

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.ca/excellentcare](http://ontario.ca/excellentcare)

## 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

AIM	Quality dimension	Measure/Indicator	Type	Unit/Population	Source/Period	Organization ID	Current performance	Target	Justification	Planned Improvement Initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all calls 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 working on)														
Effective	Effective Transitions	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer served in the official language of choice	P	Rate per 100 residents / LTC home residents	CHC CIRS, QH 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 learned working on this indicator	Meeting will occur every two months.	5th meeting per year.	Minimum of 4 meetings to be held during the fiscal year with our facility at the indicator	High frequency of transfers will be reviewed during these meetings comparing to
		Wound Care	A	% / LTC home residents	CHC CIRS / July - September 2017	51878*	3.25	3.25	Not working on this indicator	Not working on this indicator	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 language 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
		Person experience	P	% / LTC home residents	In house data, NHCAPS 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 during education days regarding the importance of allowing our residents to have a voice. Continue to	Communication is done on education days with emphasis for the teams struggling at 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
Patient-centred	Resident experience	Percentage of residents who responded positively to the statement "I can express my opinion without fear of consequence."	P	% / LTC home residents	In house data, NHCAPS 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 will be key through
		Overall satisfaction	P	% / LTC home residents	In house data, NHCAPS survey / April 2017 - March 2018	51878*	97.6	95.00	Maintain current level	1) Continue communication during education days regarding the importance of allowing our residents to have a voice. Continue to	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 days preceding the resident assessment.	P	% / LTC home residents	CHC CIRS / July - September 2017	51878*	25.75	20.00	Working towards provincial average	1) To review and document diagnosis at time of prescribing.	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	