



## The Salvation Army Ottawa Grace Manor Quality Improvement Plan 2025 (January-March)

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"> <li>• Hand Hygiene</li> <li>• Resident Risk Assessment</li> <li>• Self Screening</li> <li>• PPE Audits/Enhanced Cleaning</li> <li>• Dining Room Audits</li> <li>• Vaccination Program</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly hand hygiene audits</li> <li>• Dining Room Audits</li> <li>• Ongoing PPE Education for all staff</li> <li>• Ongoing Family and Staff Communication</li> <li>• Resident Risk Assessment completed prior to providing care.</li> <li>• Ongoing vaccinations for Shingrix and Pneumovax.</li> <li>• Enteric Outbreak February 9<sup>th</sup>-19<sup>th</sup>, 2025 8 residents.</li> <li>• COVID Outbreak February 10<sup>th</sup>-27<sup>th</sup>, 2025 11 residents</li> </ul>
Palliative Care	<ul style="list-style-type: none"> <li>• Goals for Care</li> <li>• Palliative Care Meetings with Families</li> <li>• Assess overall care once resident passes.</li> <li>• Palliative Care Performance Scale</li> <li>• Families are aware and updated on resident status</li> </ul>	<ul style="list-style-type: none"> <li>• Performance Measuring Tool continues all residents.</li> <li>• Assessment triggered and completed quarterly on each resident.</li> <li>• Decline in resident condition will trigger greater frequency in assessment.</li> <li>• RNAO Pain Assessment does not apply to Palliative residents.</li> <li>• Spiritual Care</li> </ul>



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<b>Skin and Wound</b>	<ul style="list-style-type: none"> <li>• Diabetic Foot Ulcers how to prevent and reduce occurrences.</li> <li>• How to treat reddened areas/skin breakdown</li> <li>• Correct Assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Skin and Wound Education for prevention and treatment</li> <li>• Each month status of wounds discussed (which wounds have healed, how many new wounds)</li> <li>• Weekly skin assessments completed</li> <li>• 6 PSWs undergoing training to become Wound Care Champions for their practice group.</li> <li>• RPN enrolled in Specialized Skin and Wound Course</li> <li>• 14 residents with air mattresses</li> <li>• Stage 2 ulcer-2, Stage 3-0, Stage 4-2, Stage X-1</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Reduce Medication Errors</li> <li>• Audits</li> </ul>	<ul style="list-style-type: none"> <li>• Medication Audit Tool monthly</li> <li>• Pharmacy will complete audits twice per year. Staff will receive emails with findings.</li> <li>• Medication Incident form completed after error.</li> <li>• Follow up on preventative measures.</li> <li>• Medication audits completed on Abbreviations, DNR</li> <li>• Glucagon and Narcan policies in place</li> </ul>
<b>Falls</b>	<ul style="list-style-type: none"> <li>• Fall Prevention</li> <li>• Goal &lt;20 per month</li> </ul>	<ul style="list-style-type: none"> <li>• Education Ongoing</li> <li>• Fall prevention programmed under reassessment</li> <li>• Quarterly Falls- January 34, February 23, March 28</li> <li>• Post fall risk assessment</li> </ul>



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		<ul style="list-style-type: none"> <li>• Two restraints currently in the building.</li> </ul>
<b>Emergency Room Visits</b>	<ul style="list-style-type: none"> <li>• Decrease unnecessary transfers to hospital.</li> <li>• Decrease exposure to infection (COVID, Cdiff, MRSA, VRE)</li> </ul>	<ul style="list-style-type: none"> <li>• ER VISITS- January 7, February 7, March-1</li> <li>• Education with nursing staff and families what can be treated at the home level. Unnecessary ER visits place the resident at significant risk.</li> <li>• In-house assessment (laboratory house calls, mobile x-ray, testing urine on-site)</li> <li>• Purchase of Bladder Scanner to better assess residents on site</li> </ul>
<b>Resident Social Connection</b>	<ul style="list-style-type: none"> <li>• Person Centered Language</li> <li>• Spiritual Care</li> <li>• Recreation</li> </ul>	<ul style="list-style-type: none"> <li>• BSO monthly meetings</li> <li>• ROH Geriatric Outreach team actively involved in home</li> <li>• Team following 21 residents.</li> <li>• Goal: all staff from all departments attend GPA Training</li> <li>• Next GPA Course conducted February 2025</li> </ul>
<b>Circle of Care</b>	<ul style="list-style-type: none"> <li>• Admissions</li> <li>• Care Conferences</li> </ul>	<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: January 10, February 7, March 2</p>
<b>Strategic Plan</b>	<ul style="list-style-type: none"> <li>• 2024-27 Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Year 2 of 3 year plan</li> <li>• Assessing successes from Year 1</li> </ul>



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