

Quality Improvement Narrative

This Quality Improvement Narrative aims to provide an overview of our organization's commitment to continuously improving the quality of care provided to our residents. This narrative will highlight our organization's measures to monitor the care provided and ensure that it meets Long-Term care standards and best practices.

Additionally, when it comes to evaluating progress and success, **numbers** tell a powerful story. That's why we are always excited to showcase our latest scorecard compared to the Ontario average. You can easily see how we stack up against the Ontario average from the same quality indicators found on the Health Quality Ontario (HQP), the Canadian Institute for Health Information (CIHI) Website.

Our scorecard provides a comprehensive view of our performance and helps us identify areas for improvement. With clarity and transparency, we can share our progress toward our goals and benchmark against Health Quality Ontario (HQP) and the provincial average.

We are proud of our achievements thus far and are committed to delivering high-quality care.

Quality Indicators and How to read them:

CIHI generates **Quality Indicators** (QIs) for Long-Term Care homes through data collection, analysis, and reporting. It's a measurement used to assess the performance of a Long-Term care home.

Quality indicators can help determine how well a facility is meeting its residents' needs, identify areas of improvement, and help ensure that the needs of residents are being completed safely and effectively.

9 indicators are being followed by HQO and CIHI

HQP and CIHI:

- **Falls** - Lower % is better, meaning fewer falls have occurred.
- **Worsening Pressure Ulcers** - Lower % is better, meaning fewer pressure ulcers have developed.
- **Daily Physical Restraints** - Lower % is better, meaning fewer restraints are applied.
- **Taken antipsychotics without a diagnosis of psychosis** – A lower % is better, meaning fewer residents are taking antipsychotics when not diagnosed with psychosis.
- **Has pain** - Lower % is better meaning, - fewer residents experienced pain.
- **Worsened mood from symptoms of depression** - Lower % is better, meaning fewer residents have worsened moods.

CIHI:

- **Improved or remained independent mid-loss ADL** - Higher % is better, meaning more residents have improved or remained independent.
- **Worsened or remained dependent mid-loss ADL** - Lower % is better, meaning fewer residents have worsened in ADL.
- **Worsened pain** - Lower % is better, meaning fewer residents had worsened pain.

Highlighted Indicators

The highlighted indicators are colour-coded **Green**, **Yellow**, and **Red** to show the difference between each indicator and the Ontario average.

- **Green** indicates a positive trend and is better than the Ontario average
- **Yellow** indicates a neutral trend and is either the same or slightly below the Ontario average
- **Red** indicates a negative trend and is worse than the Ontario average

All colours reflect the difference between Ontario's average and The Rekai Centres home's quality indicators Q3 2022-2023 (October – December 2022)

Rekai Centre: Sherbourne Place and Wellesley Central Place:

Quality Improvement Scorecard Adjusted and Un-adjusted comparison with Provincial Average.

Quarter 4: 2022- 2023

Sherbourne Place (SP) Quality Improvement Score Card Adjusted and Un-adjusted Comparison							
Sherbourne Place	Ontario Adjusted	HQO Benchmark	Q3 2022 - 2023 adjusted		Ontario Un-adjusted	Q3 2022 - 2023 Un-adjusted	
HQO Quality Indicators	Q3 2022 - 2023 Oct - Dec		Oct - Dec		Q3 2022 - 2023	Oct - Dec	
			Current	Difference vs ON		Current	Difference vs ON
Falls	16.40%	9%	14.60%	1.80%	15.30%	11.60%	3.70%
Worsening Pressure Ulcers	2.40%	1%	0.70%	1.70%	3.50%	1.80%	1.70%
Daily Physical Restraints	2.30%	3%	3.30%	-1.00%	2.60%	1.20%	1.40%
Taken antipsychotics without a diagnosis of psychosis	21.40%	19%	17.80%	3.60%	21.10%	15.50%	5.60%
Has pain	5.00%		0.90%	4.10%	4.30%	1.20%	3.10%
Worsened mood from symptoms of depression	20.90%	13%	16.90%	4.00%	20.80%	16.20%	4.60%
CIHI Quality Indicators							
Improved or remained independent in mid-loss ADL	28.50%		18.80%	9.70%	20.40%	17.10%	3.30%
Worsened or remained dependent in mid-loss ADL	34.70%		35.20%	-0.50%	40.00%	40.90%	-0.90%
Worsened pain	8.60%		7.80%	0.80%	9.10%	7.80%	1.30%

Quality Indicators performing above provincial average:

- *Falls,*
- *Worsening Pressure Ulcers*
- *Taken Antipsychotic without a diagnosis of psychosis.*
- *Has pain.*
- *Worsened mood from symptoms of depression*
- *Worsened or remained dependent in Mid-Loss ADL*

We are dedicated to consistently enhancing the quality of care in our home and closely monitoring our performance to exceed the provincial average. We have ongoing action plans in place to maintain our exceptional results in various indicators. Our approach includes interdisciplinary care meetings, and educational sessions, providing necessary equipment such as pressure relieving devices and bed/chair alarms, and conducting regular audits. These interventions are seamlessly integrated into our daily resident care.

Quality Indicators performing slightly worse than the provincial average:

- **Worsened Pain:** Our Quality Improvement (QI) lead and RAI coordinator meets monthly to thoroughly discuss the well-being of residents who have experienced increased pain levels. This vital information is then promptly shared with the Pain Management lead, Director of Nursing Services (DNS), and Director of Resident Care (DRC) to address with top priority. The Pain Management lead effectively communicates the findings and implements practical solutions on each floor.
In our Continuous Quality Improvement (CQI) meetings, we strive to develop a comprehensive action plan that effectively addresses critical issues and elevates the impacted indicator.

Quality Indicators performing below the provincial average:

- **Daily physical restraint:** The restraint indicator stands at 3.3%, with only one resident currently affecting it. The use of restraint is necessary to ensure safety, and its application and monitoring are carefully maintained.
- **Improved or remained independent in mid-loss ADL:** The dedicated restorative and physiotherapy teams are working hard to evaluate the residents' abilities and determine if they could benefit from exercises that help enhance their transfer and locomotion skills. The RAI MDS closely monitors the accuracy of the MDS assessment and the PSW's POC documentation.

Wellesley Central Place (WCP) Quality Improvement Score Card Adjusted and Un-adjusted Comparison							
Wellesley Central Place	Ontario Adjusted	HQO Benchmark	Q4 2022 - 2023 adjusted		Ontario Un-adjusted	Q4 2022 - 2023 Un-adjusted	
HQO Quality Indicators	Q4 2022 - 2023		Jan - Mar		Q4 2022 - 2023	Jan - Mar	
			Current	Difference vs ON		Current	Difference vs ON
Falls	16.40%	9%	10.00%	6.40%	15.20%	8.60%	6.60%
Worsening Pressure Ulcers	2.40%	1%	2.00%	0.40%	3.50%	3.50%	0.00%
Daily Physical Restraints	2.20%	3%	0.00%	2.20%	2.50%	0.00%	2.50%
Taken antipsychotics without a diagnosis of psychosis	21.40%	19%	22.30%	-0.90%	20.90%	18.70%	2.20%
Has pain	4.90%		1.40%	3.50%	4.20%	1.40%	2.80%
Worsened mood from symptoms of depression	20.70%	13%	19.60%	1.10%	20.60%	19.80%	0.80%
CIHI Quality Indicators							
Improved or remained independent in mid-loss ADL	28.40%		16.30%	12.10%	20.40%	18.40%	2.00%
Worsened or remained dependent in mid-loss ADL	34.40%		28.50%	5.90%	39.70%	36.60%	3.10%
Worsened pain	8.70%		7.20%	1.50%	9.20%	8.70%	0.50%

Quality Indicators performing above provincial average:

- **Falls**
- **Worsening Pressure Ulcers**

- *Daily Physical restraints*
- *Has pain*
- *Worsened mood from symptoms of depression*
- *Worsened or remained dependent in mid-loss ADL*
- *Worsened pain*

The home is actively working on action plans to improve our results continually. Our committees continue to meet, staff receive ongoing education, and we collaborate between departments and programs to ensure consistency of care. We are always seeking alternative methods to enhance our care quality further.

Quality Indicators performing slightly worse than the provincial average:

- *Taken Antipsychotics without a diagnosis of psychosis:* Our home has implemented a committee to oversee the prescribing and usage of antipsychotics as we prioritize the well-being of our residents. Our team comprises pharmacists, nursing staff, physicians, and therapists from diverse disciplines, collaborating seamlessly to provide holistic care. We strongly encourage family involvement in the care planning process and value their input regarding the use of antipsychotics. While the current performance of this indicator is slightly below the provincial average, we are confident that our dedicated team and comprehensive approach will continue to provide exceptional care to our residents.

Quality Indicators performing below the provincial average:

- *Improved or remained independent in mid-loss ADL:* The residents undergo restorative and physiotherapy programs to enhance their ADLs. These programs include interventions and exercises that help restore and maintain their functionality and independence. The RAI MDS coordinator ensures the accuracy of assessments and documentation by monitoring the PSWs' performance in the POC.

Quality Indicator Legend:

Common Acronyms used:

- **LTC/LTCH** – Long-Term Care Home
- **ADLs** – Activities of Daily Living
- **CIHI** – Canadian Institute for Health Information
- **HQO** – Health Quality Ontario
- **QI** – Quality Indicators
- **WCP** – Wellesley Central Place
- **SP** – Sherbourne Place
- **ON** – Ontario
- **QIP** – Quality Improvement Plan

Sources:

- HQO
- CIHI
- CIHI Indicator Library

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