Let's Make Healthy Change Happen.

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

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

3/19/2014

Overview

The focus of our plan is patient safety, patient experience and patient flow which speak to our mission, vision and values. St. Joseph's Continuing Care Centre includes 50 Complex Continuing Care beds and 8 Restorative Care beds operated under the *Public Hospitals Act* and 150 Long-Term Care beds operated under the *Long-Term Care Act, 2007.*

The Hospital has shifted from exclusively providing service to patients with long-term complex medical needs to a blend of long-term, short-term complex medical needs and activation and restorative programs. The evolution of the program blend was in response to a need for greater sub-acute capacity to help alleviate ALC pressures at the community acute care Hospital.

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

The priority focus in the dimension of patient safety will be hand hygiene. Audit results indicate that compliance rates, both before and after patient contact, have declined from the prior year. The QIP will include a staff education campaign, on-going audits, and re-instruction when non-compliance is observed.

A second safety objective is to reduce the use of physical restraints. The Hospital did improve performance in this area in the prior year but still remains above the provincial benchmark. Policy and procedure review was completed in the past year with staff and medical staff; including education on the assessment process and the establishment of a definition of restraint which is consistent with policy and *LTCHA, 2007*. It is expected that a reduction in the percentage of patients in daily physical restraints will be validated this year through the MDS assessment process.

It must be noted that the Hospital performance in 2 Core CCC Indicators; namely Falls and Pressure Ulcers, for the last year has exceeded the established provincial benchmarks. The Hospital will also endeavour to provide the level of care required to maintain this performance.

Our effectiveness focus will be the continuation of sound financial practice in order to maintain a positive total margin and ultimately eliminate the accumulated deficit position (unrestricted net asset deficiency) of the hospital. 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.

Our patient-centred objective is to increase the participation rate in patient satisfaction surveys and achieve a defined level of satisfaction measured through this process. The Hospital did implement procedural change in the prior year to incorporate the survey in the annual review process for long-term patients and at the time of discharge for short-term and restorative patients, however, the participation rate did not increase significantly. The QIP will include the introduction of a web-based survey tool and provision of a portable electronic device, entrusted to our Patient Relations Advisor,

for use by patients and/or representatives. The process will also allow for real time information to inform Hospital leadership.

Integration & Continuity of Care

It is important to note that while our initiatives included the QIP seemingly do not address integration directly the operational plan for the Hospital does readily address integration. We will continue to provide a blend of service in order to best meet the needs of the system and our catchment area. The Hospital is highly engaged with health system partners; such as the Cornwall Community Hospital, the Champlain LHIN and the Champlain CCAC in the exchange of information and patient review to facilitate patient-centred care across the patient journey.

The Hospital was a partner in the piloting of the Resource Matching and Referral (RM&R) project for the Eastern Counties and has implemented the RM&R model of patient referral for admission. We recently completed an assessment of programs using the provincial framework developed by the Rehabilitation Alliance to determine program compliance with provincial defined criteria.

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.

Key assumptions in the plan development is the level of operational funding for the hospital for the planning period 2014-2015 will be equal to that included in our HAPS submission to the LHIN.

There is also inherent risk given the small patient population. As with any plan, an unforeseeable event such as outbreak, could negatively impact availability of health human resource and reduce system capacity and create a financial burden for the hospital.

Information Management Systems

The Hospital 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 patient experiences a significant change in health status. The assessment and RAI outputs identify actual and potential care plans and quality indicators. The Hospital also uses an integrated eMar system.

Engagement of Clinical Staff & Broader 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 Medical Advisory Committee for discussion and feedback.

Accountability Management

The Hospital has only one executive position; namely the Executive Director. For fiscal year 2014-2015 a percentage of annual base salary of the Executive Director will be deemed "at risk" and linked to the achievement of the targets set out in our QIP.

Health System Funding Reform

The Hospital is significantly challenge by the continuation of mitigation corridors for the HBAM component of funding. The slow implementation of HBAM has been punitive for our organization and has diminished our ability to implement program enhancements which would support system improvements. The following chart illustrates the HBAM impact for both the 2012-2013 and 2013-2014 operating years and the actual funding adjustments received.

Year	HBAM Impact	Actual Funding
2013-2014	$880,148	$75,702
2012-2013	$705,600	$47,500

The Hospital has strategically identified key investment areas; with an emphasis on therapies OT, PT, SW, which have potential to enhance patient programs and facilitate patient flow in the event that HBAM implementation results in future funding increases.

Sign-off

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

Elizabeth MacLennan	Shelley Adams	Bonnie Ruest
Board Chair	*Quality Committee Chair*	*Chief Executive Officer*

2014/15 Quality Improvement Plan for Ontario Hospitals
"Improvement Targets and Initiatives"

St. Joseph's Continuing Care Centre 14 York Street

AIM		Measure							
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performa	Target	Target justificatio	Priority le
Effectiveness	Improve organizational financial health	Continuation of sound financial management practice in order to maintain a positive total margin and eliminate the accumulated deficit position (unrestricted net asset deficiency) of the Hospital	Dollars / N/a	Financial Audit / 2014-2015	644*	-23400	0	Elimination of accumulated deficit	Improve
Patient-centred	Improve patient satisfaction	In-house survey (if available): provide the % 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).	% / Other	In-house survey / Other	644*	87	90	We use in-house survey completed at time of annual review for long-	Improve
		Improve participation rate in patient survey process.	% / All patients	In-house survey / 2014-2015	644*	30	60	Participation rates are lower than expected despite change in survey process	Improve
Safety	Reduce incidence of new pressure ulcers	Percentage of CCC patients with a new pressure ulcer in the last 30 days (stage 2 or higher)	% / All patients	CIHI eReporting Tool / Q2 2013/14	644*	0.06	0.06	The Hospital performance exceeds benchmark in this QI and we	Maintain
	Avoid Patient falls	Falls: percentage of CCC patients who fell in the last 30 days	% / All patients	CIHI eReporting Tool / Q2 2014-2015	644*	2.6	2.6	The Hospital is below benchmark and endeavours to maintain current	Maintain
	Reduce use of physical restraints	Physical Restraints: the number of patients who are physically restrained at least once in the last 3 days prior to a full admission divided by all cases with a full admission assessment	% / All patients	CIHI eReporting Tool / 2014-2015	644*	39.8	35	continued progress on the Qi	Improve
	Hand Hygiene	Hand hygiene compliance before patient contact: the number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial contact multiplied by 100	% / Health providers in the entire facility	In-house survey / 2014-2015	644*	53	60	Hospital will strive to have 100% compliance in future	Improve