

Health Care Teams Work Side By Side Improving Residential Care

In late spring, a group of 36 physicians, residential care facility managers & providers, nurses and Interior Health administrators from nine residential care facilities across seven Kootenay Boundary communities came together for the first ever residential care regional quality improvement meeting.

The meeting is the brainchild of Dr. Trevor Janz, Physician Lead of residential care for the Kootenay Boundary Division. "We know that great ideas come when the full team is together," said Dr. Janz. "Quality improvement meetings bring care teams together at the region-wide level, and use statistics and data to compare our facilities with each other, Interior Health as a whole, and the provincial averages. Armed with this information, we can work together, sharing leading practices, ideas for dealing with specific challenges and continuously improving the care we give."

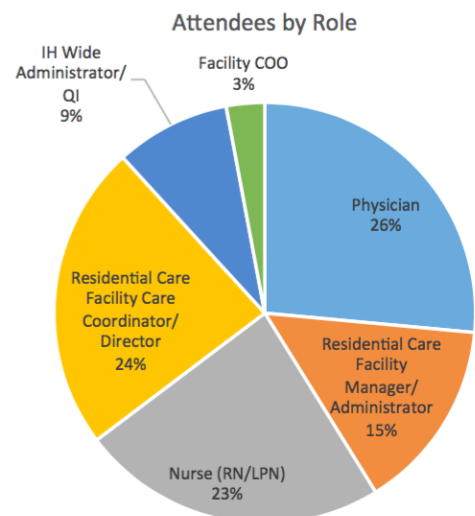


Comparing facilities could be a vulnerable subject for some, but Dr. Janz's non-confrontational approach puts the group at ease. Linda Golds, Residential Care Coordinator at Minto House in Nakusp said, "Trevor presents the information in a totally non-judgemental way, the feeling you get is that we are an extended family, taking an honest look at how things are and discussing how we can do things better, *together*."

The meeting focused on nine indicators including things like 'residents admitted as in-patients', 'residents on nine or more medications' and 'physician 24/7 availability and on-site attendance'. These indicators were then discussed in the context of moving toward the five best practice expectations set by the GPSC:

1. 24/7 availability and on-site attendance when required
2. Proactive visits to residents
3. Meaningful medication reviews
4. Completed documentation
5. Attendance at case conferences

Cindy Kozak-Campbell, Executive Director Residential Services for IH said, "What struck me the most was that we had the full collaborative team in the room, physicians, site managers, nurses, Interior Health administrators and private partner site leaders. For residential care, it is the full team that impacts quality outcomes. With everyone at the table, we have all the perspectives and can come up with new ideas and solutions to challenges that work for everybody in the team."



"There is an element of 'friendly competition'," adds Dr. David Merry, a GP providing residential care services in Christina Lake. "Personally, when I see another facility or physician doing it better, it motivates me to find out what they are doing differently and not only change it in our own practice/facility but see how we can even go one step further than they have. That is what continuous improvement is all about."

Following the meeting 94% of attendees said they would change their approach to practice, including: implementing ideas from the meeting to support ongoing efforts to reduce medications, shifting the culture of care from a medical management to more of a residential care model, increasing communication with the full team including regular discussions with staff regarding root causes of behaviours and planning more educational events regarding best practices in residential care vs. guidelines-based care.

Ms. Kozak-Campbell added, "In 20 years of working in residential care, this is the most collaborative approach I've been involved in and this event really illustrated the shift that is happening with team based care. Dr. Janz models a people- and resident-centred approach which inspires the whole care team to continually strive to improve."

For those interested in further information and ideas generated from the Residential Care QI Meeting, [**please click here to download the evaluation report.**](#)