

Let's Make Healthy
Change Happen.



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

St. Joseph's Continuing Care CCC 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.

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Overview

Once again, our organization will continue to focus its efforts in the dimensions of Efficiency, Equitable, and Safety while adding a fourth dimension Patient-Centred Care.

Our focus in the dimension of Safety will be the monitoring of Workplace Violence and although we are a sub-acute facility, and the incidents are few, we as an organization need to be aware of the growing number of incidents in the health sector.

In the Equitable dimension our focus will be on sustaining the success achieved in 2017 on the percentage of patients who always receive service in the official language of choice.

We will continue our focus in the Efficiency dimension, namely to increase our patients' access to the right level of care. Our ability to maintain our ALC numbers under control directly affects our ability to support our community by improving patient flow.

Our patient-centred priority will be to focus on the percentage of patients responding positively to the following statement:

I would recommend St. Joseph's Continuing Care Centre to others.

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

Under the Efficiency dimension our percentage of ALC days as a percentage of all patient days has improved drastically from 36% to 21%. The improvement is attributable to the patient flow coordinator's duties and approach which ensures that all patients are assessed before entering our CCC program. SJCCC has embraced the RCA framework allowing us to better define and communicate the criteria for admission. We have also ensured that all current ALC-LTC patients revisit their applications in order to include 5 LTC Home choices. This has increased the transfers, ensuring our patients received the right level of care.

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 information by discipline.

We have developed two separate surveys including post-discharge and palliative care. These were specifically identified as a need after we began doing calls with patients and families having experienced our services. Through their answers and comments the new surveys were crafted.

Collaboration and Integration

Our CCC program requires that we maintain and reach targets for two metrics including ALOS and Separations. In order to hit the targets, set by our LHIN, we needed to increase CCC bed capacity and include/pull the right patients to our program. Using the RCA framework our patient flow coordinator established a strong relationship with our community hospital and continues to participate in the on-site weekly patient review. The coordinator also reaches out periodically to other hospitals, ensuring our occupancy remains high.

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 100%.

Access to the Right Level of Care – Addressing ALC

ALC is very important to our program and because we offer sub-acute services, we are often expected to be a catch all for all non-acute patients. The RCA framework allowed us to better understand our role in offering services to our community and to recognize that even though we are often expected to accept all patients not fitting the acute definition, this practice does not fit within the Right Level of Care philosophy. Our patient flow coordinator's duties and approach which ensures that all patients are assessed before entering our CCC program allows us to serve our population efficiently and effectively.

In the last year we have increased our separations from 136 to 245 and our bed capacity increased from 22 to 36.

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 patient.

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 behaviour that constitutes workplace violence and defining procedures for reporting and resolving incidents of workplace violence.

Performance Based Compensation

The hospital has only one executive position; namely the Executive Director (ED). The ED is the chief administrator of both the hospital operation and the long-term care operation. For the fiscal year 2018-2019 a percentage of the annual base of the ED (3%) as determined by the Board of Directors, will be linked to the achievement of targets set out in the QIP.

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)

Hotel Dieu Hospital - Cornwall 14 York Street

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