

Let's Make Healthy
Change Happen.



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

St. Joseph's Continuing Care LTC 2019-2020



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

3/29/2019

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

Overview

We focus on three areas of quality dimension in this plan, namely: Effectiveness, Resident-centred and Safety.

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

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 achievement from the past year

Under the Safety dimension our percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment decreased significantly from 25.75% to 19.50% and our target of 20% was met. Our decision to include this metric as a standing item on our Professional Advisory Committee (PAC) ensured that a form of PDCA (Plan Do Check Act) cycle was respected. Of course, moving this item to the PAC also ensured the involvement of the medical staff who played a huge role in moving initiatives forward. The medical staff also voluntarily participated in provincial training towards initiatives surrounding this topic.

Patient/client/resident partnering and relations

We presented the Resident Survey to both our Resident and Family Councils in order to obtain their input. This new survey was used for the first time and results truly informative.

In the past year our Centre has worked closely with our Family Council since the majority of the members are new. They have settled in quite nicely in their roles and we feel the time has come to involve them in some of our committee meetings.

As in past years the QIP will be presented to both the Resident and Family Councils for review and discussion.

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.

Contact Information

Gizanne Lafrance-Allaire
Executive Director
613-933-6040 ext. 21189

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)

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"



St. Joseph's Continuing Care Centre 14 YORK STREET

Area	Quality dimension	Measure/Indicator	Type	Unit/Population	Source/Period	Organization ID	Current performance	Target	Justification	External Collaborators	Current Initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Number of ED visits for modified list of ambulatory care-residents	P	Rate per 100 home residents	CHC CDS, CHC NHCDS / October 2017 - September 2018	51878*	26.23	24.00	Working towards provincial average		1) Family education regarding Rockwood Frailty Scale tool	At the six week post-admission meeting all families are presented with the Rockwood Frailty Scale tool which shows the current level of the resident's ability to function. This approach helps families understand that a decision of the person will occur and should be indicated by the survey results.	All post-admission meetings will include the review of the Rockwood Frailty tool with family members triggered by a handout prepared by the team.	100% of all post-admission meetings will include the review of the Rockwood Frailty tool with family members triggered by a handout prepared by the team.	Increasing family education surrounding the Rockwood Frailty tool (rally should discuss the importance of this tool)
Theme II: Service Excellence	Patient-centered	Percentage of residents responding positively to: "What number would you give to rate how well we did at the last time you visited?"	P	% / LTC Home residents	In house data, NHCADS survey / April 2018 - March 2019	51878*	94.44	95.00	Maintain current level		1) Education days for clinical staff will include "listening" staff training	Tracking the responses to the question "Nurses listen to me (are good listeners)".	Tracking the responses to the question "Nurses listen to me (are good listeners)".	95.0 achievement rate on the survey for the last 12 months	Sustaining our current success will be key.
		Percentage of residents who responded positively to the question: "Would you recommend this home to a friend?"	P	% / LTC Home residents	In house data, NHCADS survey / April 2018 - March 2019	51878*	98	95.00	Maintain current level		1) Comfort rounds to be introduced on units to improve our score surrounding availability of staff at bed side	With the collaboration of the Priority Review the comfort round process will be first introduced on one unit and if proven successful it will be implemented in all 4 non-dementia care units.	Tracking the response to the resident survey questions surrounding staff availability.	95.0 percent of residents will recommend our nursing home.	Sustaining our current success will be key.
		Percentage of residents who responded positively to the question: "Would you recommend this home to a friend?"	P	% / LTC Home residents	In house data, NHCADS survey / April 2018 - March 2019	51878*	96.63	95.00	Maintain current level		1) Comfort rounds to be introduced on units to improve our score surrounding availability of staff at bed side	With the collaboration of the Priority Review the comfort round process will be first introduced on one unit and if proven successful it will be implemented in all 4 non-dementia care units. The staff participating in the comfort rounds will include more than the current rounds.	Tracking the response to the resident survey question "I can express my opinion without fear of consequences".	95.0 percent of residents will agree or strongly agree with the statement "I can express my opinion without fear of consequences".	Sustaining our current success will be key.
Theme III: Safe and Effective Care	Safe	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding the resident assessment	C	% / LTC Home residents	CHC CDS / 2019	51878*	19.5	19.00	Maintain current level.		1) An increase involvement of clinical staff by improving communication at the Priority Review Advisory Committee (PRAC)	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding the resident assessment.	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding the resident assessment.	19.0 % of LTC Home residents or less.	Sustaining current success will be key.