



The Salvation Army Ottawa Grace Manor Quality Improvement Plan 2024 (April-June)

Giving Hope Today

Objective: Quality Improvement Team will meet quarterly, unless otherwise indicated by the Designated Lead. Team will review indicators, implement changes, and evaluate quality improvement strategies.

The team consists of representation from Nursing, Spiritual Care, Life Enrichment, Dietary, Housekeeping, Behavioral Support, Family Council, Resident Council, Volunteers, as well as each Department Head.

Indicators: Priority Areas were determined based on needs of the facility and the goals from Ottawa Grace Manor’s Strategic Plan. Indicators and goals are assessed quarterly post team meeting.

Indicator	Quality Direction	Quality Progress
Infection Prevention and Control (IPAC)	<ul style="list-style-type: none"> • Hand Hygiene • Resident Risk Assessment • Self Screening • PPE Audits/Enhanced Cleaning • Dining Room Audits 	<ul style="list-style-type: none"> • Monthly hand hygiene audits • Dining Room Audits • Ongoing PPE Education for all staff • Ongoing Family and Staff Communication • Staff and Visitor screening upon entry • Resident Risk Assessment completed prior to providing care. • 59 residents received COVID Booster • Ongoing vaccinations for Shingrix and Pneumovax. • Respiratory Outbreak in April-7 residents. • Mask Mandate discontinued May 13, 2024
Palliative Care	<ul style="list-style-type: none"> • Goals for Care • Palliative Care Meetings with Families • Assess overall care once resident passes. • Palliative Care Performance Scale • Families are aware and updated on resident status 	<ul style="list-style-type: none"> • Performance Measuring Tool continues all residents. • Assessment triggered and completed quarterly on each resident. • Decline in resident condition will trigger greater frequency in assessment. • RNAO Pain Assessment does not apply to Palliative residents.



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Skin and Wound	<ul style="list-style-type: none"> • Diabetic Foot Ulcers how to prevent and reduce occurrences. • How to treat reddened areas/skin breakdown • Correct Assessments 	<ul style="list-style-type: none"> • Skin and Wound Education for prevention and treatment • Each month status of wounds discussed (which wounds have healed, how many new wounds) • Weekly skin assessments completed. • 58 Dietician referrals • 10 healed, 11 New Skin Issues
Medications	<ul style="list-style-type: none"> • Reduce Medication Errors • Audits 	<ul style="list-style-type: none"> • Medication Audit Tool monthly • Pharmacy will complete audits twice per year. Staff will receive emails with findings. • Medication Incident form completed after error. • Follow up on preventative measures. • Medication audits completed on Abbreviations, DNR • Glucagon and Narcan policies in place • Reduction of anti-psychotic medications. Assessing the need. Twenty-eight percent province wide, goal is ten percent.
Falls	<ul style="list-style-type: none"> • Fall Prevention • Goal <20 per month 	<ul style="list-style-type: none"> • Education Ongoing • ADOC collaborating with staff educating and investigating each fall. • Post fall risk assessment • Preventative Measures-Implementation of Clip Alarms on bed and wheelchairs as proven more effective.



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		<ul style="list-style-type: none"> • Three restraints currently in the building. • High rate of falls for the month of (April 14, May 27, June 35)
Emergency Room Visits	<ul style="list-style-type: none"> • Decrease unnecessary transfers to hospital. • Decrease exposure to infection (COVID, Cdiff, MRSA, VRE) 	<ul style="list-style-type: none"> • Increased over the last quarter. Many critical residents residing at OGM. • ER VISITS- 6 April, 10 May, 7 June • Education with nursing staff and families what can be treated at the home level. Unnecessary ER visits place the resident at significant risk. • In-house assessment (laboratory house calls, mobile x-ray, testing urine on-site) • Nurse Practitioner attended Family and Friends Council May 23rd.
Resident Social Connection	<ul style="list-style-type: none"> • Person Centered Language • Spiritual Care • Recreation 	<ul style="list-style-type: none"> • BSO monthly meetings • 2 BSO on staff. Now apart of the admission process • 128 staff trained. • Goal: all staff from all departments attend GPA Training • Train the Trainer certification for DOC, ADOC and BSO. • GPA training for all volunteers planned for the upcoming year
Circle of Care	<ul style="list-style-type: none"> • Admissions • Care Conferences 	<p>Continue to have a representative from each department attend the Care Conferences. Valuable time to connect and discuss love ones’ care. Surveys sent out post conference.</p> <p>New “Getting to know you” tool implemented in the admission process.</p>



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		Resident Communication Boards posted on four home areas for Nursing Announcements/Updates Admission: April-4, May 4, June 2
<u>Strategic Plan</u>	<ul style="list-style-type: none">• 2024-27 Strategic Plan	<ul style="list-style-type: none">• Draft Plan to be presented to the Board in June.• Board will review plan.• Goals and focus areas generated from the employee, volunteer, family, and resident surveys.• Activities, Staffing and Food focus points• Draft will also be presented to QIP Committee once approved by Board.