



**Ontario Health**  
Quality

# **Interim Quality Improvement Plan (QIP)**

## **The Elliott Community Long-Term Care Residence Workplan**

**July 11, 2022**



**Theme I: Timely and Efficient Transitions** - A high-quality health system manages transitions well, providing people with the care they need when and where they need it.

**Indicator #1:**

<b>Potentially avoidable emergency department visits for long-term care residents</b>	
<b>Priority for:</b> 2022/23	
<b>Quality Dimension</b>	Efficient
<b>Direction of Improvement</b>	↓Reduce (lower)
<b>Type</b>	Priority
<b>Description</b>	Number of ED visits for modified list of ambulatory care-sensitive condition per 100 LTC residents
<b>Unit of Measurement</b>	Rate per 100 residents
<b>Calculation Methods</b>	<p><b>Numerator:</b> Total potentially avoidable ED transfers (exclusive of LTC residents admitted prior to age 65) x 100</p> <p><b>Denominator:</b> Population of LTC residents (exclusive of LTC residents admitted prior to age 65)</p>
<b>Risk adjustment</b>	None

<b>Current performance reporting period:</b>	Apr 2021 – Mar 2022
<b>Current performance</b>	19.5
<b>Target</b>	14
<b>Target Justification</b>	A multiyear strategy will be utilized to reduce rate closer to current provincial average of 7.5
<b>Data Source</b>	The Elliott Community local data collection, CIHI for provincial average
<b>Comments</b>	This indicator supports the Health Quality Ontario priority area of reducing avoidable hospital transfers and the Ontario Health priority area of health system recovery.
<b>Change Idea #1: Increased nursing staff attendance for Advanced Care Planning &amp; Palliative Approach to Care education sessions</b>	
<b>Methods</b>	Track frequency of education sessions and attendance of nursing staff.
<b>Target for Process Measure</b>	We aim to have 5 education sessions throughout the year and 50% of nursing staff attending 1 or more sessions.
<b>Comments</b>	Through education, we aim to build confidence in nursing staff to have advanced care planning conversations with residents and their families and increase understanding of the palliative approach to care.

<b>Change Idea #2: Health assessment education for registered staff</b>	
<b>Methods</b>	Track frequency of education sessions and attendance of registered staff
<b>Target for Process Measure</b>	We aim to have 100% of registered staff attend 1 or more health assessment education sessions throughout the year.
<b>Comments</b>	Through education, we aim to maintain and improve health assessment skills of registered staff to reduce avoidable hospital transfers.
<b>Change Idea #3: Registered staff to discuss goals of care with resident/SDM on re-admission from hospital</b>	
<b>Methods</b>	An email through the re-admission distribution list will trigger a goals of care discussion with a registered staff upon discharge from hospital. Documentation of the conversation once it occurs.
<b>Target for Process Measure</b>	We aim to have 100% of residents who are re-admitted from hospital to have a goals of care discussion with a registered staff within 2 weeks.
<b>Comments</b>	Re-admission from hospital is a good time to re-establish goals of care with residents and families. Clear understanding of goals contributes to reducing avoidable hospital transfers.

**Theme II: Service Excellence** - Better experiences results in better outcomes. Tracking and understanding experience is an important element of quality

**Indicator #2:**

<b>Resident experience: Being able to speak up about the home</b>	
<b>Priority for:</b> 2022/23	
<b>Quality Dimension</b>	Resident-centered
<b>Direction of Improvement</b>	↑ Increase (higher)
<b>Type</b>	Priority
<b>Description</b>	The percentage of residents who responded positively to the following statement: <i>I can express my opinion without fear of consequences</i>
<b>Unit of Measurement</b>	Percentage of respondents to Q9 on the annual survey
<b>Calculation Methods</b>	<p><b>Numerator:</b> number of LTC residents/families who responded either 'agree', 'somewhat agree' or 'disagree' to Q9</p> <p><b>Denominator:</b> all LTC respondents on annual survey who answered Q9</p>
<b>Risk adjustment</b>	None

<b>Current performance reporting period:</b>	September 2021 annual survey results
<b>Current performance</b>	87.88% Agree / 12.12% Somewhat Agree / 0% Disagree
<b>Target</b>	100% Agree
<b>Target Justification</b>	All residents at the Elliott Community have a right to express themselves, as per the Resident Bill of Rights. We aim for all residents to feel safe to do so.
<b>Data Source</b>	The Elliott Community annual resident/family satisfaction survey
<b>Comments</b>	This indicator supports the Health Quality Ontario priority area of resident experience. The Elliott Community has developed a resident/family satisfaction survey and do not utilize the InterRAI QOL Survey or the NHCAHPS Long-Stay Resident Survey.
<b>Change Idea #1: Hold nursing staff education sessions for resident-centered care</b>	
<b>Methods</b>	Track frequency of education sessions and attendance of nursing staff.
<b>Target for Process Measure</b>	We aim to have 4 different education sessions throughout the year and 50% of nursing staff attending 1 or more sessions.
<b>Comments</b>	Through education, we aim to build capacity within the nursing staff to maintain a resident-centered approach throughout their daily care.

<b>Change Idea #2: Hold registered staff education sessions for resident-centered care</b>	
<b>Methods</b>	Track frequency of education sessions and attendance of registered staff.
<b>Target for Process Measure</b>	We aim to have 4 different education sessions throughout the year and 50% of registered staff attending 1 or more sessions.
<b>Comments</b>	Through education, we aim to support understanding of the resident-centered approach so registered staff can lead by example throughout their daily care.

**Theme II: Service Excellence** - Better experiences results in better outcomes. Tracking and understanding experience is an important element of quality

**Indicator #3:**

<b>Resident experience: Having a voice</b>	
<b>Priority for: 2022/23</b>	
<b>Quality Dimension</b>	Resident-centered
<b>Direction of Improvement</b>	↑Increase (higher)
<b>Type</b>	Priority



<b>Description</b>	The percentage of residents who responded positively to the following statement: <i>I feel that I have an opportunity to be involved in decisions relating to my care</i>
<b>Unit of Measurement</b>	Percentage of respondents to Q11 on the annual survey
<b>Calculation Methods</b>	<p><b>Numerator:</b> number of LTC residents/families who responded either 'agree', 'somewhat agree' or 'disagree' to Q11</p> <p><b>Denominator:</b> all LTC respondents on annual survey who answered Q11</p>
<b>Risk adjustment</b>	None
<b>Current performance reporting period:</b>	September 2021 annual survey results
<b>Current performance</b>	81.82% Agree / 15.15% Somewhat Agree / 3.03% Disagree
<b>Target</b>	100% Agree or Somewhat Agree
<b>Target Justification</b>	All residents at the Elliott Community have a right to be fully involved in their plan of care, as per the Resident Bill of Rights. We aim to have 0% of residents disagree with Q11.
<b>Data Source</b>	The Elliott Community annual resident/family satisfaction survey
<b>Comments</b>	This indicator supports the Health Quality Ontario priority area of resident experience. The Elliott Community has developed a resident/family

	satisfaction survey and do not utilize the InterRAI QOL Survey or the NHCAHPS Long-Stay Resident Survey. Q11 is the question on the Elliott survey most closely representing HQO priority indicator 'Do residents feel they have a voice and are listened to by staff?'
<b>Change Idea #1: Review annual satisfaction survey questions</b>	
<b>Methods</b>	Survey questions will be reviewed by the Quality Improvement and Risk Management Resource Nurse and aligned with departmental key performance indicators, organizational strategic directions, and Health Quality Ontario priority areas.
<b>Target for Process Measure</b>	Resident council will be consulted at least once by the Quality Improvement Resource Nurse, as part of the review of questions. All questions in the survey will be reviewed by 1 month prior to implementation in September 2022.
<b>Comments</b>	Collaboration with resident council and alignment of annual survey questions with departmental, organizational, and health system priorities will strengthen the quality of the survey questions and subsequent overall results.
<b>Change Idea #2: Include a question on the annual satisfaction survey that indicates if it is the resident or a family member on a resident's behalf completing the survey</b>	
<b>Methods</b>	Include question on the 2022 satisfaction survey that indicates, anonymously, who is completing the survey, the resident or the family member on their behalf.

<b>Target for Process Measure</b>	Include this question on the 2022 satisfaction survey. 100% of respondents indicate if it is the resident or the family member of a resident completing the survey.
<b>Comments</b>	Determining the stakeholder group providing the feedback will help The Elliott Community understand the perspective and how best to approach the actions in response to the feedback.

**Theme II: Service Excellence** - Better experiences results in better outcomes. Tracking and understanding experience is an important element of quality

**Indicator #4:**

<b>Resident experience: Recommending The Elliott Community</b>	
<b>Priority for: 2022/23</b>	
<b>Quality Dimension</b>	Resident-centered
<b>Direction of Improvement</b>	↑Increase (higher)
<b>Type</b>	Custom
<b>Description</b>	The percentage of residents who responded positively to the following statement: <i>I would recommend this Home to family and friends</i>

<b>Unit of Measurement</b>	Percentage of respondents to Q32 on the annual survey
<b>Calculation Methods</b>	<p><b>Numerator:</b> number of LTC residents/families who responded either 'agree', 'somewhat agree' or 'disagree' to Q32</p> <p><b>Denominator:</b> all LTC respondents on annual survey who answered Q32</p>
<b>Risk adjustment</b>	None
<b>Current performance reporting period:</b>	September 2021 annual survey results
<b>Current performance</b>	Agree 93.94% / Somewhat Agree 6.06% / Disagree 0%
<b>Target</b>	95% Agree & 0% Disagree
<b>Target Justification</b>	A high level of satisfaction in response to Q32 indicates how respondents would feel about their loved ones living at The Elliott Community. This question indicates the community is a desirable place to live and is one measure that reflects future financial strength and sustainability of TEC, which is an organizational strategic direction. A target of 95% Agree is set to strive for improvement from the 2021 satisfaction survey results.
<b>Data Source</b>	The Elliott Community annual resident/family satisfaction survey
<b>Comments</b>	This indicator supports the Health Quality Ontario priority area of resident experience.

<b>Change Idea #1: Identify and include a resident, a family member, a PSW and a registered nurse/practical nurse on the CQI Committee</b>	
<b>Methods</b>	Chair of CQI committee to seek out members from The Elliott Community, approach with regards to joining the committee, educate about QI and communicate role responsibilities.
<b>Target for Process Measure</b>	100% attendance at all quarterly meetings in 22/23, Q2-Q4
<b>Comments</b>	Chair of CQI to request to attend resident and family council to present opportunity and seek involvement. Co-designing quality improvement recommendations with organizational stakeholders will enrich the quality improvement process with resident, family member, PSW, and nursing perspectives with the goal of improving the quality of care and life for residents at The Elliott Community.
<b>Change Idea #2: Increase The Elliott Community's presence on social media</b>	
<b>Methods</b>	Community engagement team will test different types of social media posts on Facebook, Twitter and Instagram and determine most effective types indicated by the number of likes, follows and re-shares the post receives.
<b>Target for Process Measure</b>	Minimum 10 new followers each quarter in 22/23
<b>Comments</b>	Consistently promoting the good work being done at The Elliott Community will increase and maintain awareness and engagement of the community. Recognizing and telling stories of moments of joy at the Elliott Community will

	increase connection and pride in the community and therefore overall satisfaction with the home and services provided.
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### Theme III: Safe and Effective Care

#### Indicator #5:

<b>Percentage of long-term care home residents not living with psychosis who were given antipsychotic medications</b>	
<b>Priority for: 2022/23</b>	
<b>Quality Dimension</b>	Safe
<b>Direction of Improvement</b>	↓ Reduce (lower)
<b>Type</b>	Priority
<b>Description</b>	This indicator measures the percentage of residents without psychosis who were given antipsychotic medication in the seven days preceding an assessment.
<b>Unit of Measurement</b>	Percentage

<b>Calculation Methods</b>	<p><b>Numerator:</b> sum of the number of residents who meet the inclusion criteria in each quarter of reporting period</p> <p><b>Denominator:</b> sum of the number of residents who meet exclusion criteria in each quarter of reporting period</p>
<b>Risk adjustment</b>	None.
<b>Current performance reporting period</b>	April 2021 – March 2022
<b>Current performance</b>	13.4%
<b>Target</b>	17.8%
<b>Target Justification</b>	Target reflects local LHIN data and is the lowest rate when comparing local LHIN with province of Ontario (19.3%) and Canadian average (22%)
<b>Data Source</b>	The Elliott Community local RAI-MDS data collection and CIHI for LHIN, Ontario and Canadian averages.
<b>Comments</b>	Inclusion and exclusion criteria set as per Ontario Health, based on RAI-MDS assessment information. The Elliott Community has consistently performed well-below the regional, provincial and Canadian averages. This is a positive result and indicates the programs in place are effective to manage potentially inappropriate use of anti-psychotic medication. Data will continue to be tracked as per the Ontario Health priority area, however, no change ideas will

	be implemented as performance has exceeded expectations for more than 5 years.
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### Theme III: Safe and Effective Care

#### Indicator #6:

<b>Potentially avoidable urine specimen collection for laboratory testing</b>	
<b>Priority for:</b> 2022/23	
<b>Quality Dimension</b>	Effective
<b>Direction of Improvement</b>	↓ Reduce (lower)
<b>Type</b>	Custom
<b>Description</b>	Percentage of urine specimens collected and sent to laboratory due to suspected urinary tract infection (UTI) that returned a report indicating no infection of the urinary tract.
<b>Unit of Measurement</b>	Percentage of all urine specimens collected due to suspected UTI
<b>Calculation Methods</b>	<b>Numerator:</b> urine specimens sent to laboratory and returned with no indication of UTI



	<b>Denominator:</b> all urine specimens sent to laboratory due to suspected UTI (excluding specimen collection ordered by MD or NP)
<b>Risk adjustment</b>	None
<b>Current performance reporting period</b>	April 2021 – March 2022
<b>Current performance</b>	48.2%
<b>Target</b>	25%
<b>Target Justification</b>	Balance reduction of potentially avoidable urine specimen collection sent for laboratory testing with potential risk of untreated urinary tract infections. 100% accuracy is not reasonable when erring on the side of caution when deciding to collect and send a urine specimen in a vulnerable population. A multi-year strategy will be implemented to allow for assessment of efficacy of change ideas prior to decreasing target.
<b>Data Source</b>	The Elliott Community local data tracking
<b>Comments</b>	Reduction of unnecessary laboratory use supports the Ontario Health priority of health system recovery. Reduction in the percentage of this indicator may also contribute towards reducing unnecessary use of antibiotics and subsequent antimicrobial drug resistance. A multi-year strategy will be implemented for this indicator to ensure change ideas do not have unintended consequences.

<b>Change Idea #1: Implement UTI assessment tool in PCC</b>	
<b>Methods</b>	Track use of the Assessment for UTI tool in Point Click Care (PCC) prior to collecting urine specimen when there is a resident with a suspected UTI.
<b>Target for Process Measure</b>	100% of registered-staff-initiated urine specimens collected will have a completed Assessment for UTI in PCC, prior to collection, with an indication of the need for laboratory testing.
<b>Comments</b>	Assessment for UTI tool is not used when MD or NP order a urine specimen collection for laboratory testing. The tool is used when registered staff or PSW identify a suspicion of UTI, prior to specimen collection. The tool will indicate the next course of action.
<b>Change Idea #2: Provide education on aging urinary system physiology, continence care, signs &amp; symptoms of UTI in older adults, and hydration maintenance</b>	
<b>Methods</b>	Track frequency of education sessions and attendance of nursing staff.
<b>Target for Process Measure</b>	We aim to have 5 education sessions throughout the year and 50% of nursing staff attending 1 or more sessions.
<b>Comments</b>	Through education, we aim to improve the assessment process prior to urine specimen collection. More effective assessment shall contribute to the reduction of potentially unnecessary urine specimens sent to laboratory. In addition, through education, we aim to support excellent continence care and prevention of UTIs.

### Theme III: Safe and Effective Care

#### Indicator #7:

<b>N95 Mask-fit testing for organizational employees</b>	
<b>Priority for: 2022/23</b>	
<b>Quality Dimension</b>	Safe
<b>Direction of Improvement</b>	↑ Increase (higher)
<b>Type</b>	Custom
<b>Description</b>	Percentage of employees who have a valid mask fit test certification
<b>Unit of Measurement</b>	Percentage of all current and active employees
<b>Calculation Methods</b>	<p><b>Numerator:</b> All current employees who are actively working at the Elliott Community with a valid mask-fit test certification</p> <p><b>Denominator:</b> All current employees who are actively working at the Elliott Community</p>
<b>Risk adjustment</b>	None

<b>Current performance reporting period</b>	April 2021 – March 2022
<b>Current performance</b>	<b>Q1:</b> 50.2% <b>Q4:</b> 93.3%
<b>Target</b>	100%
<b>Target Justification</b>	All employees shall have a valid mask-fit test certification for use in airborne illness isolation rooms and in the event of an airborne infectious disease outbreak in the home. Proper mask-fit use will decrease the risk of staff exposure and subsequent infection as well as reduce the risk of transmission to a resident, family member or co-worker.
<b>Data Source</b>	The Elliott Community local data collection
<b>Comments</b>	Due to lack of availability of external mask-fit testing certification, The Elliott Community invested in necessary equipment that meets a high standard of efficacy for mask-fit test certification. Two employees were trained to be mask-fit testers to accelerate rate of staff members certified and to maintain the initiative on an ongoing basis.
<b>Change Idea #1: Conduct in-house mask-fit testing monthly to ensure valid certification of all new employees and those with expired certification.</b>	
<b>Methods</b>	In-house mask fit testers perform certification once per month for all new and returning employees and those with expired/expiring certification. Data tracking supported by human resources.

<b>Target for Process Measure</b>	100% of active employees mask-fit test certified
<b>Comments</b>	Mask-fit testing clinics to be held monthly by IPAC lead. Every effort will be made to consolidate all employees required for mask-fit testing for the month onto one clinic day. However, at times there are employees who will not be scheduled to work on mask-fit testing clinic days and accommodations will need to be made.
<b>Change Idea #2: Tracking employee's model type of N95 mask they are certified for and ensure stock of adequate supply.</b>	
<b>Methods</b>	Cross reference N95 supply tracking lists with employee mask-fit test certification model specifications list to ensure adequate supply of appropriate mask types in the event an airborne infectious disease outbreak occurs.
<b>Target for Process Measure</b>	Maintain a 1 week supply of N95 mask model type for employees fit to each model type.
<b>Comments</b>	If a model of N95 mask is no longer available from suppliers, employee mask model type specification list will need to be reviewed and re-testing for a new model type may be required.