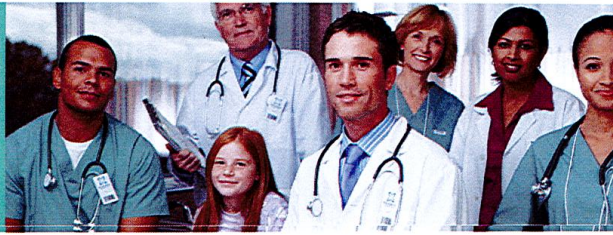


Let's Make Healthy
Change Happen.



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

St. Joseph's Continuing Care LTC 2017-2018



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

3/30/2017

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

We will continue to focus 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 improve our performance regarding potentially avoidable Emergency Department (ED) visits.

In the Equitable dimension our focus will be on increasing the percentage of residents who feel that they are always served in the official language of their choice.

Our Resident-centred priority will be to focus on the percentage of residents responding positively to our ability to listen, our ability to allow the resident's voice to be heard and the willingness for the resident to recommend our facility to others.

The Safety dimension will focus on our continuing our efforts towards reducing the inappropriate use of anti-psychotic medication.

QI Achievements from the Past Year

1) Under the Resident-centred dimension there were three significant improvements including: the % of residents comfortable discussing their concerns with staff which increased from 89% to 91.2%; the % of residents that would recommend our home to others grew from 94% to 97%; and the % of residents that answered positively to having been served in the official language of their choice increased from 75% to 94%.

2) Under the Safety dimension the inappropriate use of antipsychotic medication in our home decreased from 33.14% to 27.53%.

Equity

We strive to offer services in both official languages including having an increased awareness of our staff's capacity to deliver these services. We ensure that all documentation directed to our residents is bilingual along with offering recreation activities to satisfy all groups.

Integration and Continuity of Care

The initiative to reduce potentially avoidable ED visits is crucial to the improvement of patient flow within our community. We continue to work closely with our community hospital to identify methods on improving their overcapacity rate.

Access to the Right Level of Care - Addressing ALC Issues

Our facility includes 58 complex continuing care beds along with 150 long term care beds. In our hospital environment we are currently studying the availability within our community to offer assisted living alternatives which would service a group of our patients. We are also participating on the Sub-Acute Capacity Planning Executive Steering Committee to share our experience and develop solutions to the overall good functioning of patient flow in our sub-region.

A challenging area is the ALC-LTC patients currently in our hospital beds. We have revisited each patient and encouraged each to increase their LTC choices helping the odds of transitioning them to our community.

We also work closely with our partners by sharing specific situations that we feel interrupt resident and patient flow. For example, at times we have noticed that we are at 100% capacity in our hospital (with a waiting list of referrals) while we have vacant beds (for weeks at a time) in our LTC facility. These situations are highlighted to better understand the opportunities that exist within the patient/resident flow.

Engagement of Clinicians, Leadership & Staff

Our Quality Improvement Plan (QIP) is presented and monitored by the QI Committee of the Board, the Board of Directors and the Professional Advisory Committee and representative membership includes Physicians, NP, RN, Pharmacy and Therapy Service groups.

Resident, Patient, Client Engagement

The QIP will be presented to both the Resident Council and Family Council to inform and provide opportunity for feedback. The ongoing meetings throughout the year with both the Resident and Family councils helped our organization develop the survey questions supporting the Resident-centred indicators.

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

Quality Committee Chair

Chief Executive Officer

2017/18 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	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned Improvement Initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective Transitions	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2015 - September 2016	51878*	33.71	28.70	Working towards provincial average	1)Development of a tracking tool	Program managers of resident care and personal care will develop a tracking tool that will allow the home to determine the reason for transfer to ED	% of ED visits tracked on the tool	100% of ED visits tracked by March 31, 2018	Transfer data will be reviewed monthly and feedback from our community hospital will be built into the process.
Equitable	Other	Number of residents served in the official language of choice	Rate per 100 / Residents	In-house survey / 2017	51878*	97	97.00	Our new target is to maintain our 2016 performance of 97%.	1)Update the employee recruiting process	Review candidate pool and measure the linguistic capabilities	Measure the % of candidates that are unilingual English, unilingual French and Bilingual	Improve by 15% the bilingual candidate pool	Continue our relationship with our third party language testing supplier.
Patient-centred	Person experience	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	% / LTC home residents	In house data, NHCAPPS survey / April 2016 - March 2017	51878*	X	85.00	This is a new indicator for our home and as such we do not have any prior data in which to compare. We will target 85%.	1)A new version of our in-house electronic resident survey will be introduced in order to improve the quality of data. The process will include a requirement to obtain responses from all residents/families.	1)We will implement the new version on April 1, 2017 2)New version to include questions on how well various disciplines are "Good Listeners" rating will be from 1 to 10	Tracking responses to the questions relating to our various teams and their ability to be "Good Listeners".	85%	It will be important to ensure the survey process is anonymous and that the frequency is at a minimum once a year for all residents/families.
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	% / LTC home residents	In house data, InterRAI survey / April 2016 - March 2017	51878*	X	85.00	This is a new indicator for our home and as such we do not have any prior data in which to compare. We will target 85%.	1)A new version of our in-house electronic resident survey will be introduced in order to improve the quality of data. The process will include a requirement to obtain responses from all residents/families.	1)We will implement the new version on April 1, 2017 2)New version to include the question "I can express my opinion without fear of consequences" and rating will be from 1 to 10	Tracking responses to the question "I can express my opinion without fear of consequences".	85%	It will be important to ensure the survey process is anonymous and that the frequency is at a minimum once a year for all residents/families.

	Resident experiences: "Overall satisfaction"	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" or "I would recommend this site or organization to others".	% / LTC home residents	In house data, InterRAI survey, NHCAHPS survey / April 2016 - March 2017	51878*	97	97.00	Our 2018 target is to maintain our 2017 performance of 97%.	1) We will continue to engage residents and families through both informal and formal approaches such as attendance at resident/family councils as requested, regularly scheduled resident/family general information and feedback sessions. We will include the following question to our new resident/family survey: "If you had to choose again, would you choose this Centre?"	Continuing to engage residents and families through both informal and formal approaches such as attendance at resident/family councils as requested, and regularly scheduled resident/family general information and feedback sessions.	Tracking responses to the question "If you had to choose again, would you choose this Centre?"	97%	Sustaining our current success will require that we monitor closely the new survey process.
Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment	% / LTC home residents	CIHI CCRS / July - September 2016	51878*	27.53	21.20	Targeting Provincial Average	1) To continue to reduce, achieve or surpass the last year's performance.	Introduce the review of antipsychotic prescription on a regular basis through the Professional Advisory Committee (PAC) meetings.	# of drug review assessment, in a given year	To reduce the percentage of residents receiving antipsychotic drugs without a diagnosis of psychosis to 21.2% by March 31, 2018	