



Continuous Quality Improvement Report Franklin Gardens Long Term Care Home

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DESIGNATED LEAD - Quality Improvement

Introduction to Franklin Gardens LTCH

- Franklin Gardens is a 120 licenced bed BPSO home located within a short walking distance to the beautiful marina in Leamington Ont.
- We offer many services including Physiotherapy, nursing rehab, occupational therapy just to name a few.
- Our mission is to enhance the quality of life of each one of our residents through an individualized and holistic approach to the provision of health care services.

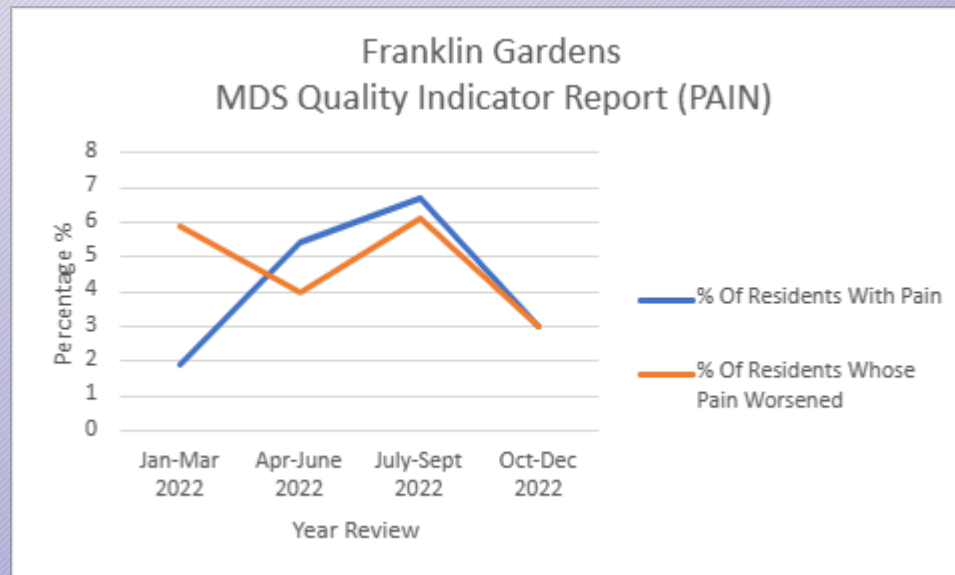
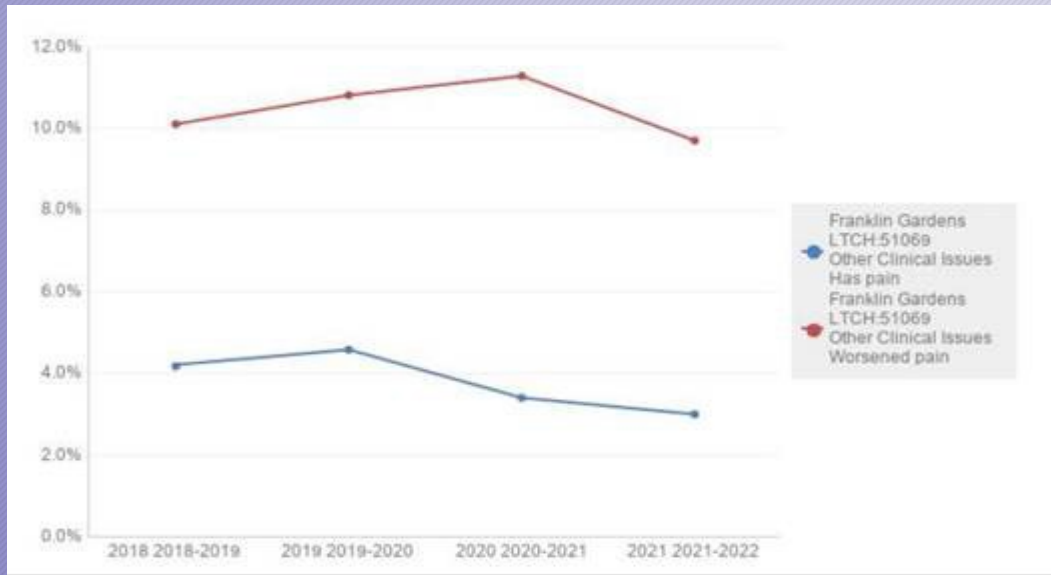
Quality Improvement Outcomes from 2022-23

Quality Indicator	Performance Identified in 2022	Current Performance Indicator
Has Pain	3.4	3.0
Worsened Pain	11.3	9.7

High-Level overview of successes and objectives achieved in 2022:

- Implemented the assessment and management best practice guideline. Improved pain screening, assessment of pain and providing interventions to help prevent pain. Effectively reduced overall pain from 3.4 to 3.0.
- Maintained a restraint free environment and re-implemented the alternative approaches to restraint use guidelines.

Quality Improvement Outcomes from 2022-23



QUALITY PRIORITIES FOR 2023/24

Franklin Gardens LTCH is pleased to share its 2023/24 Continuous Quality Improvement Plan Report. Franklin Gardens is committed to quality improvement and is reflected in our mission and strategic plan. We are continuing the implementation of 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 are implementing the Palliative Approach to Care and End-of-Life Care Best Practice Guidelines 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 Franklin Gardens LTCH. 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 Franklin Gardens LTCH 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 2023/24

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, 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 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

Franklin Gardens LTCH 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 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, Family Council, CQI Council and the Board of Directors Committee, such as Quality Care Committee. The process is interactive and engages different stakeholder groups.
- QIP targets and practice change ideas are identified and confirmed by the Board of Directors.

Franklin Gardens LTCH APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- Franklin Gardens LTCH Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. Franklin Gardens LTCH 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, Franklin Gardens LTCH 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 Franklin Gardens LTCH towards meeting its aim statement (s).
- Franklin Gardens LTCH will monitor and track outcomes of practice changes through observation, auditing and data collection

4. Implementation, Dissemination, Sustainability

- Improvement teams consider 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 Franklin Gardens LTCH, (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

- Franklin Gardens LTCH 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: one communication with residents, families and staff
 - Presentations at staff meetings, Resident Councils, Family Council
 - 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 August
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and Family Council and members of the staff of the home
- Franklin Gardens LTCH 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, Family Council, CQI committee members and staff members of the home

Franklin Gardens LTCH 2022 Resident & Family Satisfaction Survey

2022 Resident and Family Satisfaction Surveys was completed in September 2022.

Summary of Areas home is performing well:

- 100% satisfaction with activity choices
- 100% satisfaction with staff knowledgeable and skilled to care for the resident based on their needs
- 100% satisfaction with Staff being professional and respectful at all times

Summary of Areas for Improvement identified on 2022 Survey listed below:

- Satisfaction with involvement in creating and changes made to plan of care
- Satisfaction with expressing opinions without fear of consequences
- Satisfaction with responding quickly when asking for assistance

Franklin Gardens LTCH Quality Improvement Priority Indicators

1. Person and Family Centered Care

Indicator	Target Performance
Number of residents and family involved with creating and making changes to plan of care	90%
Expressing opinions without fear of consequences	90%
Responding quickly when asking for assistance	90%

2. Fall Prevention and Management

Indicator	Target Performance
Has Fallen	20.0

3. Palliative and End-of-Life Care

Indicator	Target Performance
Percentage of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	100%
Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	100%
Number of Palliative care champions	10

Practice Changes/ Action Items to Support Quality Improvement

1. Clinical Pathway Implementation:

- 24 Hours Assessment and Plan of Care
- PFCC
- Risk for Delirium
- Pain Assessment and Management
- Feedback provided to RNAO and Point Click Care

2. Data Integration (AMPLIFI Project)

- Match of resident electronic health records between Franklin Gardens LTCH and hospital software systems

3. Safety and Technology:

- Skin and Wound App.
- Practitioner Engagement and Secure Conversation App.
- Automated Dispensing Cabinets (ADC) use
- Infection Control Program Implementation

4. Improved Staff Experience:

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

5. Residents Satisfaction Survey:

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

Franklin Gardens LTCH Continuous Quality Improvement Action Plan

Year: 2023

Instructions: Complete Continuous Quality Improvement Action Plan as a part of the CQI Report annually. Create action plan for targeted quality improvement initiatives identified during review of Resident & Family Satisfaction surveys from year previous, CQI Audits and Program Evaluations.

The following items need to be addressed each year in this action plan: QI Indicators (I.E. Skin, ED Transfers, Fall Prevention); Innovation (I.E. MST, PE/SC, Epic PCC integration); Resident/Family Survey action items; BPSO Indicators (i.e. Pain assessment and management, restraints, PFCC); CQI Audits action items and Program Evaluation action items

Item Number	Quality Improvement Indicator	Target Performance	SMART Goal & Quadruple Aim (1. Resident Experience, 2. Outcomes, 3. Care Team Experience, 4. Effective Resource Utilization)	Practice Change Idea	Action Items	Target Completion Date	Responsible Person	Date Action was Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken	Description of how and when that actions taken were communication to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any) 5) Staff of the Home
1	Percentage of residents and family involved with creating and making changes to plan of care	90%	<p>Goal - To increase the number of residents and family involved in creating and making changes in the plan of care to 90% by end of 2023.</p> <p>Aim Statement - To improve the resident and family participation in the creating and changing of plan of care that is specific to the residents needs/values/beliefs.</p>	1) Implement Person and Family Centred Care Best Practice Guideline	1) Include family and resident in the discussions of plan of care.	2023-05-31	Registered Staff	Monthly	Completed on an ongoing basis with admissions, changes in care and PRN as well as annual care conferences.	Review of CQI and action plans. Review of results of satisfaction surveys	Educated committee regarding involving family and resident for the plan of care. Review of CQI and action plans along with results of satisfaction surveys February 27	This takes place with each annual conference and any new admissions. Discussions also take place with the family and/or resident at any time the status of the resident has changed. Resident council - February 28, 2023 Family Council - January 25, 2023 Staff meeting - March 2, 2023
					2) Implement UCCI care conference UDA for all care conferences. This UDA will capture the resident/family satisfaction with all care conferences.	2023-03-31	DOC	1/28/23	Care conference UDA implemented Jan 28th and in use	Discussed at CQI meeting February 27	Registered staff were educated prior to the new UDA being implemented, January 25, 2023	
					3) Educate the interprofessional care team members on the resident specific care plans.	2023-03-31	DOC/ADOC(s)	3/31/23	Education to the interprofessional team on the new Care conference UDA completed prior to implementation of new UDA	Discussed at CQI meeting February 27	Registered staff were educated on the new UDA at a reg'd staff meeting January 25th. Brought up at each new admission care conference	
					4) Audits completed by leadership team to ensure care conference items are included in plan of care.	2023-05-31	ADOC(s)	5/31/23	Audits completed Review of resident/family satisfied with care		Brought up with residents and family at time of care conference	
2	Percentage of residents and families able to express their opinions without fear of consequences.	90%	<p>Goal - To increase the number of residents and family who feel they are able to express their opinions without fear of consequences to 90% by end of 2023.</p> <p>Aim Statement - To improve the resident and family satisfaction with bringing concerns and opinions forward without fear of consequences.</p>	1) Canvass family members to become more involved in the Family Council.	1) Send invitations to join the family council through the Monthly newsletter.	30-Apr-23	Administrator	ongoing	invitations sent out on newsletter. 2 new recruits	Spread the invitation to family members/POA/SDM to join the team. Discussed at Family Council February 27	Brought up in CQI committee meeting February 27	At the April family council meeting there are now 6 family members sitting on the family council committee. Family Council - February 27, 2023 Family and staff newsletters monthly
					2) Encourage any concerns to be brought up during resident council meetings.	31-Mar-23	Program Manager	3/28/23	Resident council meeting took place 3/28/23, few concerns required for F/U	Bring forth any concerns/questions for further follow up.	Follow up on any ongoing concerns and make improvements as necessary	Encouragement to bring forth any concerns to the council brought up to Family Council April 25, 23, Resident council April 25th and is brought up in monthly newsletters to families, residents and staff
					3) Follow up with resident/family council members for feedback on any concerns.	30-Apr-23	Program Manager	Monthly	Completed at resident/family council meetings	Discuss the concern and feedback	Discuss the concern and provide interventions	This is on an ongoing basis with each meeting.
					4) Conduct random resident interviews for satisfaction.	30-Jun-23	Leadership Team	May 2023 ongoing	Residents are happy with care and have no concerns	If any concerns brought forward would be discussed	If any concerns brought forward would be discussed	
3	Percentage of residents and family satisfaction with response time when asking for assistance.	90%	<p>Goal - To increase resident and family satisfaction with staff responding quickly when asking for assistance to 90% by end of 2023.</p> <p>Aim Statement - To improve appropriate response times to residents requests for assistance and therefore improving resident/family experiences..</p>	1) Audit call bell response times	1) Implement auditing process for call bell response time.	31-Mar-23	Leadership Team	Mar 21/23	Auditing tool utilized and completed monthly to audit call bell response time	Bring forward any concerns on response times. Results from audits to be discussed	Results of audits to be discussed at committee meetings	
					2) Collect data from audits and report back to interprofessional team.	30-Apr-23	DOC	Monthly	Completed on a monthly basis in meetings	Results of audits to be reviewed at meetings	Results of audits to be reviewed at meetings	
				3) Communicate results from audits to residents, family and staff.	30-Jun-23	Administrator						
				2) Audit intentional hourly rounding	31-May-23	ADOC(s)	March 31/23	Auditing tool completed In compliance				

					2) Education to frontline staff on purposeful hourly rounding and the importance of asking questions on the 4 P's (positioning, personal needs, personal items, pain)	30-Apr-23	DOC	April 30th	Education completed in Itacit for palliative care and goals of care discussions	Reviewed education with resident and family council	Review education with the CQI Committee	Staff - year education General staff meetings
4	Has Fallen	20	Goal - To decrease the number of residents who have fallen to 20.0 by end of 2023. Aim Statement - To improve the number of residents who have fallen which will help reduce the risk of injury and maintain mobility and locomotion.	1) Audit intentional hourly rounding.	1) Establish an auditing tool to utilize for the auditing process	31-May-23	ADOC(s)	March 31st	Auditing tool created and implemented			
					2) Education to frontline staff on purposeful hourly rounding and the importance of asking questions on the 4 P's (positioning, personal needs, personal items, pain)	30-Apr-23	DOC	April 30th	Education provided in Itacit	Reviewed education with resident and family council	Reviewed education at CQI	Completed yearly on itacit for staff Implemented hourly rounding on high risk residents in 2019
					3) Falls committee to meeting monthly to discuss resident fall cases	31-Mar-23	Committee Lead	Ongoing	Ongoing monthly=ly meetings as well as individual huddles with the front line staff		Review of Stats discussed quarterly at committee meetings	Resident Council - February 28, 2023 Family Council - February 27, 2023
					4) Initiate falls case studies for residents with multiple falls	31-Mar-23	Committee Lead	Ongoing	This is done on an ongoing basis for frequent fallers		Review of falls quarterly	
					5) Implement toileting programs for falls related to toileting needs.	31-Mar-23	ADOC(s)	Ongoing	This is done on an ongoing basis for frequent fallers			Internal toileting program (Fish Program) has been in effect since 2016
5	Percentage of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs.	100%	Goal - To increase the percentage of residents that have an interdisciplinary assessment of their palliative care needs. Aim Statement - To improve the residents, family and staff experience by establishing therapeutic and collaborative partnerships that identify the physical, psychological, social, spiritual and practical requirements of the resident and their family members facing a life limiting illness.	1) Education for staff regarding how to conduct a holistic assessment of the residents palliative care needs using the palliative care assessment in PCC.	1) Develop education sessions and training materials to educate staff on the use of the palliative care assessment and how to collect this information, initiate referrals when required and how to build resident specific and holistic plans of care tailored to the residents palliative care needs.	31-May-23	DOC	May 30th	ADOC educated staff on palliative care assessment			Resident Council - February 28, 2023 Family Council - February 27, 2023 Staff meeting - February 27, 2023
					2) Schedule and implement training sessions for staff on palliative care, assessment, interventions, referrals and care planning.	30-Jun-23	DOC	May 30th	ADOC trained staff on Palliative Care assessment			
					2) Establish an audit process to audit the completion and quality of palliative care assessments.	31-Jul-23	DOC	April 5th, 2023	Auditing tool created and implemented			
					2) Conduct monthly audits of palliative care UDA's. Follow up as required.	31-Jul-23	DOC	Ongoing monthly	Monthly audits completed by ADOC			
6	Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures.	100%	Goal - To increase the percentage of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures. Aim Statements - To improve the residents, family and staff experience by establishing therapeutic and collaborative partnerships that identify the physical, psychological, social, spiritual and practical requirements of the resident and their family members facing a life limiting illness.	1) Educate Registered staff on goals of care discussions on palliative care and/or end of life collaboration and partnership with the resident, SDM and interprofessional team.	1) Develop education sessions and training materials to educate registered staff on goals of care discussions related to palliative care and/or end of life needs in collaboration and partnership with the resident, SDM and interprofessional team, how to initiate referrals for palliative care or end of life needs when required and how to build a resident specific and holistic plan of care tailored to the residents palliative care needs.	31-May-23	DOC	Ongoing	Education completed in Itacit for palliative care and goals of care discussions	Review of action plan February 27 at family council Review of program eval January 18, 2023	Review of action plan February 27	Registered staff meeting February 27, 2023
					2) Schedule and implement training sessions for staff on goals of care discussions.	30-Jun-23	DOC	May 30th 2023	ADOC trained staff on Goals of Care assessment			
					2) Establish an audit process to audit the completion and quality of palliative care plans based on goals of care discussions	31-Jul-23	DOC	April 5th, 2023	Audit implemented and will be completed on a monthly basis			
					2) Conduct monthly audits of palliative care UDA's. Follow up as required.	31-Jul-23	DOC	Monthly	Audit implemented and will be completed on a monthly basis			

7	Percentage of palliative care champions	10%	<p>Goal - Increase the number of palliative care champions within our home to 10 by November 2023.</p> <p>Aim Statement - With enhanced knowledge of palliative/end of life care the front line staff will promote a model to guide hospice palliative care and support the resident/family domains.</p>	<p>1) Canvass the employees throughout the building to identify staff members who would like to become a palliative care champion and participate in the committee.</p>	<p>1) Post the opportunity for staff to become palliative care champions and be provided with the additional training and education.</p>	30-Apr-23	ADOC(s)		Ongoing recruitment	Fundamentals training available to those staff interested and recruitment completed by ADOC			<p>Brought up in CQI committee meeting for those interested and encourage fellow staff members to join the palliative committee February 27</p>	<p>Brought up in general staff meeting for those interested in joining palliative care committee on an ongoing basis. Monthly at our February, March and April general staff meetings.</p>
					<p>2) Ensure all shifts have the education provided/staff available to provide palliative/end of life care as needed.</p>	30-Jun-23	ADOC(s)	May 30th	Staff provided education through Itacit					