

Let's Make Healthy
Change Happen.



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

St. Joseph's Continuing Care LTC

3/5/2015



Overview

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

The priority focus in the dimension of Effectiveness is to reduce the inappropriate use of anti-psychotics in LTC. In fiscal 2014-2015 we embarked on a review of this practice through the work of our Pharmacy and Therapeutics Committee. We will continue this process improvement; which includes staff education and medication review of all residents receiving anti-psychotics.

Our Resident-Centred priority is to increase the level of overall satisfaction in resident experience. Although the results of our most recent resident survey were favourable we recognize through the feedback process that we can make program improvements in areas such as recreation therapy and physio therapy to better meet our resident needs. We are planning programming changes in these areas in an effort to increase overall satisfaction.

In the Integrated dimension our focus will be the reduction of potentially avoidable ED visits. We recognize the health system benefits; however, more importantly, we appreciate the benefits to our residents to be able to address their medical needs in the home, whenever possible, and avoid all the anxiety associated with an ED transfer.

Integration & Continuity of Care

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

Challenges, Risks & Mitigation Strategies

The challenges and risks which may impact on the success of our plan include availability of resources and response to unforeseeable situations.

As with any plan, an unforeseeable event such as outbreak, could limit availability of resources required to focus on the QIP plan implementation.

Information Management

The Home uses the RAI MDS 2.0 as the key clinical information system to capture multi-disciplinary patient assessment information and inform care planning. Assessments are completed on admission, quarterly, annually and when a resident experiences a significant change in health status. The assessment and RAI outputs identify actual and potential care plans and quality indicators. The Home also uses an integrated eMar system.

Engagement of Clinicians & Leadership

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.

Patient/Resident/Client Engagement

The QIP Plan will be presented at Residents' Council to inform and provide opportunity for additional feedback. The QIP regarding resident quality of life has been informed by the Resident Survey process; results and feedback from prior period survey presented and discussed at February 2015 meeting.

Accountability Management

The Home will be accountable to stakeholders for the performance with respect to the QIP. Consolidated reporting on achievements will be completed through reporting to the QI Committee. Reporting of specific achievements will also be done to appropriate committees; e.g. anti psychotics to Pharmacy and Therapeutics Committee, ED visits to Leadership Team and Professional Advisory Committee.

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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

Board Chair _____ (signature)

Quality Committee Chair _____ (signature)

Chief Executive Officer _____ (signature)

2015/16 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
Effectiveness	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51878*	40.71	35	to realize greater than 10% improvement	1)Medication review for all residents; staff education	tracking process will be through CIHI submission data	% residents receiving anti-psychotics without a diagnosis of psychosis	Achieve 35% by 31 March 2016
Resident-Centred	Receiving and utilizing feedback regarding resident experience and quality of life.	Percentage of residents responding positively to: "Would you recommend this nursing home to	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos)	51878*	92	95	to increase overall level of satisfaction	1)program enhancements as a result of feedback from survey process; e.g. access to physio therapy services and enhancements to	tracking process will be through in-house survey process	% of residents responding Definitely and Probably to question "I would recommend this facility to others" Possible responses include Definitely, Probably, Maybe and No	95% favourable responses by 31 March 2016
Integrated	To Reduce Potentially Avoidable Emergency Department Visits	Number of emergency department (ED) visits for modified list of ambulatory care	% / Residents	Ministry of Health Portal / Q3 FY 2013/14 - Q2 FY 2014/15	51878*	22.68	20	Show improvement	1)Data review of all non-urgent ED visits; identify any trends, e.g. time of day, day of week, diagnosis identify areas/process for potential	data from MOHLTC; data from CCH ED	# visits /residents for fiscal year 2015-2016	20 visits per 100 residents