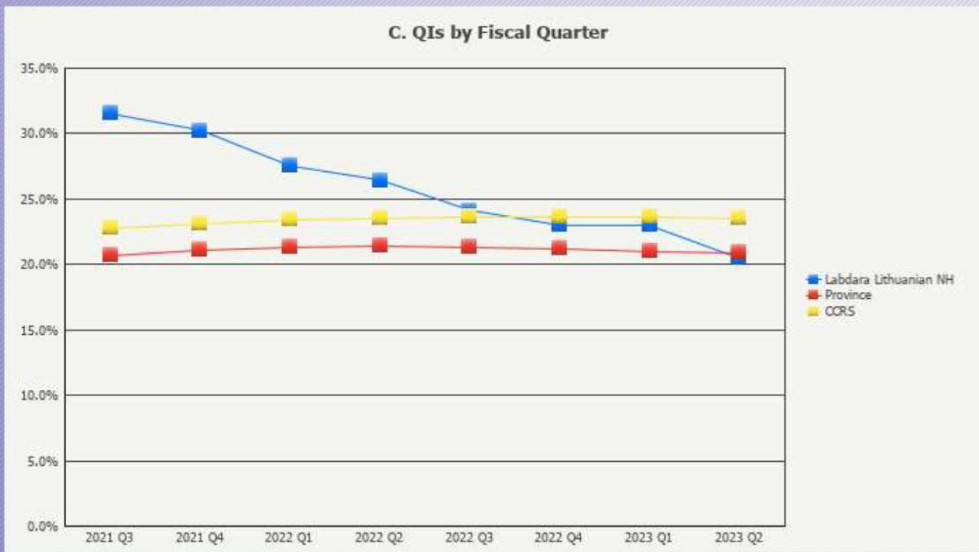
Quality Indicator	Performance Identified in 2022	Performance Identified in 2023
Daily physical Restraints	7.1%	6.5%
Antipsychotic use without a diagnosis of psychosis	34.6%	23%

High-Level overview of successes and objectives achieved in 2023:

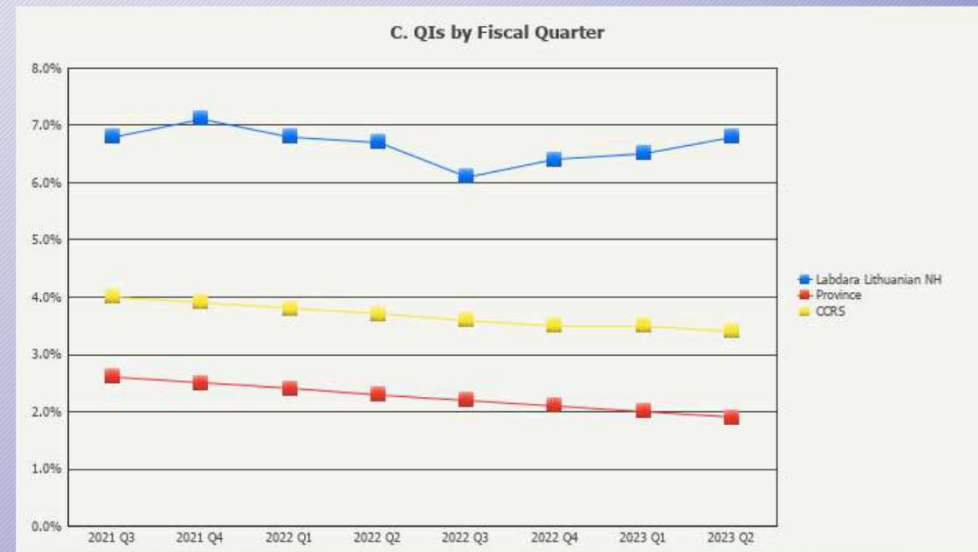
- Use of Physical restraints was slightly reduced. Home was successful in implementation of alternatives to restraints for some residents. The team will continue to work on this indicator in 2024/2025.
- Use of antipsychotic medication without the diagnosis of psychosis was significantly reduced as a result of collaboration of interdisciplinary team with BSO and education provided to staff, residents and families

# Quality Improvement Outcomes from 2022-23

## Use of antipsychotic medication graph, followed by use of restraint graph



Antipsychotic use without a diagnosis of psychosis



Daily physical Restraints

# QUALITY PRIORITIES FOR 2024/25

Labdara Lithuanian Nursing Home (LLNH) is pleased to share its 2024/25 Continuous Quality Improvement Plan Report. LLNH is committed to quality improvement and is reflected in our mission and strategic plan. We will be implementing the Person and Family Centred Care Best Practice Guideline ensuring residents and their families are supported to achieve their personal goals for their health and quality of life. We also will be implementing the Best Practice Guidelines (BPG) on falls and fall prevention, Pain, as well as Palliative Approach to Care and End-of-Life Care; concentrating on improving or sustaining comfort and quality of life for the residents and their families facing a life-limiting illness. Our Palliative care approach encompasses holistic services that meets the physical, emotional, social, cultural, spiritual and psychological needs of the resident and their family members.

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence based practices and innovation remain high priorities for Labdara Lithuanian Nursing Home. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.

The high-level priorities for Labdara Lithuanian Nursing Home's 2023 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Pre-designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction :

- Achieving Excellence in Quality of Life for residents in our Home
- Achieving Resident's Comfort
- Supporting Resident's Transition in our Home
- Meeting Resident's needs, wishes
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Maintaining Residents' and Staff Satisfaction

## QUALITY OBJECTIVES FOR 2024/25

1. Achieving Excellence in Quality of Life for residents in our Home through the implementation of Person and Family Centered Care (PFCC) and Alternative to Restraints Best Practice Guideline and the Palliative Approach to Care Guideline
2. Achieving Resident's Comfort through the implementation of Pain Assessment and management Best Practice Guideline and the End-of-Life Care Guideline
3. Supporting Resident's Transition in our Home prior to admission through the process of pre-admission conference and on the day of admission through the implementation of the Admission and 24 Hours Assessment and Plan of Care Clinical Pathway
4. Meeting Resident's needs and wishes through the implementation of Clinical Pathways (Person and Family Centred Care and Pain Assessment and Management), and integration of goals of care discussions during resident care conferences
5. Data Integration through the implementation of AMPLIFI for the continuous updating of resident's information in both hospital and Long Term Care (LTC) Home record with transition exchanges
6. Supporting screening, assessment, prevention of risk and point of care decision making through the implementation of Assessment Tools and Clinical Pathways that integrate with Plan of Care through Nursing Advantage Canada electronic platform for residents' assessment
7. Maintaining Resident and Staff Satisfaction through Response and Action

## QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Labdara Lithuanian Nursing Home has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- 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 and/or where benchmarking against self-identified peer organizations suggests improvement required
- MDS (Minimum Data Set) Indicators Raw Data Reports available in Point Click Care
- Resident, family and staff experience survey results;
- Identified priorities through program evaluations and recommendations from the homes continuous quality improvement committee
- Results of care and service audits
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Input from residents, families, staff, leaders and external partners.
- Mandated provincial improvement priorities (e.g., HQO)
- Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines



- Priorities are discussed within different committees and councils by interprofessional and interdisciplinary team members.
- These committees and councils include the Leadership Team, Resident Councils, PAC (Professional Advisory Committee)/CQI (Continuous Quality Improvement) Committee and the Board of Directors Committee, Family council if active.
- The process is interactive and engages different stakeholder groups.
- QIP targets and practice change ideas are confirmed by the Labdara Foundation Board of Directors.

## LABDARA LITHUANIAN NURSING HOME APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Labdara Lithuanian Nursing Home Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. LLNH has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

### 1. Complete Trends Analysis

- Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping, 5 whys, fishbone, Plan-Do-Study-Act (PDSA) cycles, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

### 2. Set Improvement Aims

- Once there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family experience and satisfaction of outcomes, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.
- The aim statement includes the following parameters - “How much” (amount of improvement – e.g., 30%), “by when” (a month and year), “as measured by” (indicator or a general description of the indicator) and/or “target population” (e.g., residents, residents in specific area, etc.)

## APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS CON'D)

### 3. Developing and Testing Practice Change(s)

- As a principal, LLNH will identify practice changes to implement current evidence based recommendations established by the published best practice guideline(s)
- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move LLNH towards meeting its aim statement(s).
- LLNH will monitor and track outcomes of practice changes through observation, auditing and data collection

### 4. Implementation, Dissemination, Sustainability

- Improvement team considers the following factors when developing implementation of practice change plan:
  - Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, documentation systems etc.)
  - Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).
  - Communication required to various stakeholders, before during and after implementation
  - Approach for spread across LLNH (to residents, families, staff)
  - Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)

## Measures includes the following types:

### **Outcome Measures:**

- Measures what the team is trying to achieve (the aim)

### **Process Measures:**

- Measures key activities, tasks, processes implemented to achieve aim

### **Structure Measures:**

- Measures systems, and processes to provide high-quality care.

## 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 decline in performance.
- Analysis of the Outcome measure(s) 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 Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) 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 adherence to compliance.

## At An Organizational Level

- Labdara Lithuanian Nursing Home is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway implementation, and different analysis tools available within different programs.
- Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:
  - Posting on unit Continuous Quality Improvement and Best Practice Boards, in common areas and in staff lounges
  - Publishing stories and results via the newsletter, presenting at practice change webinars, social media
  - Direct email to staff and families and other stakeholders
  - Handouts and one-on-one communication with residents, families and staff
  - Presentations at staff meetings, Resident Councils, Families, Change of shift reports
  - Use of Best Practice Champions to communicate directly with peers

# Resident and Family Satisfaction Survey

- Resident and Family Satisfaction Surveys are provided to Residents and their family members each year in the Fall.
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and members of the staff of the home.
- Labdara Lithuanian Nursing Home completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, CQI committee members and staff members of the home

# Labdara Lithuanian Nursing Home 2023 Resident & Family Satisfaction Survey

Resident and Family Satisfaction Surveys was completed in October 2023

Summary of Areas home is performing well:

1. 99.8% satisfaction with “Do you feel staff are respectful”.
2. 96% satisfaction with “Do you feel resident privacy is respected”
3. 90.5% satisfaction with “ Do you feel valued”

Summary of Areas for Improvement identified on 2023 Survey listed below:

1. 86% satisfaction "I can express my opinion without fear of consequences".
2. 89.7% satisfaction with how well the staff listen to residents.



# Labdara Lithuanian Nursing Home Quality Improvement Priority Indicators 2024/2025

## 1. Access and Flow

Indicator	Current Performance	Target Performance
% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	86%	100%

## 2. Safety

Indicator	Current Performance	Target Performance
Daily Physical Restraints Use	6.9%	6%

## 3. Equity

Indicator	Current Performance	Target Performance
Percent of staff who have completed relevant equity, diversity, inclusion, and antiracism education.	New indicator	25%

## Labdara Lithuanian Nursing Home Quality Improvement Priority Indicators 2024/2025

### 4. Resident Centered Care

Indicator	Current Performance	Target Performance
Satisfaction "I can express my opinion without fear of consequences".	86.2%	90%
Satisfaction with how well the staff listen to residents.	89.7%	90%

## Practice Changes/ Action Items to Support Quality Improvement

### 1. **Clinical Pathway Implementation:**

- 24 Hours Assessment and Plan of Care
- Patient & Family Centred Care (PFCC)
- Risk for Delirium
- Pain Assessment and Management
- Feedback provided to Registered Nurses' Association of Ontario (RNAO) and Point Click Care (PCC)

### 2. **Data Integration (AMPLIFI Project)**

- Match of resident electronic health records between Labdara Nursing Home and hospital software systems

### 3. **Safety and Technology:**

- Skin and Wound Application
- Automated Dispensing Cabinets (ADC) use
- Barcode Scanning for Medication Safety
- Blood Glucose Monitoring Data Integration
- Electronic Auditing for Infection Control Program
- Diagnostic Equipment to support residents to be cared within Labdara Home, such as Bladder

Scanner or Point of Care Testing (Influenza, Covid-19, Strep A)

### 4. **Improved Staff Experience:**

- Supporting Point of Care Decision Making: Clinical Pathways, electronic Infection Control Program, Automated Dispensing Cabinets (ADC), electronic Skin and Wound Program
- Satisfaction Survey and Outcome

### 5. **Residents Satisfaction Survey:**

- Satisfaction Survey and Outcome
- Residents' Council Feedback
- Actions for improvement