



The Salvation Army Ottawa Grace Manor Quality Improvement Plan 2024 (July-September)

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 • Vaccination Program 	<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. • July-Influenza Outbreak (3 residents) • August -COVID Outbreak (6 residents) • Ongoing vaccinations for Shingrix and Pneumovax. • Influenza Vaccinations planned for October • COVID Booster Vaccinations planned for November • N95 Mask Fitting-130 staff complete
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 	<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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	<ul style="list-style-type: none"> Families are aware and updated on resident status 	<ul style="list-style-type: none"> Spiritual Care
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 July-5 new skin issues, 21 healed. August 11 new skin issues, 20 healed Decreased wounds with new admissions coming into the home
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



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		<ul style="list-style-type: none"> Preventative Measures-Implementation of Clip Alarms on bed and wheelchairs as proven more effective. Two restraints currently in the building. Quarterly Fall (July 21, August 22, September 13)
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"> ER VISITS- July 3 with 2 admissions, August 10 with 6 admissions, September 7 with 4 admissions 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)
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. Will be adding a 3rd staff member to the BSO Team. Schedule will be 12pm-8pm. BSO 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. 3 Volunteers GPA Trained Next GPA Course February 2025



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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. New “Getting to know you” tool implemented in the admission process. Resident Communication Boards posted on four home areas for Nursing Announcements/Updates Admission: July-3, August-4, September 7</p>
Strategic Plan	<ul style="list-style-type: none"> • 2024-27 Strategic Plan 	<ul style="list-style-type: none"> • Board will review plan. • Goals and focus areas generated from the employee, volunteer, family, and resident surveys. • Activities, Staffing and Food focus points • Surveys sent to Families, Residents, Volunteers and Employees. Results presented to Strategic Planning Committee