Excellent Care For All.

2013/14

Quality Improvement Plan for Ontario Hospitals

(Short Form)

St. Joseph's Continuing Care Centre

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

March 2013

ontario.ca/excellentcare

Ontario

Overview of Our Organization's Quality Improvement Plan

1. Overview of our quality improvement plan for 2013-14

The focus of our plan is patient safety and patient experience. St. Joseph's Continuing Care Centre includes 50 Complex Continuing Care beds operated under the *Public Hospitals Act* and 150 Long-Term Care beds operated under the *Long-Term Care Homes Act, 2007*. In addition, we currently operate 8 Transitional Care Beds under a Restorative Care model in partnership with Cornwall Community Hospital and the Champlain CCAC. The beds are funded through the AAH program with a goal to reduce ALC pressures in our community.

The Hospital demonstrates operational efficiency as evidenced by our lower than expected cost per weighted patient day. The following table summarizes the Chronic Total Cost per Weighted Patient Day for the Hospital for the last two years.

Year	Weighted Days	Actual Cost	Expected Cost
2011-2012	25,196	$378	$488
2010-2011	18,816	$397	$491

Source MOHLTC Hospitals HBAM Results

The Hospital has also achieved good patient and system outcomes in several areas; including patient satisfaction, acute hospital utilization, worsened late loss ADLs, falls and incident of pressure ulcers.

2. What we will be focusing on and how these objectives will be achieved

We will be focusing on three quality dimensions in this plan; namely effectiveness, patient-centred and safety.

In the area of safety our objective is to continue to reduce the use of physical restraints. This was our priority level 1 indicator for 2012-2013. We achieved our performance goal as stated in the QI Plan, however, there is still opportunity for improvement in this area. We will continue with the existing strategy of multi-disciplinary assessment and application of the existing least restraint policy based on LTC best-practice.

A second focus for this plan, in accordance with the recommended core indicator for CCC Hospitals, is the percentage of CCC patients who fell during the last 30 days. Currently, the Hospital is benchmarking favourably in this area when reviewing CCRS data. The performance goal in the 2013-2014 QI Plan is to maintain the current outcome level while reducing the percentage of physical restraints.

Our effectiveness focus will be the continuation of sound financial practice in order to maintain a positive total margin. The hospital inherited a significant deficit, in excess of $1 million, in 2004 at the time of hospital restructuring and has worked diligently to reduce this over time.

The plan includes three objectives in the patient-centred category. The first objective is to reduce functional decline amongst seniors in our Hospital program. This objective will be measured through the New Generation QI in the CCRS from CIHI. This will be achieved through the delivery of patient-centred rehabilitation in which we have developed expertise through the provision of our Restorative Care programs.

A second objective in this category is to reduce rates of and/or duration of delirium episodes amongst our patients. This objective will also be measured through the QI in the CCRS. The Hospital is also planning to validate the outcomes of the RAI MDS through use of the Confusion Assessment Method (CAM) for all patients with an assessment outcome which triggers the Delirium CAPS. Early assessment, upon admission and upon change of condition, and the application of delirium specific care protocols are the strategy for achieving this objective.

The final objective in this category is a continuation of the objective set in 2012-2013 which is to increase the participation rate in patient satisfaction surveys. This will be achieved through the continuation of completion at the time of annual review.

3. How the plan aligns with the other planning processes

The objectives of our plan align with several other collaborative planning processes and initiatives that are currently underway.

With respect to our safety objective; there is alignment with organizational practices required in our Long-Term Care operation with respect to minimal restraint and the recommended core objectives for CCC hospitals with respect to incidence of falls.

The effectiveness objective to improve financial results is consistent with the HSAA planning process requirements and the financial performance indicators included in our accountability agreement.

The patient-centred objectives align with both the Senior Friendly Hospitals initiative and organizational priorities with respect to patient relations and communication.

4. Challenges, risks and 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 could negatively impact availability of health human resources and reduce our ability to achieve the stated targets.

The Link to Performance-based Compensation of Our Executives

Manner in and extent to which compensation of our executives is tied to achievement of targets

The Hospital has only one executive position; namely the Executive Director. For fiscal year 2013-2014 five percent (5%) of annual base salary of the Executive Director will be linked to the achievement of 100% of the targets set out in our QIP. Achievement of all targets would result in 100% payout; partial achievement of targets will result in partial payout, as determined by the Board of Directors.

Accountability Sign-off

I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.

Elizabeth MacLennan *Board Chair*	*John Robinson* *Quality Committee Chair*	Bonnie Ruest *Chief Executive Officer*

QIP Plan for: Religious Hospitallers Of St.Joseph Of Cornwall (The)

Quality Dimension	Objective	Measure/Indicator	Current Performance	Target for 2013/14	Target Justification	Priority level	Initiative Number	Planned Improvement Initiative (change ideas)	Methods and Process Measures	Goal for change ideas (2013/14)	Comments
Effectiveness	Improve organizational financial health	Total Margin (consolidated): Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. Q3 2012/13, OHRS	-0.02	0.18	We anticipate savings in operations to maintain positive margin by year end	2					
Patient Centred	Patient Satisfaction	In-house survey (if available): provide the percent response to a summary question such as the "Willingness of patients to recommend the hospital to friends or family" (Please list the question and the range of possible responses when you return the QIP)	80	84	We use an in-house survey. The question posed is "I would recommend this facility to others" Possible responses: No, Maybe, Probably, Definitely	3	1	We are still in the implementation of a strategy to improve participation in the survey process.	The survey is being completed at time of annual review or discharge.	Continue with this strategy.	We are still in year 1 as this is a cyclical process driven by unique patient review dates.
	Reduce functional decline amongst seniors in hospital	Patients with Worsened Late-Loss ADL from CCRS	5.7	5.13	Target based on internal targeting exercise	2					
	Reduce rates of and/or duration of delirium episodes amongst patients	Patients with symptoms of delirium	10.4	9.36	Benchmark to CCRS	2	1	Hospital will validate CCRS delirium trigger with secondary assessment tool.	Hospital will use Confusion Assessment Method (CAM) tool	validate 100% of trigger outcomes	For information

Safety	Avoid Patient falls	Falls: Percent of complex continuing care residents who fell in the last 30 days - Q2, FY 2012/13, CCRS	4.1	4.1	Hospital is currently benchmarking favourably to CCRS data and will strive to maintain this level of performance while reducing the %of patients with physical restraints	3					
	Reduce use of physical restraints	Physical Restraints: The number of patients who are physically restrained at least once in the 3 days prior to a full admission divided by all cases with a full admission assessment - Q4 FY 2010/11 - Q3 FY 2011/12, OMHRS	41.1	39.05	Continued progress on this QI	1					