



Continuous Quality Improvement Report

July 2022

Overview

E.J. McQuigge Lodge is dedicated to embedding quality and resident focus in our improvement plans. Through continued utilization of Accreditation standards, required organizational practices and quality improvement plans we are able to evaluate and improve on the care we provide. As there are changes in legislation, we continue to adjust our policies, procedures and plans accordingly to ensure a safe environment for both residents and staff. We are preparing for our upcoming Accreditation Survey in April 2023.

Our "Professional Advisory/Resident Care Team" meet quarterly as our Continuous Quality Improvement Committee.

Our Administrator Anita Garland, R.N. is the Chairperson

We have included a Resident Council Representative in our meetings.

Resident, Patient, Client Engagement

We continue to involve residents and their families in our improvement initiatives. Residents have been involved with follow-up from our Satisfaction Survey through Resident Council. They have provided input in deciding changes to our Logo. With resident input we have brightened our Home with lighter paint colours and new window blinds. Residents are also involved in our Health and Safety Committee as well as the standing Food Committee. We have had family members involved with the Gentle Persuasive Approach Education with our Behavioural Team. Residents and Families have been involved with the COVID vaccine studies through Carleton University, regarding the effectiveness of vaccines.

Collaboration and Integration

Collaboration and Integration has provided opportunities to share resources and initiatives as we work on quality improvement opportunities.

Some of our Collaborative Partners include

- * The Administrator sits on local Alzheimer Society Board
- * We have partnerships with Loyalist College for PSW Advisory, RPN and PSW placement
- * Local groups are starting to meet quarterly for sharing of quality improvement initiatives. These groups include Administrators' meetings, Activation Leadership meetings and Nutritional Managers meetings.

We also have relationships for improvement with OLTCA, OARC, Activity Professionals, Accreditation Canada etc.

Engagement of Clinicians, Leadership & Staff

We continue to engage our clinicians and leaders such as our Medical Director, Nurse Practitioner, Dietician, physiotherapist and front line staff in reviewing our quality improvement plan. We have changed our online training system to Surge Learning. We continue to use a multidisciplinary approach to problem solving for improved outcomes.

Population Health and Equity Considerations

The acuity of our resident population remains high. Our Professional Advisory Committee assist with reviewing any issues that may arise so we can view the issues through an equity lens. As we are located near Tyendinaga, we have included indigenous residents in our improvement plan reviews.

Access to the Right Level of Care - Addressing ALC

With access to our Nurse Practitioner onsite during the week and on-call weekends, we attempt to divert any unnecessary visits to the hospital. Our Medical Director is usually here weekly for thorough assessments and is on call 24/7 as required. We use contracted nursing services to provide IV therapy. Our home has also provided treatment such as IV therapy, G-tube feeding, to assist in providing care at our Home instead of the hospital. These high intensity needs can be challenging as the costs are not supported through the HINF. As we are a "C" Facility that has decanted residents from our 4-bed ward rooms to a maximum of 2 residents per room. WE also require isolation rooms for residents that have been hospitalized or require close observation for isolation.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

With our Medical Director, Pharmacists, Pain and Symptom Management and Registered Staff we have reviewed any issues regarding treatment of pain including opioids and alternative measures. We have used a Therapeutic Touch Program weekly to assist residents in a non-medication based alternative.

Workplace Violence Prevention

Workplace Violence Prevention is a standing item on our Professional Advisory and Health and Safety Meeting agenda.

Our home is committed to protecting our staff, residents and visitors from workplace violence by identifying possible sources of violence and implementing strategies and programs to eliminate or minimize the risk. An active joint health and safety committee has been valuable in providing input on monitoring, reducing and preventing workplace violence. This is followed up with monthly safety rounds. Our home utilizes the monthly Collaborative Team to review any responsive behaviours in this area. The Collaborative Team includes our in-house PIECES/Behavioural Support Liaison, Pain and Symptom Management, Nurse Practitioner, Mobile Response Team, Seniors mental health and our Director of Nursing.

Offering continued education in this area through both internal and external resources is beneficial.

Contact Information

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<p style="text-align: center;">QUALITY MANAGEMENT</p> <p>A set of activities that are carried out to set standards used to monitor and improve performance so that the care and services provided will satisfy stated or implied needs. These processes don't "assure" quality; they are tools used to assist with the management of quality.</p> <p>QUALITY MANAGEMENT PROGRAM</p> <p>The Quality Management Program at E.J McQuigge Lodge provides the framework for the development and implementation of an integrated Quality Management system.</p> <p>Our overall quality objective is to provide and implement appropriate quality management systems and processes to ensure the delivery of the highest practicable quality care and service to our residents.</p> <p>A quality management system will provide the framework for continual improvement and thus increase resident satisfaction and the satisfaction of other stakeholders. It will effectively provide the Home and its residents and families with the confidence that the provision of service will be delivered consistently to predetermined high standards.</p> <p>We all share the responsibility for the delivery of high-quality programs and services and for continual improvement. Ultimate responsibility for quality and risk management activities rests with the Home, however, all stakeholders including staff, volunteers, and third-party service vendors have a role to play in improving quality and managing risk. Direction for the Quality and Risk Management program is provided by the Leadership and Quality Pursuit Team.</p> <p>We are committed to continuously improving the quality of care and service we provide. <i>Quality</i> means meeting the needs and expectations of our residents and by extension,</p>		

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<p>their families and/or support systems. Each of us has a responsibility to ensure quality for the residents that live at E.J. McQuigge Lodge.</p> <p>Quality is improved through a continuous process of self-assessment with targets and standards, reviewing and evaluating progress and implementing quality improvement and other action plans. The policies, procedures, implementing processes and monitoring mechanisms are made known to all stakeholders with the aim of involving everyone in the development of a quality culture. In order to develop this quality culture we use a range of ways to consult and inform, and aim to continuously improve effective communications.</p> <p>QUALITY IMPROVEMENT PLAN (QIP)</p> <p>Each year, health care organizations including Long-Term Care develop an annual Quality Improvement Plan (QIP) for the following fiscal year and make that plan available to the public.</p> <p>The QIP is an organization-owned plan that establishes a platform for quality improvement that can be used to harmonize efforts to improve quality of care across the health care system. While each organization owns, develops, and maintains their QIP, organizations share in a common agenda of improving the patient/resident experience that is guided by provincial priorities for high quality care.</p> <p>Priority Required Indicators:</p> <p>Required indicators from the Quality Improvement Plan (QIP) are tracked on a monthly basis. Stats are discussed at Quarterly Quality Improvement (PAC) meetings and facility and provincial benchmarking comparisons are done with discussions for improvements from the interdisciplinary team.</p> <p>Our Behavioural Support Team reviews Behavioural Concerns and creates individualized plans of care.</p>		

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For ease in identification Falls are tracked on purple paper QIP indicator.
Pressure Ulcers (new) on pink paper.
Reduction in Number of Emergency Department visits QIP indicator on blue paper
Urinary Tract Infections on orange paper

Clinical indicators to monitor process, structure and outcomes include:

Resident Care Team Indicators

- ◆ Fall Related Indicators
- ◆ Incidence of new fracture
- ◆ Infection Control Indicators
- ◆ Restraint Indicators
- ◆ Skin Care Indicators
- ◆ Resident and Family satisfaction

Clinical indicators are measured using some or all of the following methods:

- ◆ Resident/family satisfaction tools – Resident Council
- ◆ Resident/family surveys
- ◆ Informal interviews with residents, families, staff and other community members
- ◆ Open-door policy
- ◆ Incident reporting
- ◆ Chart audits
- ◆ Electronic data audits
- ◆ Direct observation of clinical practices – walkabout rounds

Administrative indicators to monitor process, structure and outcomes of program delivery include:

Leadership & Partnership Indicators

- ◆ Inspection indicators
- ◆ Budget Compliance
- ◆ Occupancy
- ◆ HR indicators
- ◆ Staff development

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- ♦ Educational placement
- ♦ Volunteer Involvement

Human Resources Indicators

- ♦ CMI – Staffing Hours
- ♦ WSIB Indicators
- ♦ #of Staff hired, resigned , terminated
- ♦ Staff Satisfaction
- ♦ Fulfillment of Practitioner Contracts
- ♦ Practitioner Credentialling

New indicators are added and as a result of discussions with the interdisciplinary team or from information tabulated from the RAI/MDS system.

The facility Quality Improvement Board, located in the staff room, has up to date information on Quality Improvement Activities including graphs with internal comparators, current activities and places for staff suggestions. We also post our Quality Improvement Plans on our website for the public.

We are using a white board in the Nursing Station Report Room to Identify any new resident changes and/or interventions to be monitored.
Each shift has a huddle to review these areas and possible interventions.

Satisfaction Surveys are posted for staff review.

Staff will participate in the analysis and evaluation of services and processes. Management staff are responsible for implementing quality monitoring and tracking trends in each department or team. Changes in services and processes are communicated to all staff.