



STAFF REPORT INFORMATION ONLY

Update Regarding Quality Improvement Work, 2008

Date:	December 9, 2008
To:	Advisory Committee on Long Term-Care Homes and Services
From:	General Manager, Long-Term Care Homes and Services
Wards:	All
Reference Number:	

SUMMARY

The integrated quality management framework for the Long Term-Care Homes and Services Division aligns mission, values, strategic planning, quality, risk, safety and resource utilization with the goals of creating a collaborative working environment and assisting to satisfy residents', clients', employees' and volunteers' needs, while achieving positive results.

The framework is anchored in the quality dimensions developed by Accreditation Canada of population focus, accessibility, safety, worklife, client-centred service, continuity of services, effectiveness and efficiency. The framework recognized the inter-relationships between risk, quality, safety and resource utilization and the requirement for a continuous improvement approach in all work on a day-to-day basis. The application of the framework creates a venue for sharing information, lessons learned and best practices.

Quality improvement work within the division can be classified as either a quality enhancement, quality initiative or quality improvement project. Each of the three levels of quality work has a different reporting format and expectations related to indicator measurement.

Quality improvement and the implementation of best or leading practices are necessary in order to meet resident/client needs in a responsive and effective manner and to ensure provision of the highest possible standard of care and service. The Long-Term Care Homes and Services Division encourages managers and staff in all homes and community programs to be knowledgeable about the principles of quality management and their application and to be members of internal/external committees involved in assessing and improving current care practices or models.

Each home and community programs have site-specific Quality Councils to oversee quality work. In addition, the division has a divisional Quality Council to provide leadership, education, coordination and monitoring of division-wide quality work. The divisional Quality Council is also active in researching and incorporating leading practices in evidence-based care into the division's processes and work routines.

The Advisory Committee on Long-Term Care Homes and Services works with the General Manager to promote ongoing quality improvement and has an oversight role in providing advice to the General Manager about priorities and results in quality improvement and performance measurement. The Advisory Committee on Long-Term Care Homes and Services has historically received individual reports related to specific program innovations/quality work and interim/final achievement of goals and objectives. This report provides a summary of key quality projects completed in 2008.

Financial Impact

There are no financial implications arising from this report.

COMMENTS

In 2008, over 14 quality improvement projects were completed within the division, in addition to about 130 quality enhancements and quality initiatives. These quality improvement efforts have resulted in numerous accomplishments in enhanced care and service. These achievements are reflective of the division's strategic plan of ensuring appropriate and safe care, with a focus on accessibility, diversity, efficiency, effectiveness and innovation. Quality improvement is only achievable with commitment from all levels of the organization; and the outcomes of the division illustrate this leadership.

Within the division, teams are empowered to reflect on areas for improvement, and to follow a PDSA cycle in their quality improvement work. The PDSA cycle (Plan – Do – Study – Act) provides teams with a problem-solving roadmap. Quality teams include managers and staff directly involved with the process being considered for improvement, as well as a quality coach/adviser. Often, the quality teams include residents and community partners. Improving healthcare requires working with other providers in order to achieve a common goal.

Focus on residents, clients, and staff is a guiding principle of our integrated quality management framework. The goal of the division is to focus on areas for improvement and involve those impacted by change in the decision-making process, be that through Residents' Councils, quality team meetings and/or various other avenues.

The size and coordination of the division allows the divisional Quality Council to learn from successes in one home/work location and integrate those successes throughout the entire division through enhancement to policies, procedures, protocols and education. This facilitates sharing lessons learned and sustaining improved practices in a more effective manner.

Although the division has numerous quality improvement achievements, this report focuses on key quality improvement projects that have had significant impact on quality and/or satisfaction. The assessment of quality utilizes the Accreditation Canada quality dimension of:

1. population focus (working with communities to anticipate and meet needs);
2. accessibility (providing timely and equitable services);
3. safety (keeping people safe);
4. worklife (supporting wellness in the work environment);
5. client-centred services (putting clients and their families first);
6. continuity of services (experiencing coordinated and seamless services);
7. effectiveness (doing the right thing to achieve the best possible results); and
8. efficiency (making the best use of available resources).

In addition, this report advises the Committee of external recognition of achievement realized by the division in 2008.

1. Flax seeds – Bendale Acres: Client-centered, Safety and Effectiveness

The goal at Bendale Acres was to introduce the use of flax seeds as a natural laxative and reduce the number of residents on medicated laxatives. Flax would provide more effective and acceptable natural substitute for prunes, apple and bran (PAB). Its use would also improve residents' quality of life by regulating their bowel movement which can help to increase their appetite and food intake. Through this project, the dietician has seen a 90 percent decrease in referrals for constipation. The use of flax seed has been integrated into divisional practice, as a result of the positive outcomes achieved at Bendale.

2. Asymptomatic Urinary Tract Infections – Carefree Lodge: Client-centered, Safety, Effectiveness and Efficiency

Based on literature research, Carefree Lodge tested the effectiveness of an algorithm developed by Mark Loeb that assisted registered staff and physicians reduce the number of asymptomatic urinary tract infections (UTI) that are treated. The algorithm assisted the home reduce the number of antibiotic prescriptions for UTIs per 1,000 resident days from 1.57 to .68. The algorithm is still in practice and the outcomes have been shared through Nursing Standing Service Committee meetings. The algorithm definitions and criteria have also been incorporated into the division's daily monitoring infection control sheets. This project was also submitted to Canadian Health Excellence Quality Award (CHEQA).

3. Cultural Programming – Castlerview-Wychwood Towers: Client-centered, Effectiveness and Efficiency

Quality of life and culture are closely linked; and integrating those two concepts into a multicultural home takes dedication and many hours of research. The Supper Club and

the Korean food project focused on enhancing quality of life and maintaining cultural linkages through community groups, but most importantly through food.

There have been many indicators of the success of these initiatives, but most importantly is the improved quality of life; 100 percent of the Korean residents now eat in the dining room and appreciate their cultural meals that they were accustomed to.

4. Lost Socks – Cummer Lodge: Client-centered, Effectiveness and Efficiency

Quality Improvement is defined as meeting and exceeding resident/client expectations, this is exemplified in the “Lost Sock” project that was carried out soon after Cummer Lodge opened their personal laundry service. After some data collection and satisfaction surveys, the home realized the impact missing socks was having on residents and staff.

Since the implementation of individual mesh bags, the team noticed that no socks went missing and residents were very satisfied. The home was able to achieve 100 percent satisfaction with the new process. The success of the project has been shared with the rest of the division and is posted on Quality Healthcare Network website as a Quality story.

5. Restorative Feeding Program – Fudger House: Client-centered, Safety, and Effectiveness

The staff at Fudger House identified the need for a specialized dining program that focused on restorative feeding for resident with Parkinson’s and Alzheimer’s. The home designed a program that assisted and guided residents with Parkinson’s and Alzheimer’s, but still allow them to be independent. The team has observed some successes in the initial stages of implementation; most importantly, there has been a 25 percent improvement in the resident’s feeding skills and a 50 percent improvement in their dining experience.

6. Young and Healthy – Kipling Acres: Client-centered

Twenty-three young adults at Kipling Acres participated in a formalized program designed by a multi-disciplinary team to assist the young adult population to achieve a healthy body weight. The program included a post evaluation of the BMI, mobility index and activity level through the Rehab department. Education sessions on nutrient value of fast foods and food choice were conducted by the Registered Dietitian. Recreation, nursing and personal care services provided encouragement and support to the young adults to assist them in making healthy menu choices. Exercise sessions were offered twice weekly to augment the individual exercise program developed for the residents. The project had many benefits for the younger adults including decreased health risks related to over-weight; improved ambulation and mobility; an opportunity to socialize and learn in a group setting.

The results were encouraging and insightful:

- 36 percent of the participants had a decreased BMI or the BMI remained the same; no indication of weight gain;
- 73 percent of the participants showed an improvement in the MMI scores indicating improved mobility and flexibility.

Based on their encouraging results, the team is looking at an overall "wellness program" for the young adults.

7. Enhancing Care through Best Practices - A Team Approach – Lakeshore Lodge: Client-centered, Safety, and Effectiveness

Improving quality of life and care for seniors living with delirium, dementia or depression (DDD) require that staff be informed of leading practices or best practices that exist in our industry. Lakeshore Lodge integrated the best practices established by Registered Nursing Association of Ontario (RNAO) related to (DDD) and evaluated the division's current practices and implemented any best practices from the guidelines as necessary. The goal was to ensure that all staff working with the residents have a sound understanding of current practices in assessment, planning, implementation and evaluation of care strategies for residents with delirium or dementia or depression.

Overall the home to-date has trained 90 percent of clinical staff.

This project was submitted to the Public Sector Quality Fair and received a silver award for its achievements. The project and the concepts have been shared at Nursing Standing Services.

8. Enhancing Communication to Families Regarding Programming – Seven Oaks: Client-centered, Efficiency and Effectiveness

Improving communication of events taking place at Seven Oaks with families was a result of "Your Opinion Counts" responses. Early in the project, the home realized that communicating in 2008 requires various avenues, but sometimes the old way is the best way. In the end, Seven Oaks enhanced communication to families regarding programming taking place in their home, by sending out notices. This communication strategy has resulted in a 98 percent satisfaction with the communication of programming, increased improved communication, family participation and socialization between residents and families/friends.

9. Skin and Wound Care – True Davidson Acres: Client-centered, Safety, Effectiveness and Efficiency

The staff at True Davidson Acres, along with Enterestomal Therapy nurse from St. Elizabeth who is a wound and ostomy nurse consultant, designed a tool to track all pressure, surgical, venous and arterial skin/wound ulcers. The tool, along with various strategies put into place, has resulted in excellent healing and prevention success rates.

The form has been shared at Divisional Nursing Standing Service Committee and is part of nursing practices.

10. Falling Leaf – Wesburn Manor: Client-centered, Safety, Effectiveness and Efficiency

Wesburn Manor's goal was to reduce the number of falls by introducing a falling leaf as a cue to families and visitors that a resident was at risk to fall. By placing the picture of a falling leaf on the resident's chart, mobility device and on their door, it alerted everyone to the resident's potential to fall. The cue was well integrated into the home and assisted in reducing the number of falls and made falls management a multidisciplinary effort.

The home also did some literature research and found that: "According to the Canadian Institute for Health Information (CIHI 2000), falls are the primary cause admission to Canada's acute care hospitals, accounting for 54.4% of all injury hospitalization. In total, there were 197,002 admissions in Canada of which 54.4% were caused by falls. Up to 50% of elderly patients residing in nursing homes fall every year. (Keily, et al., 1998; Kuukinen, et al., 1995; Rubenstein, Josephson, and Osterweil, 1996) with approximately 1.5 falls occurring per bed-years. About 50% of older adults who are hospitalized after a fall suffered hip fractures, and approximately 7% resulted in death. (Smartrisk, 2004)." The health care costs relating to falls-seniors are estimated at 1 billion annually. The estimated cost per fall is \$81,300.

The falling leaf project was submitted to the Public Sector Quality Fair and received a silver award for its achievements. The project and the concept of the falling leaf have been integrated into divisional "Falls Prevention" strategies.

11. Improving Response Time to Supportive Housing Applications – Supportive Housing: Client-centered, Safety, and Effectiveness

Supportive Housing is a community and population-specific service that exists to deliver services in a number of supportive housing locations. The program provides personal care and support for individuals who are still able to self-direct their own care, and whose level of need requires a flexible approach to service delivery. The goal is to assist clients to be able to age in place.

Though there are specific standardized processes and procedures that guide service standards, the Supportive Housing team decided to evaluate and improve service levels related to application response times. The goal of the team was to analyze the current application process, clarify roles and collaborate with team members to improve service, and eliminate any duplication or non-value added steps. The final outcome was to have an application review process that responded to clients within 7 days of their application.

The team was able to achieve and maintain this standard 100 percent of the time after the implementation of a streamlined process.

12. Heat Alert Call List – Homemakers and Nurses Services: Client-centered, Safety, Efficiency and Effectiveness

The role of Homemakers and Nurses Services is to focus on community and population-specific needs and the delivery of programs and services to underserved, and special-needs clients. The majority of the clients are elderly and vulnerable, which lead the team to focus on enhancing safety for clients living in the community by establishing a Heat Alert Call List. Based on an assessment, Homemakers and Nurses Services were able to establish a call list based on the following categories:

- vulnerable
- not vulnerable
- has mobility difficulties
- receives CCAC services

This information is electronically stored and available to caseworkers/counsellors and easily accessible during a Heat Alert. This assessment and call list has made the Heat Alert follow-up process seamless and timely.

The division is committed to the principles of quality improvement and each home and community program is engaged in quality improvement work on an ongoing basis. Future bi-annual summary reports will be provided to ensure that the Advisory Committee on Long-Term Care Homes and Services is kept informed of quality projects and results and to continue to highlight future improvement opportunities. The division wishes to ensure that the Accreditation Canada standards related to Sustainable Governance, Effective Organization, Long Term Care, Community Health Services, Infection Control and Prevention and Managing Medications are met on an ongoing basis.

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SIGNATURE

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