

# St. Joseph's Continuing Care Centre

## Continuous Quality Improvement - Interim Report

### DESIGNATED LEAD:

Lynn Theriault

Nursing Care Coordinator, Quality Improvement Lead

### Agenda:

Quality Assurance Report for Quarter 4 for LTC

Review of the Resident Survey Results.

Surveys completed between the months of December 2022 to March 2023.

Review LTC QIP Report filed to the Ministry March 16, 2023

Review of the CQI Summary Report detailing our LTC initiatives.

### History

St. Joseph's Continuing Care Centre (SJCCC) has a very rich history, dating back to 1897 when the RHSJ arrived in Cornwall to establish and operate Cornwall's very first hospital, fondly known as Hotel Dieu Hospital. For more than a century, the RHSJ Sisters served our community, never failing to recognize the needs of the sick, the elderly and the very young. The Sister's legacy and tradition of holistic and compassionate care remain deeply rooted within our foundation and these traits are reflected in our Mission, Vision and Value statements.

St. Joseph's Continuing Care Centre is pleased to share the 2023/24 Continuous Quality Improvement Plan (CQIP) with our Residents, Families and Employees. SJCCC fosters a commitment to continuous quality improvement to enhance optimal quality of life for our seniors.

### Strategic Plan

In 2022 a three year plan was developed in collaboration with the Leadership Team and Board of Directors. The following four core pillars were developed:

- Innovative Care- The Montessori Approach; Transformative Spaces; Program Evolution
- Magnet Employer- Recruitment and Retention; A Culture of Ambassadors; Elevating Appreciation; Community Engagement Initiatives.
- Senior-Friendly Community- Relationship Building; Problem Solving; Legacy Driven.
- Integrated Campus of Care- Internal Expansion; External Inclusion; Full Service Location.

SJCCC recognizes that our seniors have unmet needs in our community and our focus remains on this population. Appropriate senior housing continues to pose a challenge in our community surrounding whether it be in LTC, low income housing or supportive housing options. Our seniors are deserving of a more person-centred approach, recognizing and honouring their

lifetime contributions to society. Lastly, all of this is only possible if we have employees that believe in our vision. SJCCC feels strongly that our employees' dedication and devotion to this plan is dependent on our ability to respect, honour and support each other through times of celebration as well as in times of hardship as we have endured with the recent pandemic.

### **QUALITY OBJECTIVES FOR 2023/24 (See attached Quality Improvement Plan)**

High Level Priorities for this years QIP:

Safety

Resident Centred

Timely

Efficient

QIP Priorities are divided into three categories based on their anticipated level of focus as follows:

Focused Action

Moderate Action

Monitoring

#### **Focused Areas:**

**Pain:** Under the theme, "Resident Experience" we are continuing to explore the number of residents who responded positively to the survey question, "My pain is well controlled".

Last Year's Performance- 87.8%

Goal- 96%

2022-23 Survey- result shows a further decline at 84.4%

Progress: Pain assessments to be initiated within 24 hours of a resident's admission to establish a baseline and initiate a plan of care.

Pain Management policy 11-a-200 indicates pain assessments are to be completed on admission, quarterly, annually and as required for significant changes.

Process measures the percentage of residents who have had a pain assessment within 24 hours of admission. It was discovered that only half of the new admissions were getting a pain assessment done within the appropriate time-frame.

**Antipsychotic Medication-** under the theme "Safety of Care" we will continue to review residents' not living with a diagnosis of psychosis who were given antipsychotic medication.

Last Year's Performance- 16.0%

Target- 14%

This Year's Performance- 17.9%

Target for this year remains at 14%.

Process- Stats obtained through CIHI

Target not met with a further decline in performance noted.

Tracking of statistics and conducting audits are done on a monthly basis and discussed during multidisciplinary meetings.

Policy 14-a-20 “Chemical Restraint and Behavioural Modifiers” is in place.

### **Moderate Areas:**

**Palliative Care:** Under the theme “Timely” we are exploring a new initiative concerning the percentage of residents with a life- limiting illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.

Status: New Initiative

Target: 80%

Performance: To be determined.

Goal: Our goal is to provide support and ensure the needs of our residents are identified and met early on during their palliative journey.

Policy- 11-a-22 Palliative Care Approach policy in place.

Discussions surrounding residents receiving palliative care and those who are declining medically are reviewed weekly during the nursing huddles.

### **Monitoring:**

**ED Transfers:** Under the theme “Efficient” we are continuing to review the number of avoidable ED transfers for a modified list of ambulatory care-sensitive conditions listed by Health Quality Ontario.

Last Year's Performance: 12.5%

Goal: 12% target to remain

Progress: Statistical results are received by the Ministry of Long-Term Care- results are posted publicly for all LTC homes.

Target was missed by a mere 0.5%. Result is still very impressive.

Continue with the goal to strive for improvement.

Policy development for this initiative is not required.

Monitoring of the ED transfers is being completed

Discussions surrounding ED transfers are being held at the Multidisciplinary meetings as well as PAC and QI committees.

Falls remain a high reason for avoidable ED transfers- Monitoring of falls is done and reviewed monthly during Multidisciplinary meetings and weekly nursing huddles.

### **QIP Planning Cycle and Priority Setting Process:**

St. Joseph Continuing Care has been participating in the QIP process since 2015. We create a quality plan based on multiple factors such as ongoing analysis of performance data through Canadian Institute for Health Information (CIHI) to see whether we are improving, maintaining or declining with our objectives. Provincial benchmarks are reviewed which allows us to compare our home to other LTC homes within the province. Mandated provincial initiatives also dictate what areas all Homes must focus on. Lessons learned from previously submitted QIP reports inform priorities for the next QI plan. This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP targets and high-level change ideas are

identified and confirmed. Final review of the QIP is completed by the Quality Lead, and presented to the Quality Improvement Committee before it is forwarded to the Board of Directors.

QIP is an important quality measurement, resource and communication tool which is developed and submitted annually to the Ministry. Areas that drive our annual QIPs are based on the following criteria:

- Canadian Institute for Health Information (CIHI) statistics
- Performance data from Quality Indicators and provincial benchmarks through HQO
- RNAO Best Practice Guidelines (BPG)
- Resident, family and employee satisfaction surveys
- Results based on Internal data collection-auditing process
- Critical Analysis review- assessing for trends.
- Review of Critical Incidents
- Review of Risk Management incidents-trends
- Recommendations identified under the Fixing Long-Term Care Act, 2021.

#### **Process for Monitoring and Measuring Progress:**

- Quality indicators are reviewed during Quality Improvement committee meetings as well as Leadership and Professional Advisory Committee meetings.
- Weekly nursing huddle meetings.
- Monthly Multidisciplinary meetings
- Internal audits
- Quarterly statistics from CIHI

#### **Process to Communicating Quality Outcomes:**

- Discussions held during Huddles
- During Leadership and Partnership meetings
- PAC and QI meetings
- Quarterly reports to the Board of Directors
- Annual posting of QIP on website and internally on bulletin board
- \*New- Quarterly quality updates will be posted on the bulletin board in the main hallway and sent to all employees via email.
- Posting of statistics on PCC Boards.
- Share reports with the Resident and Family Councils