

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

July 8, 2022



OVERVIEW

St. Joseph's Continuing Care Centre (SJCCC) is a non-profit organization located along the scenic St. Lawrence River in Cornwall Ontario. The land on which St. Joseph's operates includes the territory of the Haudenosaunee and Algoniquin peoples. SJCCC is grateful for the opportunity to work and live on this land and remain committed to, and acknowledge responsibility for building and improving relationships with First Nations, Inuit, and Metis peoples as equal partners in all we do. SJCCC is owned and operated by the Religious Hospitallers of St. Joseph's (RHSJ). This unique facility houses a 150 bed Long-Term Care home- referred to as St. Joseph's Villa (SJV), and a small 58 bed hospital- known as Hotel Dieu Hospital (HDH). St. Joseph's Continuing Care Centre is proud to be accredited by CARF International and is also affiliated with Catholic Health International (CHI).

This year SJCCC celebrated a special milestone commemorating the 125 year Anniversary of the Religious Hospitallers of St. Joseph's arrival to Cornwall. The Sisters came to the city to establish and operate Cornwall's very first hospital. Hotel Dieu Hospital opened its doors to the public in June of 1897. For more than a century the Religious Hospitallers of St. Joseph served in our community, never failing to recognize the needs of the sick, the elderly and very young. Their legacy of holistic and compassionate care remains deeply rooted and is reflected in our Mission, Vision and Values Statements. We continue to lead by their example and remain committed to improving the life of our seniors and adults affected by loss of autonomy through injury or illness. We continue to serve in the spirit of our founders and remain driven by our mission in

working collaboratively within our health system and community partners in provision of services to address community needs.

SJCCC QIP goals for the year 2022-23 QIP submission focuses on the following three quality modalities:

1. Resident Experience, where we are reviewing the survey question, "My pain is properly controlled".
2. Safety of Care- percentage of LTC residents' not living with a psychosis who are given anti-psychotic medications.
3. Efficient- Number of ED visits for a modified list of ambulatory care-sensitive conditions.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

St. Joseph's Continuing Care (SJCCC), as with so many other Homes experienced unprecedented challenges navigating through unknown pandemic territory, with having never experienced a pandemic before. The health, safety and well-being of our residents, patients and healthcare providers remains our priority and focus to this day.

Keeping the lines of communication open are extremely important at all times but even more so when dealing with a pandemic. Zoom and Google Meet replaced all in-person meetings in order to respect and manage social distancing recommendations. This forum allowed for continued collaboration and high level discussions concerning pandemic issues, as well as other areas of focus. A virtual format was adopted facility-wide with the assistance of the IT team by setting up additional computers, devices and headsets on

all units to improve communications, which aided in maintaining the day to day operations within the Centre. All communications were held via virtual platforms such as Resident Care Conferences; Multidisciplinary meetings; employee interviews; educational in-services; staff meetings and annual education to name but a few.

SJCCC is fortunate to have a dedicated Infection Prevention and Control lead (IPAC) whose expertise and knowledge guided the Home throughout the many phases of the pandemic and continues to be a invaluable resource to the entire organization. The IPAC lead liaisons and collaborates with Public Health, is involved in surveillance and outbreak management as well as implementing IPAC practices that comply with statutory, regulatory and other requirements of the Home.

SJCCC continued to look at methods to improve quality initiatives and processes within the Centre with the goal to improve the lives of our residents and employees. Some improvements that were made over the past two years are reflected below:

SJCCC held Vaccine Clinics for residents, patients, employees and essential care-givers.

SJCCC underwent the CARF Canada Accreditation process which was held virtually due to the pandemic. Our organization was granted a three year accreditation with no recommendations, which is only achieved in 3% of CARF surveys.

Improvements were incorporated with the screening process by replacing paper based screening tools with five tablet device stations. This not only made sense for the environment but also reduced the wait times and crowding at the front entrance substantially.

Development of a television channel dedicated solely for the residents of SJCCC by IT. Channel 46 allows the residents to stay current with the happenings in the Home, participate in social programs and live-streamed events as they occur.

Annual Staff Education format changed to a virtual platform and was well received.

Completion of mandatory IPAC Education was implemented for all employees.

Improvements to software solutions- TaperMD Deprescribing tool was implemented. This tool addresses and reduces the harmful effects of poly-pharmacy issues with seniors, improving their quality of life.

SJCCC participated in the Medication Safety Technology Program offered by the MOH with the goal to enhance and/or adopt technologies to strengthen medication safety.

The outdated Roam Alert system was upgraded to the WanderGuard model to ensure the safety of our residents at risk for elopement. This new system offers residents and patients more

freedom to move around the home while maintaining their safety.

Resident surveys conducted in 2020 were taken at the height of closures and restrictions and therefore the results were reflective of the times. In 2019 the question, "I receive emotional support" measured 94.0% and notably lowered to 73.6% in 2020. "I can express my opinion without fear" scored 97.0% in 2019 and was at 78.7% the following year. Our recent survey results for 2021-22 were found to be more inline with pre pandemic results with 90.4% of residents rated feeling emotionally supported and 97.0% felt they could express their opinion without fear, showing significant improvements from 2020 surveys. Other areas of improvement from the previous survey surrounded satisfaction with social and therapy programs. Satisfaction in Social Programs had reduced to 71.4% in 2020 and has since increased to 83.0% in 2021 which exceeded the pre-pandemic result of 80.0%. Satisfaction with Therapy Services went from 96.1% in 2019 to 66.3% the following year but notable improvement was seen in 2021 at 93.2% satisfaction as well.

As we move into the recovery period from the effects of the pandemic, St. Joseph's Continuing Care Centre feels confident that we will continue to make substantial gains and improvements with QI initiatives and goals.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

St. Joseph's Continuing Care Centre has an active Resident and Family Councils. Members were able to remain involved and

continued to meet during the course of the pandemic through a virtual platform. Despite the many challenges over the last two years we were able to continue with fund raising efforts such as the Light's of Hope campaign and a Date Night Kit Fundraiser, both events were successful in raising funds that was used to purchase therapeutic equipment for the Centre.

The 90s/100 Club Ceremony returned after brief pause and welcomed 34 additional LTC residents into the club.

We are fortunate to have many platforms for advocacy and collaboration at SJCCC. The voices of those we work with and care for are foundational in providing the highest quality of care. With regular meetings, follow-ups and shared ideas, we are able to work together as a team to provide excellence, innovation, safety and holistic approaches to care. The sharing of lived experiences allows us to work on continuous quality improvement in our Long Term Care, rehabilitation, palliative care and remote care services.

Resident, Patient and Family surveys were completed. The information received from surveys is invaluable and important in determining areas where improvements need to be made.

As in the past years, the QIP plan will be presented to the Resident and Family Council's for review and discussion.

PROVIDER EXPERIENCE

This pandemic proved to test all the boundaries, however, with adversity comes resilience and despite the fact that we are still

experiencing some of the rippling effects from COVID-19, we all hang on to the hope that the worst of the pandemic is finally behind us. Staff from every department within our organization proved that when "the going gets tough, the tough get going". Our front-line staff members are truly the definition of "Healthcare Heroes" and this has been constant throughout each wave. Our employees continued to be guided by the Centre's Mission statement, which reads, "In the spirit of the Religious Hospitallers of St. Joseph, we reveal God's love and mercy through compassionate care focused on the body, mind and soul of all those whose lives we touch." These words resonated deeply within our staff, as evidence by their outpouring of compassion, dedication and quality of care they continued to provide, all while navigating through challenging and demanding situations caused by increased workload, dealing with multiple outbreaks and the pressures of isolation protocols. Staff were attentive to the residents' needs offering support and comforting measures when family members were no longer permitted entry into the Home due to visitation restrictions. Home life issues were present for some as well with gaps in childcare, family illnesses, school closures and homeschooling demands.

Fostering a positive, safe and healthy work environment for all our SJCCC employees is important. Workplace Wellness newsletters are posted on a quarterly basis. Information is geared towards health, safety and improving work-life balance. Fresh fruit, healthy snacks, and beverages were provided for staff to access free of charge in the Cafe. Staff were also provided with meals and snacks when working during isolation phases. EAP is available and encouraged for all staff to access.

Staff Appreciation days were held frequently as a means to show our gratitude. Employees were treated with pizza and breakfast meals served by the Leadership team. Raffles for gift cards and other prizes donated by our Board Members and other sponsors were held. Parking fees for all employees were waived during the pandemic.

Our annual Sister Rosalia Cobey Award ceremony was held virtually this year after a short hiatus. Seven exemplary employees were nominated by their peers for this prestigious award. Employee Service Awards were also held virtually. A total of 48 valued employees were recognized and praised for reaching milestone years of service ranging from five to forty years.

Employee recruitment and retaining remain a strategic focus for the Leadership team. SJCCC had a remarkable year in 2021 for recruiting, adding a total of 148 new employees to our dynamic team. A Job Fair was also organized on site and managers for all departments conducted on the spot interviews yielding positive results. A Staff Exit Survey was created in order to focus efforts on improving and assessing the overall quality of work-life at our Centre. Staff were also offered recruitment incentives to boost staffing levels by referring a friend.

Resident Support Aide positions were created to support staff and to help offset workload demands created by the pandemic. A second full time BSO was added to the staffing complement to assist and support residents with behavioral issues they may be

experiencing.

SJCCC was the primary clinical site for the accelerated PSW program that was funded by the province. PSW students completed 300 hours of consolidation at our facility and many were hired upon graduation.

Recreation staff complement increased on the LTC side dedicating one staff for each unit.

A full-time Wellness and Spiritual Care Coordinator was hired to help meet the spirituality needs of our residents.

SJCCC is proud to be an integral part of the Ottawa East Ontario Health Team (OHT). The team collaborates with providers from Eastern Ontario, Eastern Champlain and part of the Ottawa region. We also work closely with our partners from Cornwall Community Hospital, The Royal Ottawa Psycho-geriatric team, TOH, and Home and Community Care Support Services. SJCCC is proudly affiliated and sponsored by Catholic Health International.

RESIDENT EXPERIENCE

Social Connectedness:

SJCCC residents felt the effects of social isolation during the course of the pandemic with the onset of visitation restrictions, elimination of large social gathering programs and increased isolation protocols put in place in order to keep residents safe. These strict directives were particularly distressing for our socially engaging

residents who thrived on the benefits of daily social interactions through our many engaging recreation programs. Human connection is a basic need, one that is essential to good health and well-being. SJCCC recognized the impact social isolation could have on the health and well-being of our residents and subsequently initiated strategies to mitigate these risks during the early stages of the pandemic.

Many of the interventions SJCCC incorporated to help reduce social isolation and enhance connectedness were made possible by the use of technology. Additional tablets were purchased in order to facilitate the influx of virtual visits at the start of the pandemic, when onsite visitations were no longer permitted. In time, window and outdoor visits commenced and this substantially decreased the volume of virtual call requests.

Through the generosity of many SJCCC supporters, our Recreation department was able to purchase a jDome Bike for the residents to enjoy. This innovative bike provides the user freedom to travel to destinations of their choice, all while incorporating the benefits of physical activity.

SJCCC took advantage of funding made available through the Ontario Seniors Community Grant Funding to access the Rendeever Virtual Reality platform. Rendeever is making huge strides in keeping seniors healthy and engaged through the use of virtual reality headsets that have the capability of syncing with other headsets allowing for engaging opportunities with other seniors around the globe; thus, promoting socially engaging activities while

maintaining social distancing requirements. Robotic interactive pets are provided to our residents afflicted with dementia and can assist in reducing loneliness, anxiety, stress and provide comfort and stimulation.

Each unit in the Home has a dedicated Recreational staff to provide 1:1 and small group programs.

An internal television channel was programmed by IT for residents to access in their rooms allowing them the ability to participate in social programs and watch live streamed special events happening in the home. The Resident and Family Advisor hosts a weekly show called the "The NewsRoom" which provides updates on the happenings in the home and special events that are occurring to keep the residents and patients informed.

Fostering Spirituality:

SJCCC is a Catholic based organization that tends to all faiths. The elimination of large gatherings meant that residents could no longer attend daily Mass services, which was disheartening for many. SJCCC recognized the importance in fostering the spiritual well-being of our residents and patients, even more so given these challenging times. Mass services hosted by our resident Chaplain are live streamed onto the Home's television station for residents to enjoy in their rooms. Salt and Light Catholic TV is also available for residents to access 24/7 as well.

A Wellness and Spiritual Health Coordinator position was created to

offer therapeutic and spiritual counseling to residents, patients, families who require these services.

Future initiatives to further reduce the effects of social isolation: Development of resident specific isolation care-plans to help foster and meet their social needs.

Residents in isolation will be reviewed during morning Nursing Huddles to ensure their social needs are being met and to implement support in a timely manner.

New focus has been added to the monthly Multid meetings titled to review social needs and connections to prevent isolation for new residents as well as residents who require to be in isolation.



CONTACT INFORMATION

Lynn Theriault QI Lead
St. Joseph's Continuing Care Centre
14 York St.,
Cornwall, Ontario
K6J 5T2
1-613-932-0144 ext- 21169
email ltheriault@sjcc.ca

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 on _____

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

Theme I: Timely and Efficient Transitions

Measure		Dimension: Efficient						
Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
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 2020 - September 2021	13.78	12.00	Our organization succeeded in surpassing our target of 20.0 in our last QIP submission. e are aiming on lowering this indicator even further.		

Change Ideas

Change Idea #1 Audit, review and track all ED transfers, identifying those considered avoidable based on the conditions identified by HQO.

Methods	Process measures	Target for process measure	Comments
Quality Lead to log/review all ED transfers. Discuss situations where transfers were deemed preventable with team during monthly Multidisciplinary meetings. Identify trends noted ie) times of transfers, sending physician -primary vs on-call physician and also experience of staff (junior staff vs experienced staff). Review any significant changes to a resident's condition at daily nursing huddles and during Multidisciplinary meetings-review CHES scores (changes in health , end-stage disease and signs and symptoms). Identify comorbidities placing residents at higher risk for ED transfers Utilize mobile X-Ray and Ultrasound service to be utilized whenever possible. Continue to review falls and implement interventions and strategies to reduce frequency and to mitigate risk of injury when they occur. Liaison with the OT and PT for residents who are experiencing an increase in falls. Review Health Quality Ontario list of conditions that are considered potentially preventable with the medical staff annually during Professional Advisory Committee meetings and discuss transfers deemed preventable.	Track and measure number of ED visits deemed potentially avoidable for all residents 65 years and over according to the list of care-sensitive conditions identified.	100 percent of all ED visits will be tracked and analyzed for trends in order to further improve our current processes.	Despite the fact that we have exceeded our projected target with this metric, we continue to work on more strategies to improve these numbers further for the well-being of our residents at SJCCC.

Change Idea #2 Implementation of RNAO-BPG for falls prevention. Falls were identified as the most common reason for ED transfers.

Methods	Process measures	Target for process measure	Comments
Review incidents in PCC Risk Management and maintain tracking records.	The number of falls that occurred resulting in injuries requiring ED transfers.	100% of falls will be reviewed and falls prevention measures put in place to reduce falls by Jan 2023.	

Change Idea #3 Commence talks early on with the resident and Substitute Decision Maker (SDM) regarding increased risks to health and well-being as a result of ED transfers.

Methods	Process measures	Target for process measure	Comments
1.MD/NP to provide health teaching to resident and SDM on risks associated with transfers to ED and potential hospitalizations such as, increased risk of pressure ulcers, increased incidence of delirium, risk of contracting an antibiotic resistant organism (ARO). 2. Rockwood Clinical Frailty Scale and RAI CHES score tools that identify the frailty and health instability for risk of serious decline.	Percentage of resident/SDM who received information on reducing ED visits enabling them to make informed decisions regarding care and transfers to ED.	90% of residents/SDM will receive information at their 6 week post admission meeting as indicated in the progress notes.	

Theme II: Service Excellence

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement, "My pain is properly controlled".	C	% / LTC home residents	In house data collection / April 2021-March 2022	87.80	96.00	Response to pain being properly managed in 2019 was 95.9%. This decreased to 78.1% in 2020. An increase was noted at 87.8% during the most recent survey. We would like to improve in this area to mirror our 2019 result.	

Change Ideas

Change Idea #1 Improve pain control and management outcomes using best practice interventions thereby improving residents' well-being and quality of life.

Methods	Process measures	Target for process measure	Comments
Initiate pain assessment within 24 hours of admission to establish a baseline and to initiate plan of care. Pain assessments completed quarterly, annually and prn thereafter. NP to provide education inservices for staff to review pain management processed and interventions. Consideration of both pharmacological and non-pharmacological interventions when addressing pain and pain relief. Encourage relaxation techniques, repositioning, massage, provide gentle range of motion exercises and music therapy. Ensure timely administration of routine and prn medications and monitor for effectiveness. Consider pain when behavioural cues present in non-verbal and cognitively impaired residents. Pain management policy reviewed annually during mandatory staff education. Residents experiencing pain of residents are discussed during daily Nursing Huddles and issues are addressed immediately with primary care providers to prevent lags and gaps in treatment.	The percentage of residents experiencing uncontrolled pain.	Survey questionnaire.	

Theme III: Safe and Effective Care

Measure	Dimension: Safe						
Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / July - September 2021	16.03	14.00	2020-2021 QIP performance for this indicator was at 19.35- our current performance is at 16.03%. SJCCC endeavors to reduce this metric further to improve and enhance quality of life for our residents.	

Change Ideas

Change Idea #1 Identify residents who were prescribed antipsychotic medications without a diagnosis of psychosis and aim to deprescribe where appropriate.

Methods	Process measures	Target for process measure	Comments
1. RAI Coordinator to conduct audits on a quarterly and prn basis on resident's receiving antipsychotic medications without a diagnosis of psychosis. 2. Review residents who meet this criteria during monthly Multid meetings. 3. Review ABS score (aggressive behavioural scale) in PCC. 4. Residents who are not experiencing any issues with responsive behaviours or otherwise will be flagged for MD/NP to assess and consider deprescribing.	# of residents on antipsychotic medications without dx of psychosis that can be d/c'd in a more timely manner.	100% of residents on anti-psychotics without dx of psychosis will be reviewed.	This is a new initiative.

Change Idea #2 Staff encouraged to trial non-pharmacological interventions before administering PRN medications for responsive behaviours.

Methods	Process measures	Target for process measure	Comments
1. Utilize GPA techniques first. 2. Refer to BSO to assist in identifying triggers to behaviours and provide interventions for staff to trial. 3. Implement music and art therapy programs- Montessori approach 4. Provide sensory stimulation (Snoezelen Room). 5. Consider pain as a trigger for behaviours- complete pain assessment.	Percentage of residents with responsive behaviours with non-pharmacological interventions care-planned.	100% of residents experiencing responsive behaviours will have non-pharmacological interventions in care-plan.	

Change Idea #3 Increase awareness and management of responsive behaviours.

Methods	Process measures	Target for process measure	Comments
1. GPA courses and refresher courses are available for all staff in all departments. 2. Increase the # of staff trained in PIECES and U-First programs. 3. All staff working on the secured unit must complete 4 dementia studies modules within 2 years of their hire date.	# of staff attending training courses as documented in training records.	25% of employees will participate in responsive behaviour education sessions by March 31, 2023.	