

# Quality Quarterly



A NEWSLETTER FOR LONG-TERM CARE HOMES

ISSUE 4 • JANUARY 2012



## THE RESIDENTS FIRST VISION

We strive to ensure each resident enjoys safe, effective and responsive care that helps them achieve the highest potential quality of life.

## MESSAGE FROM THE RESIDENTS FIRST STEERING COMMITTEE

Welcome to the January 2012 edition of Quality Quarterly. In this issue, the focus is on taking quality improvement (QI) to the next level by spreading and sustaining our successes. It is exciting to reflect on the many homes that are now participating in Residents First and their progress in making positive changes for their residents.

Whatever stage a home has reached in its QI journey, it's important to consider how to sustain and spread their quality improvement gains. By expanding QI changes throughout a home and across organizations, we multiply the benefit to residents, families and staff. Spreading and sustaining positive QI changes ultimately strengthens the long-term care sector's ability to deliver the best care for residents.

Also in this issue is the list of the final 13 Residents First Improvement Award Recipients. Having achieved early success, these homes are now ready to take on the spread and sustain challenge, and Residents First looks forward to continuing to support their success.

Sincerely,  
Shelagh Nowlan, Vice Chair  
Residents First Steering Committee  
Administrator  
Providence Care (Kingston)

Josie d'Avernas, Vice Chair  
Residents First Steering Committee  
Associate Director  
Schlegel-UW Research Institute for Aging

# Quality Improvement Gains that Last

As a Residents First home, you are working hard to achieve improvements for your residents and staff. The vast majority of Residents First homes – whether independent or part of a larger, multi-home organization – have achieved gains around their clinical topics, and are on their way to reaching their goals. Now is the ideal time to consider what you can do to be sure that the improvements you are making today will take hold and grow, and will last well into the future. This is where sustainability and spread become part of your quality improvement vocabulary.

Because you have used strong quality improvement methods to achieve improvements, you are well equipped to support sustainability. It is critical to first understand what changes have had an impact on your new performance levels. You can get this information by look-

ing at your run charts and PDSAs. Keeping your measures in mind, while you turn new behaviours into a “new normal,” will then ensure that you hold the gains. Finally, you want to make it easier for people to maintain this new normal by strengthening the processes, tools, forms, policies, educational programs, visual cues and, ultimately, organizational culture that is needed to support the improvement.

Once you know something works, it is time to spread that sustainable change to other parts of the home. All too often, the focus is solely on that one improvement, in that one location. This can result in “islands” of improvement that never quite permeate the organization. When you focus, however, on the spread of changes that are sustainable, the return on the upfront investment of time and effort is multiplied across the organization.

Spread can be topic-specific, but what if you want to move on to another topic? The QI methods in the Model for Improvement can help you in tackling your next topic of interest. This is also a key indicator of a change in the culture of your home.

When all is said and done, you will have succeeded in building a new, healthier organizational culture that continuously supports better outcomes for its residents and staff. Leadership engagement and oversight of the quality improvement work in your home will help to create an environment where a quality improvement culture can thrive and where every staff member is expected to look for opportunities to improve care processes for residents, and is excited to be part of this work.

## TIPS

### Spread:

- Standardize work
- Conduct audits
- Clearly identify the change to be spread
- Develop a communications plan
- Foster peer-to-peer discussions

### Sustainability:

- Recognize that sustainability involves the entire team
- Recognize that sustainability requires organizational cultural change
- Conduct regular audits/reviews
- Post and share data
- Regularly check in – performance huddles
- Foster local leadership
- Use incentives, where appropriate

## Leisureworld Etobicoke Targets Emergency Department Transfers

The staff at Leisureworld Etobicoke have been inspired to expand their quality improvement (QI) journey following the successful results of a QI project undertaken in 2011 as part of the Residents First initiative. “We were amazed at the huge impact of the project on the residents and the staff,” said Lora Monaco, administrator of the 160-bed home.

A multidisciplinary QI team at Leisureworld identified reducing emergency department (ED) transfers as a focus for its efforts. Initial data showed that urinary tract infections (UTIs) and falls were among the main causes of residents being transferred to the ED. Two test areas of the home were chosen to participate: unit 1A – which had the highest rate of UTIs and unit 3A – a secure special care unit – which had the highest rate of falls.

The initial phase of the project ran from April to October 2011. Over that time, falls on 3A were reduced from a 5.3 per week to 1.9 per week. UTIs

on 1A also dropped significantly. The data indicates that the health system avoided a cost of \$162,000 due to reduced ED transfers for UTIs and falls during this period.

Monaco said she was particularly impressed by some of the creative change ideas her staff implemented. “On 1A, they created social opportunities, including a morning sing-a-long to engage staff and offer juice and water to increase their fluid intake,” she said. “It became a fun gathering and even resistant residents started coming out of their rooms to take part.” A pre-dinner punch bowl social was also set up, and the result was that high-risk residents were found to be increasing their fluid intake.

The QI team also developed a colour-coded flow sheet to create a visual cue to monitor how much residents were drinking. The home increased the percentage of residents drinking 2,000 ml. in a 24-hour period from 7% to over 50% during the project.

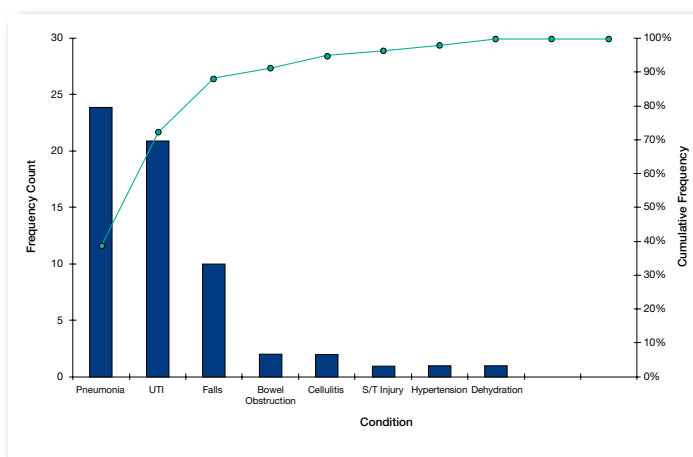
A range of other steps were also taken on unit 3A, including the setup of a multidisciplinary team huddle to discuss falls, development of a standardized electronic reporting form and creation of a daily “at-risk” list of patients.

As the QI team witnessed fewer UTIs on 1A, they also saw a decrease in the number of falls. “When residents have a UTI they can become more confused and dizzy and are at greater risk for falling – by focusing on increasing fluids we reduced falls as well,” said Sultana Khan, Nursing Rehab Co-ordinator. The connection was so striking the QI team decided to spread some of the changes to unit 3A. Leisureworld is now looking to spread the punch bowl social and other changes throughout the home.

“When we started some of the PSWs were annoyed at collecting the data. Now they’re seeing changes in the residents and they’re coming up to me with their ideas for more improvements,” Monaco said.

### Preventable and Treatable Conditions Leading to Hospitalization

- Preventable and treatable conditions leading to hospitalization are pneumonia, UTI, hip fractures, bowel obstructions, soft tissue injuries, cellulitis, hypertension and dehydration.



## IN THE NEWS

Leisureworld Etobicoke Residents First QI project was chosen for presentation at the Institute for Healthcare Improvement annual conference held in Florida in December 2011. "It was very exciting to be there," said Leisureworld Etobicoke Administrator Lora Monaco, who attended the prestigious international conference with some of her staff. "We were the only LTC home presenting at the conference, and it gave us a real sense of achievement." Residents First QI coach Faten Mitchell was invited to present the results of the successful project she supported, which significantly reduced emergency department transfers for the home in 2011.

## FINAL LIST OF IMPROVEMENT AWARD RECIPIENTS

Residents First is pleased to announce the final 13 long-term care homes to qualify for the inaugural Residents First Improvement Award. Congratulations to:

Cardinal Ambrozic Houses of Providence, Deer Park Villa; Douglas H. Rapelje Lodge, Extendicare Medex; Gilmore Lodge, Leisureworld Caregiving Centre (Brampton Meadows), Meadows of Dorchester, St. Joseph's Lifecare Centre, Tabor Manor, The Woodlands of Sunset, Ukrainian Canadian Care Centre, Upper Canada Lodge, Wellesley Central Place.

## UPCOMING EVENTS

The Ontario Long Term care Association (OLTCA) annual Together We Care: Long Term Care & Retirement Communities Convention & Trade Show is taking place April 1-3, 2012 at the Metro Toronto Convention Centre. For more information, visit [www.oltca.com](http://www.oltca.com).

The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) 2012 Annual Meeting & Convention: Great Places to Live and Work is taking place May 7-9, 2012 at the Westin Harbour Castle in Toronto. For more information, visit [www.oanhss.org](http://www.oanhss.org).

If you would like to receive the newsletter or have questions about Residents First, including about how to become a participant, please email us at [info@residentsfirst.ca](mailto:info@residentsfirst.ca).

On April 11, 2011, the Ontario government announced the formation of Health Quality Ontario (HQO). HQO is an independent government agency that combines the expertise of the Ontario Health Quality Council, the Medical Advisory Secretariat, the Ontario Health Technology Advisory Committee, the Ontario Health Technology Evaluation Fund, the Centre for Healthcare Quality Improvement and the Quality Improvement and Innovation Partnership. To find out more, visit [www.hqontario.ca](http://www.hqontario.ca).

*Residents First is partnership driven and supported by the Ontario Ministry of Health and Long-Term Care. The initiative was shaped and developed with the input of a broad range of stakeholders and these groups provide ongoing input as members of the provincial steering committee guiding implementation.*

## Partners

