Let's Make Healthy Change Happen.

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

St. Joseph's Continuing Care LTC 2016-17

CENTRE DE SOINS PROLONGÉS
ST. JOSEPH'S
CONTINUING CARE CENTRE

3/22/2016

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Ontario

Overview

We will be focusing on four areas of quality dimension in this plan; namely Effectiveness, Equitable, Resident-Centred and safety.

The priority focus in the dimension of Effectiveness is to continue to reduce the inappropriate use of anti-psychotics in LTC, to reduce the percentage of residents experiencing worsened depressive mood and to reduce the level of potentially avoidable ED visits.

In the Equitable dimension our focus will be on increasing the percentage of residents who always receive service in the official language of their choice.

Our Resident-Centred priority is to increase the level of overall satisfaction in resident experience and enhancing the resident voice.

In the Safety dimension will be to continue to achieve good results, in comparison to LHIN and Ontario outcomes, for falls, use of restraints and worsening pressure ulcers.

QI Achievements From the Past Year

For fiscal 2015-2016 we identified the following three aims:

1) Effectiveness dimension: To Reduce the Inappropriate Use of Anti psychotics in LTC and realize a >10% improvement. Our target for 2015-2016 was 35% and we achieved 29.6% based on Q3 2015 CIHI CCRS reports.

2) Resident-Centred dimension: Receiving and utilizing resident experience feedback to improve quality of life measured by the percentage of residents recommending the home as determined by in-house survey. Our target for fiscal 2015-2016 was 95% and as of 22 March 2016 we achieved we have achieved 94%.

3) Integrated dimension: To Reduce Potentially Avoidable E.D. Visits. Our target for this objective was to show improvement and achieve 20% and as of Q3 2015 we exceeded our target and achieved 7.3%.

In addition, St. Joseph's Continuing Care Centre received a Three-Year Accreditation decision awarded to us in May 2015 by CARF International.

Integration and Continuity of Care

It is hoped that achievement of our goal to continue to reduce potentially avoidable ED visits will contribute to improvements in the area of integration and continuity of care.

Engagement of Clinicians, Leadership & Staff

The QIP has been informed through the engagement of a multi-disciplinary Leadership Team. The plan has also been presented to the QI Committee of the Board, the Board of Directors and the Professional Advisory Committee, representative membership includes Physicians, NP, RN, Pharmacy and Therapy Services groups.

Resident, Patient, Client Engagement

The QIP Plan will be presented at Residents' Council to inform and provide opportunity for feedback. The QIP objectives in the Resident-Centred dimension are informed by the in-house Resident Survey process; results and feedback from prior period survey process is presented to Residents' Council annually.

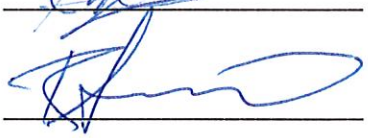
The QIP will also be presented at the Family Council to inform and provide opportunity for feedback.

During 2016-2017 the Home is planning to move forward with the implementation of the InterRAI QOL as the assessment tool to determine resident experience and service and the overall quality of life in our Home.

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair  (signature)

Quality Committee Chair  (signature)

Chief Executive Officer  (signature)

2016/17 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

ST JOSEPH'S CONTINUING CARE CENTRE 14 YORK STREET

AIM		Measure							Change			
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas
Effective	To Reduce Potentially Avoidable Emergency Department Visits	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100	% / Residents	Ministry of Health Portal / Oct 2014 – Sept 2015	51878*	25.76	9.50	The Home has consistently exceeded LHIN performance outcomes for	1)Home has made application to MOHLTC for the provision of mobile x-ray and ultrasound services in the home.	Utilization of mobile service for all x-ray and ultrasound whenever appropriate	Number of ED transfers resulting in non-urgent diagnostic procedure	Reduction in the overall number of residents transferred to E.D. for non-urgent
	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents receiving antipsychotics without a diagnosis of psychosis.	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51878*	33.14	30.00	Continued improvement; home achieved targeted improvement of	1)Verification of assessment accuracy	Review of assessments by Registered Staff for all residents triggering QI	Number of residents receiving antipsychotics without diagnosis of psychosis	Cross reference triggered QI with InterRAI QoL
Equitable	Other	The number of residents who are always served in the official language of their choice	% / Residents	In-house survey / 2016	51878*	75	80.00	Improvement. In-house survey results for 2015-2016 inform that currently 75% of residents are always served in the official language of their choice; 18.75% are usually served in the official language of their choice and 6.25% are sometimes	1)French language testing for staff	Utilize third party service	Defined linguistic abilities as determined by le Reseau	Increase French language capacity in staff
Resident-Centred	Domain 1: "Having a voice" and being able to speak up about the home.	Percentage of residents who indicate that they feel comfortable discussing their	% / Residents	In-house survey / 2016	51878*	89	92.00	Improvement in this outcome.	1)Implementation of InterRAI QoL in 2016/2017	Identify implementation team, development of implementation project plan	Measure against project charter	Full implementation during fiscal year; enhanced ability to analyze QoL with
	Domain 2: "Overall satisfaction" (choose A or B).	Percentage of residents/families responding positively to "Would you recommend this	% / Residents and family	In-house survey / 2016	51878*	94	95.00	Continued improvement	1)Implementation of InterRAI QoL in 2016/2017	Identify implementation team, development of implementation project plan	Measure against project charter	Full implementation during fiscal year; enhanced ability to analyze QoL with
Safe	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51878*	11.09	11.00	To continue good performance in this indicator	1)Literature review to inform policy and procedures regarding fall management/prevention	Multi-disciplinary review team	Policy aligned with BPG	Updated Falls Prevention program; staff education
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51878*	12.36	10.00	To maintain improved performance outcomes based on Q2 2015 CIHI	1)Formalized audit process for all residents with physical restraints	Increased OT resources assigned to process	Number of completed audits/number of residents with restraints	100% completion
	To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51878*	2.02	2.00	To maintain improved performance results based on Q2 CIHI report	1)Review of protocol for prevention of pressure ulcers	Increased OT resources assigned to process	Protocol aligned with BPG	Update protocol and staff education