Health Quality Ontario is now part of Ontario Health, a 21st-century government agency responsible for ensuring Ontarians receive high-quality health care services where and when they need them.

Health Quality Ontario's programs and services remain unchanged.

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SUBMIT QIP

PROGRESS REPORT | NARRATIVE

2020/21 Quality Improvement Plan for Ontario Long Term Care Homes

~~St. Joseph's Continuing Care Centre~~ Status: SUBMITTED

EXPORT NARRATIVE

PREVIOUS FORMAT : CURRENT NARRATIVE BLANK NARRATIVE TEMPLATE

Goto section Overview

Overview

St. Joseph's Continuing Care Center (SJCCC) is a non-profit, state of the art institution composed of 150 Long-Term Care home and 58 Complex Continuing Care/Slow Paced Rehabilitation beds. Our unique centre is located along the St. Lawrence River in Cornwall Ontario and is owned and operated by the Religious Hospitallers of St. Joseph. St. Joseph's Continuing Care Centre is proud to be affiliated with Catholic Health International (CHI) and we have also received a three year accreditation through CARF International.

For more than a century, the Religious Hospitallers of St. Joseph served in our community and never failed to recognize the needs of the sick, the elderly and the very young. Their legacy of holistic and compassionate care is reflected in our Mission, Vision and Values statements. By their example, we are committed to improve the quality of life for our seniors and assist adults affected by loss of autonomy through injury or illness. We continue to serve in the spirit of our founders and be driven by our mission, working collaboratively within our health system and community partners in the provision of services to address community needs which is also in alignment with the Excellent Care for All Act (ECFAA).

Our QIP goals for the year 2020-21 will focus on two quality modalities, namely: Effectiveness-Timely and Efficient Transitions and Safe and Effective Care. Our priority is to enhance the quality of life for our residents and in doing so, we are aiming at improving our performance in the following areas: Prevention of avoidable Emergency Department (ED) visits; Restraint Reduction and looking into the percentage of our residents whose MDS-RAI assessments have triggered Worsened Depressed Mood.

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

Our 2019-20 QIP plan under the Resident/Patient Centred theme revolved around the following three key questions on our Resident Survey.
1. What number would you rate how well the staff listen to you?
2. I can express my opinion without fear of consequences?
3. If I had to choose again, would I select St. Joseph's Continuing Care Centre?
We received positive feedback from residents and family members in all three areas and we surpassed all projected targets as well.
We were very humbled to learn that 99.2% stated they would choose St. Joseph's Continuing Care Centre again and they would recommend our facility to others. 97.62% felt they could express their opinion without fear of consequences. Some of the success for this metric may be contributed to the commencement of hourly Comfort Care Rounding on four of our units. We did experience some challenges with staff's participation on a few units however this project brought forth some valuable insight regarding the importance of addressing needs such as pain, positioning and ensuring that personal belongings are within reach to effectively reduce falls, reduce call-bell rates thereby increasing resident satisfaction.
We will be reviewing the call bell statistics in greater detail this year to identify residents who tend to activate their call bell more frequently and determine the reasons for their calls, to further improve resident satisfaction.

Collaboration and integration

Development of our local Ontario Health Team is in the beginning stages. We look forward to working collaboratively with all members of the team. Our Cornwall and Area Health Team is In the Development and continues the work.

Patient/client/resident partnering and relations

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

Workplace violence prevention

Violence in the workplace can have devastating effects on the quality of life for employees and on the productivity of an organization. St. Joseph's Continuing Care Centre is committed to the prevention of workplace violence and ensuring the safety of our employees. A policy was developed defining behaviour that constitutes workplace violence and outlines procedures for reporting and resolving incidents of this type. Our centre is committed to providing a working environment that is free of violence by ensuring that all workplace parties are familiar with the definition of workplace violence and their individual responsibilities for prevention and corrective action. Incidents of workplace violence are investigated in a prompt, objective and sensitive way. These incidents are reviewed, tracked and analyzed by the Joint Health and Safety Committee and Leadership Team to determine trends and discuss strategies to prevent these types of incidents going forward.

A Code Silver policy was developed over this past year as another means of prevention for workplace violence. Code Silver is defined as a planned response to ensure the safety of all healthcare workers, residents, patients and visitors, when an individual is in possession of a weapon and an enhanced police response is required. Code Silver was added to our Emergency Colour Code System, staff have been educated on this new code and drills were conducted. Fortunately, our organization did not experience any incidents of workplace violence over the past year.

Alternate level of care

St. Joseph's Continuing Care Centre works in collaboration with the LHIN Placement Team with regard to all aspects of the admission process for Long-Term Care. This process is generally seamless and does not require much on our part however some areas where our organization can make a direct impact with reducing and preventing ALC numbers lies within reducing hospital admissions. A resident can ultimately lose their long-term care bed due to a prolonged hospital admission, Therefore we make every attempt to ensure the resident returns to the facility before the 30 day window lapses. Falls are one of the many reasons why a resident is sent to the ER. We have been working on strategies to prevent falls and mitigating the risk of injuries associated with falling. Falls Huddles are conducted monthly on the unit with the highest number of fall incidents. During huddles, each fall is reviewed and strategies are discussed and put into place with the input of the staff. For example, falls surrounding self transfers onto the toilet can be reduced by Implementing a toileting schedule. We have also installed cameras in resident's rooms with the approval of the SDM in order to have a clearer understanding of the precipitating factors contributing to falls for certain residents, allowing us to put in the appropriate fall prevention strategies.

Virtual care

Our Information Technology Team continues to source new and exciting software which not only helps our organization to grow and stay current with new technology, but also contributes to higher efficiency, production and ultimately improves resident care.

St. Joseph's Continuing Care Centre has invested in an automated messaging software program from Cliniconex. This system forwards alerts and reminders to families of resident's via text, phone or email to remind them of upcoming appointments, care conferences and events. This system can also be programmed to send out mass alerts and information regarding outbreaks within our facility and other important topics which need to be communicated in a timely matter. This system has effectively eliminated the need for front-line staff to initiate these calls manually, thereby freeing up valuable time and resources so that they can focus on important matters such as providing quality care to our residents.

We have also recently added a Secure Conversation tool to our Point Click Care system. This feature enables medical staff to collaborate with other members of the health care team through the use of their smartphone. Physicians and Nurse Practitioners are able to write orders through their phone, view lab results and answer time sensitive messages which allows for a faster response time, thereby improving resident and patient outcomes.

E-Consult is another innovative program which we have utilized for the betterment of our residents. Medical staff have the ability to forward consults and liaison and collaborate directly with specialists through this program thereby reducing wait times, which greatly benefits the residents by improving outcomes.

One of the most exciting and rewarding aspects of modern technology lies within the realm of the "Smart Era". We now have the ability to enhance a person's quality of life through technology by providing them with a device to foster their independence and promote their dignity. Our Information Technologists have installed and programmed a Smart Speaker for residents afflicted with a degenerative illness, in hopes this would increase some independence they lost. Tasks which were once impossible for residents to accomplish without the assistance of staff are now possible with a simple voice command. These residents can now enjoy the little things which we typically take for granted at their leisure, such as channel surfing, adjusting room temperature, turning on/off lights, make phone calls and activating their call bell. Residents have been inquiring about the weather, news and current events and some have even asked Google to tell them a joke! This device has been instrumental in empowering individuals with disabilities and improving resident satisfaction and overall happiness.

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SUBMIT QIP

~~PROGRESS~~ ~~WORKPLAN~~ REPORT | ~~NARRATIVE~~ | Workplan

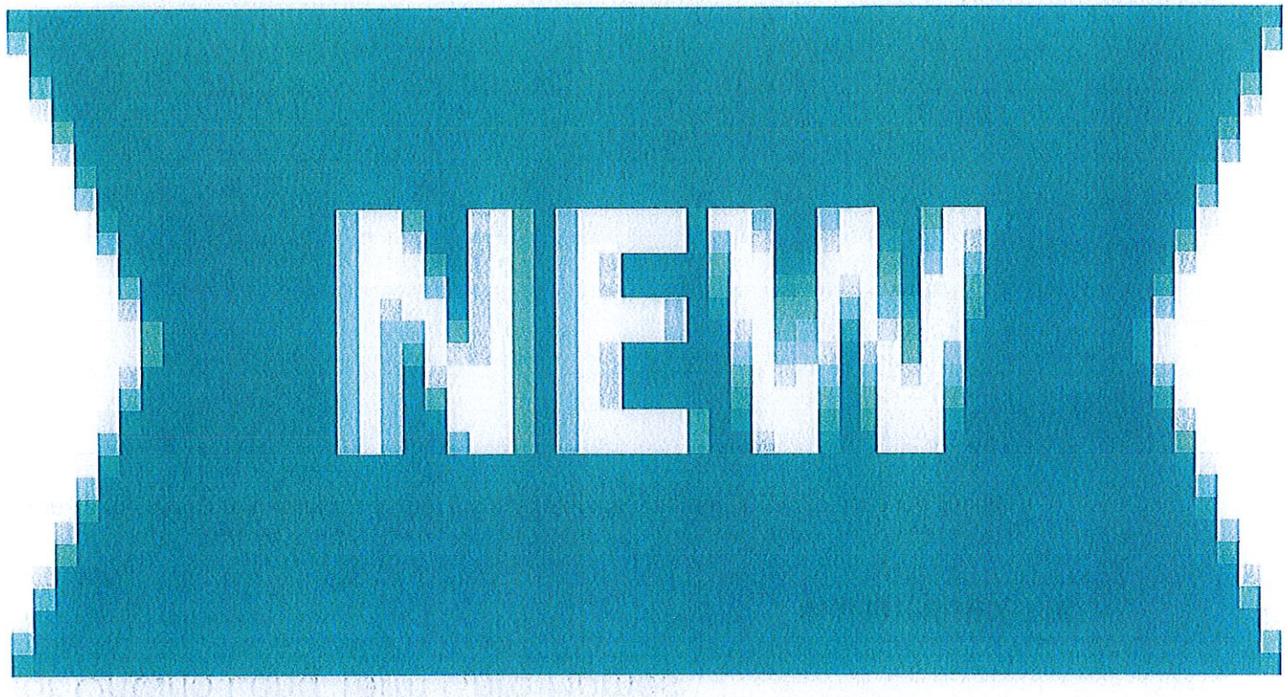
2020/21 Quality Improvement Plan for Ontario Long Term Care Homes

St. Joseph's Continuing Care Centre

Status: SUBMITTED

To enter data in the Workplan, click on the cell or the "Add" button. In the Measure/Indicator column, the indicators that appear in red font are the priority indicators.

Organization: View All



EXPORT WORKPLAN EXPORT EXTERNAL COLLABORATION REPORT

PREVIOUS FORMAT : CURRENT WORKPLAN BLANK WORKPLAN TEMPLATE

IDAIM	MEASURE									CHANGE				
QUALITY DIMENSION	MEASURE / INDICATOR	TYPE	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	EXTERNAL COLLABORATORS	PLANNED IMPROVEMENT 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

1 Efficient

IDAIM

MEASURE

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QUALITY DIMENSION	MEASURE / INDICATOR	TYPE	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	EXTERNAL COLLABORATORS	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	TARGET FOR PROCESS MEASURE	COMMENTS
	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2018 - September 2019	51878	21.81	20.00	We succeeded in surpassing our personal target of 24.0 percent. Will continue to work on ways to improve further.		#1) Review all ED transfers as they occur and commence the collecting of pertinent data to identify trends in order to reduce future avoidable transfers. Develop a Task Force committee to review data for ED transfers with the goal of identifying trends and the rationale for each transfers to determine if any could have been avoided.	Develop a Task Force committee to review data on a monthly basis for all ED transfers with the goal of identifying trends and the rationale for each transfers to determine if any could have been avoided. Nursing Care Coordinator (NCC) will maintain a log of all ED transfers, identifying any patients with comorbidities which places them at a higher risk for ED transfers. The log will also track times of transfers, registered staff involved. Nursing Care Coordinator will review stats on a monthly basis with other key members of the care team to discuss challenges experienced and ways in which we can improve on. Case based learning strategies will be developed for registered staff to improve confidence in their assessments and critical thinking skills. NP will explore algorithms which are currently available to assist registered staff in making decisions for transfer based on trajectory of symptoms present. Utilize Mobile X-ray and Ultrasound services whenever possible.	All ED visits will be reviewed and analyzed on an ongoing basis by the NCC and the information gathered will be shared with Multidisciplinary Team members on a monthly basis. This indicator will also be added as a standing item for discussion at the monthly Professional Advisory Committee. Registered staff will be invited to attend lunch and learn sessions which will include case studies related to avoidable ED transfers. The slide deck for the learning modules on these case studies will be made available for all registered staff to review on the Intranet under education.	100 percent of ED visits to be logged and analyzed for improvements with our processes.	Despite the fact that we exceeded our projected target with this metric, we strive to continue to make improvements for the wellbeing of our residents.

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											#2) Continue to work with the residents, medical staff and families to identify early changes regarding resident's health concerns.	Family education: The Rockwood Clinical Frailty scale is reviewed at the post admission meetings, annual care conferences and when a significant change is identified. This helps to open up discussions into sensitive issues for residents and family members providing them with some clarity concerning trajectory of disease processes.	Team will continue to refer to Rockwood tool as a means of opening up early discussions with families concerning sensitive topics during post admissions and annual care conferences concerning trajectory of disease and palliation approach.	100 percent of all post admissions and annual care conference meetings will include discussions surrounding the Rockwood Frailty Tool.	
2	Efficient	Percentage of residents who were physically restrained	C	% / Residents	CIHI CCRS / January 2020-December 2020	51878	12.80	10.00	To improve our performance in effectively reducing restraint use within our organization.		#1) Formulate strategies to reduce restraints thereby improving quality of life and safety measures for all our residents.	Bed Rail Reduction Committee was developed with a goal of reducing bed rails within our hone for all 150 residents by March 31, 2020.	Complete assessments for safe removal of all forms of restraints such as bed-rail, seatbelts and wheelchair table trays. Provide alternatives such as bed/chair alarms; fall mats at bedside when appropriate to mitigate risk of injury from potential falls.	100 percent of residents will be assessed and risk benefit will be determined. All bed rails will be secured if deemed appropriate by March 31, 2020.	This is a new initiative.

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											#2) Review all restraints currently in place and determine if they are still required. Educate residents, staff and families (SDM) regarding risks associated with the use of bedrails and other types of restraints.	Continue to review restraints currently in use at monthly multidisciplinary meetings. OT to conduct individual assessments to determine whether the restraint is still appropriate and required. Discuss outcomes with current and newly admitted residents and families, highlighting our policy and philosophy on Least Restraints. Ensure they are well informed of the potential risks and dangers associated with their use. Bed-rails will be removed for all newly admitted residents prior to their arrival.	Removal of bedrails and other restraints, provide alternatives to their use.	100 percent of residents will be assessed on an ongoing basis to determine need for restraints and alternatives will be trialled. Chart audits to be conducted to ensure policies are being adhered to on a quarterly basis to verify that all the required documents and consents for restraints that are in place are up to date and current.	This is a new indicator for our home this year.
3	Timely														
	THEME II: SERVICE EXCELLENCE														
4	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / April 2019 – March 2020	51878	95.16	CB	To maintain our current level.		#1) Exceeded our target- Will focus on other goals going forward.	Exceeded our target- Will focus on other goals going forward.	Exceeded our target- Will focus on other goals going forward.	Exceeded our target- Will focus on other goals going forward.	Total Survey Initiated=126 # of LTCH beds=150 Exceeded our target- Will focus on other goals going forward.

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5	Patient-centred	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / April 2019 - March 2020	51878	97.62	CB	No longer including this indicator in our QIP		#1) Exceeded this target- Will focus on other goals going forward.	Exceeded this target- Will focus on other goals going forward.	Exceeded this target- Will focus on other goals going forward.	Exceeded this target- Will focus on other goals going forward.	Total Survey Initiated=126 # of LTCH beds=150 Exceeded this target- Will focus on other goals going forward.

THEME III: SAFE AND EFFECTIVE CARE

6	Effective	The proportion of residents with a progressive, life-limiting illness, that are identified to benefit from palliative care, who subsequently have their palliative care needs assessed using a comprehensive and holistic assessment.	P	Proportion / LTC home residents	Local data collection / Most recent 6 month period	51878	CB	0.00	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.	Not working on this indicator.

IDAIM

MEASURE

CHANGE

	QUALITY DIMENSION	MEASURE / INDICATOR	TYPE	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	EXTERNAL COLLABORATORS	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	TARGET FOR PROCESS MEASURE	COMMENTS
7	Effective	Percentage of long-term care home residents whose mood from symptoms of depression worsened	C	% / Residents	CIHI CCRS / January 2020/December 2020	51878	37.60	30.00	We are aiming to reduce this indicator with the goal of eventually reaching the provincial average of 23.00%.		#1) Determine clinical diagnoses of depression for residents with a high Depression Rating Scale (DRS) and to determine whether these residents have been prescribed an antidepressant.	RAI Coordinator will conduct quarterly audits and flag residents whose Depression Rating Scale score showed an increase indicative of worsening depression. All residents with higher score will have a chart review with their MD/NP/Pharmacist to determine if medication interventions should be explored.	RAI coordinator to complete chart audits as well to determine if the increase in depressive mood was due to a coding error during the assessment period. Referrals will be forwarded to the Spiritual Care Coordinator, BSO and Resident Relations Advisor to meet with resident and family members to discuss any concerns and provide support. Involve Recreation Team to meet with resident and family members and review the activities and social outings that are of interest and provide enjoyment for the resident.	100 percent of all residents whose DRS was indicative of worsening depression will be assessed by MD/NP and a chart audit will be completed	This is a new indicator for our home this year.
8	Safe														

EQUITY

9 Equitable