Let's Make Healthy Change Happen.

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

St. Joseph's Continuing Care LTC 2018-2019

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

3/19/2018

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.

Ontario

Overview

Once again, we will continue to focus on four areas of quality dimension in this plan, namely: Effectiveness, Equitable, Resident-centred and Safety.

Our priority in the dimension of Effectiveness is to improve our performance regarding potentially avoidable Emergency Department (ED) visits.

In the Equitable dimension we will work diligently to maintain the % 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 the following three questions:

What number would you use to rate how well the staff listen to you?
I can express my opinion without fear of consequences.
If I was to choose again would I choose SJCCC?

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

Describe your organization's greatest QI achievements from the past year

Under the Effectiveness dimension our percentage of avoidable ED visits decreased from last year and this was in part due to our efforts in measuring all ED visits and studying trends along with classifying reasons for transfers. Our facility hosted a sub-regional meeting with other LTC facilities along with our community hospital partner in order to discuss and compare our findings. It was discovered that SDMs do influence hospital transfers and often it is due to the lack of understanding or education regarding the resident's condition. Our registered staff have been given the tools to better handle these situations.

Resident, Patient, Client Engagement

In the summer of 2017 our Centre reviewed our Resident/Patient Satisfaction Survey and made significant changes to the questionnaire in order to better capture the required information necessary to identify gaps in our services and processes. A fundamental change was to separate the data capture for residents from patients. Next, we increased the number of questions regarding the service received from staff in order to better capture by discipline.

We presented the draft version of the new resident survey to both our Resident and Family Councils in order to obtain their input. Overall, everyone agreed that even though it would take longer to complete the survey, the increase in data input would help our facility better direct their improvement efforts.

In the coming year our Centre will be increasing its focus surrounding the Family Council because some of the participants no longer have a loved in our Home, changing the dynamics of the group.

Also, the QIP will be presented to both the Resident and Family Councils for review and discussion.

Collaboration and Integration

Our facility hosts a quarterly meeting with other LTC facilities along with our community hospital partner in order to discuss and compare solutions regarding (among other topics) avoidable ED visits. The facilities have recognized that many factors affect this indicator and discussions have highlighted simple interventions which can be adopted by most. Our community hospital has overcapacity issues and any improvement in this area is appreciated. Even though this meeting process is in the early stages we believe it promises to be a great opportunity to allow LTC and Acute care settings to better understand each other's operations.

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. Representative membership includes Physicians, NP, RN, Pharmacy and Therapy Service groups.

Population Health and Equity Considerations

The Champlain LHIN recently published a technical report entitled Sub-Region Population Health Profiles (October 2017) which describes our city as: "More than 40% of its residents speak French as their mother tongue". Our organization is a designated facility. Our QIP includes a metric whereby we measure how well we serve our French population by including the following question in our Resident satisfaction survey: "I receive services in the official language of my choice". Our scoring is 94%.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The effective treatment of pain is of great importance in the provision of care to our residents and patients at St. Joseph's Continuing Care Centre. We take a multidisciplinary approach to pain management involving the nursing team, pharmacy, medical team, as well as occupational therapy and physiotherapy. Pain assessments are completed on a regular basis by the nursing team which help guide decisions on the plan of care. Additionally, quarterly medication reviews are done with the aim of reassessing medications and their effectiveness, including both opioid and non-opioid medications used for the treatment of pain. Often, non-opioid therapies are trialed prior to the introduction of opioids as well as complementary therapies such as the application of heat. The decision to initiate an opioid is made after careful assessment of resident or patient specific factors and also consideration of risks to the resident or patient. Reassessment of opioids by the medical team (physician and/or nurse practitioner) is done on a regular basis with the aim of de-prescribing or tapering when they are deemed to be no longer required or if a reduced dose would benefit the resident.

Workplace Violence Prevention

Workplace violence prevention is monitored and presented by the Joint Health and Safety Committee. A Workplace Violence Prevention Programme is in place defining behavior that constitutes workplace violence and defining procedures for reporting and resolving incidents of workplace violence.

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 / Licensee or delegate _____ (signature)
Administrator /Executive Director _____ (signature)
Quality Committee Chair or delegate _____ (signature)

2018/19 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

St. Joseph's Continuing Care Centre 14 YORK STREET

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)

AIM		Measure								Change				
Quality dimension	Issue	Measure/Indicator	Type	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	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2016 - September 2017	51878*	29.73	24.00	Working towards provincial average.	1)Partner up with other LTC homes in our City along with our Community Hospital to review potential solutions and share lessons	Meeting will occur every two months.	Six meetings per year.	Minimum of 4 meetings to be held during the fiscal year with our facility at the	High frequency of transfers will be reviewed during these meetings comparing to
	Wound Care	Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer	A	% / LTC home residents	CIHI CCRS / July - September 2017	51878*	3.25	3.25	Not working on this indicator	1)Not working on this indicator	Not working on this indicator	Not working on this indicator	Not working on this indicator	
Equitable	Other	Number of residents served in the official language of choice	C	Rate per 100 residents / Residents	In-house survey / 2018-2019	51878*	93.8	95.00	Return to levels experienced in 2016-2017	1)Survey question will be modified to specify French or English as the official languages of choice.	Update survey and monitor the results as surveys are completed.	% of residents answering positively to the modified question.	95.00	Our current performance is strong at 93.8
Patient-centred	Person experience	Percentage of residents responding positively to: "What number would you use to rate how well	P	% / LTC home residents	In house data, NHCAHPS survey / April 2017-March 2018	51878*	96.03	95.00	Maintain current level	1)Continue communication during education days regarding the importance of "really" listening to the resident through examples	Communication is done on education days with emphasis for the teams struggling as indicated by the survey results.	Tracking the responses to the question "how well does our staff listen" by discipline such as: nursing staff, medical staff, etc.	95	Sustaining our current success will be key through continued
		Percentage of residents who responded positively to the statement: "I can express my	P	% / LTC home residents	In house data, interRAI survey / April 2017 - March 2018	51878*	98.61	95.00	Maintain current level	1)Continue communication during education days regarding the importance of allowing our residents to have a voice. Continue to	Communication is done on education days and at Family and Resident Council meetings.	Tracking results to the question "I can express my opinion without fear of consequences".	95.00	Sustaining our current success of 98.61 will be key through continued
	Resident experience: "Overall satisfaction"	Percentage of residents who responded positively to the question: "Would you	P	% / LTC home residents	In house data, NHCAHPS survey / April 2017 - March 2018	51878*	97.6	95.00	Maintain current level	1)Maintain 2017-2018 performance.	Continue to support our Resident and Family Councils with renewed emphasis on ensuring concerns are heard, documented and addressed to the satisfaction of our Councils.	Tracking responses to the question: "If you had to choose again, would you choose our Centre?	95.0	Sustaining our current success rate will include continued support for our
Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7	P	% / LTC home residents	CIHI CCRS / July - September 2017	51878*	25.75	20.00	Working towards provincial average	1)To review and document diagnosis at time of prescribing.	Metric to be brought forward to the Professional Advisory Committee along with an emphasis on the practice guidelines.	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding the resident assessment.	20.0	

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	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; October 2015 - September 2016; CIHI CCRS, CIHI NACRS)	51878	33.71	28.70	29.73	Daily dashboard has been developed and tracks the visits to the ED from our facility which allows us to study trends and focus on increased occurrences.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Development of a tracking tool	Yes	The daily dashboard metric allowed us to study trends which soon developed into a need for more detailed / custom information. Even though our dashboard metric does not represent the final "modified" provincial result, we considered a decrease in the number a success.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
2	Number of residents served in the official language of choice (Rate per 100; Residents; 2017; In-house survey)	51878	97.00	97.00	93.80	Centralizing the capture of resumes allowed us to better identify the bilingual candidates and bring to the forefront during the interview process.

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Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Update the employee recruiting process	Yes	We did centralize the process when capturing external resumes improving our ability to target those indicating bilingual capabilities. We did notice that over the year the pool of bilingual resumes decreased showing a possible shortage of bilingual candidates in our community.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
3	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (%; LTC home residents; April 2016 - March 2017; In house data, NHCAHPS survey)	51878	X	85.00	96.03	We take every opportunity to help our staff understand the importance of listening to our residents, and the sharing of results with the various teams surrounding this skill is key.

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Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
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.	Yes	The survey was updated to include a question regarding how well the various disciplines listen to our residents such as: nursing staff, medical staff, and personal care staff, among others. This allowed us to better understand and target the teams requiring education surrounding this topic.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
4	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS) (%; LTC home residents; April 2016 - March 2017; In house data, NHCAHPS survey)	51878	97.00	97.00	97.60	The question "If I were making the choice to move to a Long-Term Care home, I would choose St. Joseph's Continuing Care Centre again" was added to our survey. Only a yes or no answer option was available.

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Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
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?"	Yes	We believe the target at 97% may have been aggressive. Our survey has been modified to include: "If I were making the choice to move to a Long-Term Care home, I would choose St. Joseph's Continuing Care Centre again" and the response choice is: "Yes" or "No".

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
5	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (%; LTC home residents; April 2016 - March 2017; In house data, interRAI survey)	51878	X	85.00	98.61	The question "I can express my opinion without fear of consequences" was added to our survey.

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Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
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.	Yes	The question "I can express my opinion without fear of consequences" was added to our survey and to ensure transparency members of the recreation team were assigned to capture results of the new surveys.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
6	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	51878	27.53	21.20	25.75	Discussions at the Professional Advisory Committee helped enlighten various members on the importance of this initiative.

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Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
To continue to reduce, achieve or surpass the last year's performance.	Yes	Discussions regarding this metric were introduced to the Professional Advisory Committee which included our medical staff whose participation was key.