

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2024



OVERVIEW

St. Joseph's Continuing Care Centre (SJCCC) is a not-for-profit, accredited organization located along the shores of the St. Lawrence River in Cornwall Ontario. SJCCC was founded by the Religious Hospitallers of St. Joseph's (RHSJ). Our unique facility encompasses two separate programs under one roof, St. Joseph's Villa (SJV) which consists of 150 provincially licensed long-term care beds and Hotel Dieu Hospital (HDH) a small 58 bed hospital which houses our slow paced rehabilitation program. Other services offered through Hotel Dieu Hospital include medically complex care, Remote Care Monitoring and palliative care.

SJCCC has a rich history dating back over 126 years. The Sisters arrived in Cornwall to establish and operate Cornwall's very first hospital. Hotel Dieu opened its doors to the public in June of 1897. For more than a century, the RHSJ Sisters have served our community, never failing to recognize the needs of the sick, elderly and the very young. The Sister's 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 affected by loss of autonomy through illness or injury.

The land on which SJCCC operates includes the territory of the Haudenosaunee and Algonquin 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.

Our Mission:

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.

Our Vision:

To Be A Beacon of Hope, on the Journey to Living Your Best Life.

Our Values:

Dignity
Spirituality
Innovation
Accountability
Equity
Safety
Hope

Strategic Plan for 2022-2025:

Innovative Care- Includes Montessori Approach; Trans-formative Spaces and Program Evolution.

Magnet Employer- Recruitment and Retention; A Culture of Ambassadors; Elevating Appreciation and Community Engagement Initiative.

Senior-Friendly Community- Relationship Building; Problem Solving and Legacy Driven.

Integrated Campus of Care- Internal Expansion; External Inclusion and a Full Service Location.

SJCCC is pleased to share our 2024-25 Quality Improvement Plan (QIP) under the following themes:

1. Access and Flow:

- The % of ED visits for a modified list of care- sensitive conditions.
- The % of discharge summaries sent to PCP within 7 days of discharge.

2. Experience:

- The % of patients who responded positively on having received adequate information about their health and care at discharge.



ACCESS AND FLOW

SJCCC is proud to announce the completion of a brand new, state of the art rehabilitation space. This 2400 sq. ft. construction is a first of its kind in our area and will enhance the efficiency and effectiveness of our rehabilitation delivery model. Programs will offer individual and group sessions allowing for increased therapy minutes per patient, while decreasing length of stay. This space fosters a sense of togetherness, encourages patients to elevate their rehabilitation journey, while they strengthen and prepare for their return home.

The Ministry of Health and Ontario Health are supportive of local initiatives to ensure people receive the right care, in the right place at the right time. Our new rehabilitation space is the perfect example of this model of care by working towards keeping patients as healthy as possible so they can remain in their homes safely, thereby, delaying the need for long-term care admissions.

Reducing ED transfers and hospital admissions remains a high priority for our organization. A focus on increasing educational opportunities for preventative management will be explored at a higher level this year. Trends identified through quality data analysis will direct our team in formulating appropriate education modules and implement measures that will help reduce avoidable ED transfers. SJCCC is fortunate to have a Medical Director and two full-time Nurse Practitioners on staff who are passionate about health teaching and mentoring. Increasing awareness on common chronic conditions known to increase the risk for preventable ED transfers and the importance in recognizing signs of exacerbation in the early stages will help to improve outcomes.



EQUITY AND INDIGENOUS HEALTH

SJCCC is committed to reducing and eliminating disparities amongst diverse populations within our organization and community through education and by providing a safe space for open dialogue.

All committee meetings begin with land acknowledgement as an expression of gratitude, respect and to honour indigenous heritage and culture.

SJCCC recognizes the importance of keeping the EDI dialogue flowing in order to foster lasting change. To achieve this, EDI is a standing item for discussion on all committee agendas and is also a topic during mandatory general orientation and annual education sessions. Volunteers also must partake in EDI education. To date, 88% of our employees within the organization have completed EDI

training/education; employees on leaves account for the outstanding 12%. The expectation is that all employees must complete mandatory education prior to their return to work.

Cornwall is bordered to the south by Kawehno:ke (Cornwall Island) which is a part of the Akwesasne First Nation Territory. The people of Akwesasne are predominantly Kanienkehaka (Mohawk), and the official languages spoken are Mohawk and English. SJCCC recognizes there is much to be learned from developing an understanding, appreciation and incorporation of the holistic approaches to health and well-being that are traditionally a part of Indigenous health practices.

Cornwall lies within the Eastern Townships region, which is part of the 'Bilingual Belt' due to its close proximity to the province of Quebec. SJCCC practices "l'offre active" and has a French Language Services Team in place to maintain effective French language health services within the Centre and to ensure the continued availability, permanence and quality of these services. SJCCC provides services in the French language for those persons who prefer to communicate in French, including all forms of communication. The French Language Services (FLS) Team monitors the process of verifying the level of competence in French for new employees.

SJCCC recognizes holidays, cultural awareness days and holy days that span across many cultures through our social media page and recreational programming. Residents and patients have access to Rendevar, a virtual reality platform for seniors which offers many cultural programs for patients to participate in through virtual activities.

SJCCC is proud to be a Catholic based organization that recognizes all faith denominations. SJCCC understands the importance in fostering the spiritual well-being for our residents and patients alike. Mass services are hosted by our resident Chaplain, and are well attended by residents and families. Residents have the option to attend in person, or via a live-streamed broadcast which they can enjoy from the comforts of their room.

Our Wellness and Spiritual Health Coordinator and Community Engagement Officer attend Community of Practice (CoP) sessions with Ontario Centres for Learning (CLRI), Research Institute for Aging (RIA) and Catholic Health International (CHI) and meet regularly with local supports to best identify where changes can be made and implemented.

CLRI Diversity and Inclusion Calendars are posted within the building and highlight days which may represent significant meaning for patients, residents, families and team members alike. Information on religious and spiritual days, cultural celebrations and health promotion days are posted on our electric signage and shared via email with our staff.

A Multi-Faith Reflection Room was implemented last year for employees in need of a quiet space to reflect, meditate or pray.

National Day for Truth and Reconciliation



PATIENT/CLIENT/RESIDENT EXPERIENCE

Hotel Dieu Hospital has an active Patient Advisory Committee in place led by the Patient and Family Advisor (PFA). Maintaining a committee membership has consistently proven to be challenging due to the 90 day turnover rate of patients in our rehabilitation program. The committee members meet for special projects that are geared towards improving patient experience. The voices of those we care for are instrumental in formulating decisions with making changes to improve delivery of care. The sharing of lived experiences allows us to work on continuous quality improvements within our Rehabilitation, Palliative Care and Remote Care Services.

Patients, family members and stakeholders are invited to participate in the Accreditation process.

Patients and families are encouraged to participate in the survey process. Survey completion and collection times have changed from annually to quarterly. This new process allows the organization the opportunity to address concerns on areas noted to have achieved lower survey ratings in order to work towards resolving issues in a more timely, efficient manner.

PROVIDER EXPERIENCE

SJCCC is fortunate to have so many dedicated and caring employees who work at the Centre. This year, 41 exemplary staff members were celebrated at the annual employee service award ceremony. Together, they share 610 years of combined service! Three outstanding employees have been with the organization for over 40 years!

The Sister Rosalia Cobey award ceremony takes place annually in



the spring. Last year, eight very deserving employees were nominated by their peers for their many acts of kindness and who live by the motto, 'Caring People, Helping People'. A new and exciting initiative for staff has been developed this year. The 'Gold Heart Award' will be given to three very deserving nominees who display compassion, dedication and leadership on their units.

Being a magnet employer is important to SJCCC and was highlighted as a goal on our 2022-25 Strategic Plan. Staff recruitment and retention strategies remain an integral part of that plan. Efforts in hiring and reducing staff turnover rates by fostering a positive work atmosphere, promoting engagement, and encouraging a healthy work-life balance are essential for retaining staff.

Healthcare workers are in high demand and SJCCC recognized that changes to our recruiting and onboarding processes were necessary in order to meet the demands for hiring. A more timely approach in scheduling interviews and in making job offers to new hire prospects is now more important than ever with the competition and influx of job opportunities that are available within the healthcare sector.

A survey was created geared specifically towards new employees in order to obtain insight into their experiences during the first few months of hire. The survey results are reviewed by HR and the leadership team in to explore ways to better support new hires in the early phases of employment improving retention.

General orientation days increased to 2 sessions, enabling new staff the opportunity to commence working much sooner. Orientation learning modules are available online for flexibility and

convenience.

SJCCC recently recruited a part-time Infection Control Resource Nurse to assist the IPAC lead. We are also very fortunate to have two full-time Nurse Practitioners at our Centre.

Funding for education and career advancement is available via the Bridging Educational Grant in Nursing (BEGIN) program. A number of our employees have taken advantage of this incredible opportunity.

Ensuring our team members have access to the proper tools that are necessary to perform their job effectively and efficiently is important. This past year SJCCC invested in upgrading the vital sign towers and IV pumps, replacing outdated models. The Centre also purchased a portable bladder scanner unit. The scanner will improve patient outcomes by identifying issues with urinary retention, reducing the risk of infection and preventing unnecessary ED transfers.

Worklife Pulse Committee identifies opportunities to enhance work-life balance for employees. Staff Appreciation meals and events such as bowling and skating parties were just but a few of the many social events that were organized for our employees and their families. Staffing polls and surveys were forwarded to staff for their input for suggestions on work-life balance and wellness in the workplace.

The Hub is a unique space based on a micro market concept and is a place for staff to refuel and recharge when at work. Hot beverages from the specialty coffee bar are available free for staff working on

statuary holidays, as a way to show our appreciation for all they do!

Wellness and Nutritional Workshop classes were introduced last year. These workshops help foster healthy lifestyle options for nutrition, creating a positive mindset and incorporating physical movement to aid in supporting mental health and well-being.

A Reflection Room® is available for staff to use when in need of some quiet time to reflect, gather thoughts, meditate or pray.

Policies on workplace psychological health and safety and disconnecting from work are in place. These policies are important elements in ensuring the well-being of our staff and for creating a positive work-life balance for all employees.

All staff have access to the Employee Assistance Program.

Bimonthly House Huddles were recently introduced on HDH. The purpose of these huddles is to provide a platform for staff to speak on challenges they are encountering on their units as well as areas where they feel they are excelling in. The intent is to share successes and ideas for resolutions to problems and for process improvements.

Town Hall meetings are held quarterly and are led by the ED of the home. Discussions are surrounding operations, recruitment and retention initiatives and reviewing survey results.



SAFETY

St. Joseph's Continuing Care Centre strives for the highest standards in quality care surrounding medication safety management for our residents and patients. SJCCC took part in the Medication Safety Technology Program geared to enhance technologies and strengthen medication safety in Long-Term Care. Many initiatives have already been implemented with the funding received, such as TaperMD; ePrescribing 2.0 and the installation of barcode scanners on all medication carts. Automatic Medication Cabinets are being implemented this coming year which will further enhance medication administration safety.

Pointclickcare has invited our organization to partake in a pilot project to trial their Laboratory and Imaging Integration software. Integrated lab and imaging ordering eliminates fax and manual follow up that can delay order processing and results capture. Notification alerts are sent to the care providers when results arrive and are easily accessed from the resident's dashboard.

All medication incidents including near miss events are entered into Point Click Care (PCC) Risk Management system. Incidents are reviewed and investigated by the Quality Lead to determine the level of risk involved to the resident/ patient and root cause analysis. Medication errors are reviewed with the staff involved and strategies are provided to prevent future incidents. Medication related quality statistics are posted on the PCC bulletin boards at the end of each month for staff to review. Medication errors are discussed quarterly at the Joint Pharmacy and Therapeutics and the Quality Improvement Committee meetings.

SJCCC has revised the Critical Incidents Analysis Medication policy

to include the list of applicable Never Events for Hospital Care as recommended.

POPULATION HEALTH APPROACH

SJCCC is proud to be affiliated with The Great River Ontario Health Team (GR OHT). The Team collaborates with other local health and service providers in order to improve the healthcare needs of the population we serve within our community.

In the beginning stages of OHT development, our Home hosted a meeting, inviting other LTC Administrators from the community and region to generate important conversations, sharing of experiences and to foster positive collaborative relationships between like-minded individuals. A strong correlation has been formed with our Akwesasne partners, thus, providing the team with invaluable insight on areas of focus to better support the indigenous population.

The Executive Director for SJCCC chairs the GR OHT Finance Committee; participates at the French Language table and participates on the Steering Committee and Collaboration Council. Other representatives from our organization are also present at the committee table.

The Great River OHT Steering Committee and Collaboration Council developed a Frailty Project Team to provide information, guidance and co-design expertise in support of the OHT mandate to improve healthcare for older adults; with the ultimate goal to improve care, provide safe solutions and support to delay entry into long term care for as long as possible. Programs that are offered through Hotel Dieu Hospital assist to facilitate this mandate in keeping

seniors in their homes longer. SJCCC slow paced rehabilitation program is progressive, dynamic and goal-oriented program which aids in improving ones functional ability while working towards facilitating a safe transition back home, or to a retirement setting.

Remote Care Monitoring (RCM) is an enhancement and extension to our rehabilitation program. Patients are monitored on a 'virtual ward' with the use of tablet devices allowing patients the opportunity to reach out to the RCM team members with concerns for up to 30 days post discharge from the physio program. This program has been instrumental in preventing avoidable ED visits as well as re-admissions back to hospital. SJCCC admits over 400 patients per year into the rehab program with an average length of stay of 45 days. The RCM program works closely with many community partners, such as Geriatric Emergency Management (GEM) and with the Paramedics Falls Program. Approximately 25% of the RCM referrals come from the Paramedics program, 25% from surrounding hospitals and 50% are from our rehabilitation program. Typically there are approximately 40 patients at any given time on the virtual ward.

**Great
RIVER**
ONTARIO
HEALTH TEAM



ÉQUIPE SANTÉ
ONTARIO DU
**Grand
FLEUVE**

EXECUTIVE COMPENSATION

The hospital has only one executive position, namely the Executive Director (ED).

Executive compensation is no longer attached to performance indicators.

CONTACT INFORMATION/DESIGNATED LEAD

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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 **March 28, 2024**

Paul Desnoyers, Board Chair

Gizanne Lafrance -Allaire, Board Quality Committee Chair

Matt Despatie, Chief Executive Officer

Lynn Theriault, Other leadership as appropriate

Access and Flow | Timely | Custom Indicator

	Last Year		This Year	
Indicator #2	21	50	49.50	NA
Percentage of discharge summaries sent from hospital to community care providers 48 hours of discharge. (Hotel Dieu Hospital - Cornwall)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Continue to work on interventions for more timely completing and forwarding discharge summaries upon discharge to primary care providers.

Process measure

- Number of MD's/NP's receiving reminders that a discharge summary is due.

Target for process measure

- 100% of MD's/NP's will receive reminders that a discharge summary is due.

Lessons Learned

Interventions implemented but did not yield results as expected. Discharge summaries were often left in que and completed in batches therefore causing delays in forwarding reports to the PCPs. Reminders were sent to the MRP however not consistently, therefore will forward these reminders on a biweekly basis going forward.

Change Idea #2 Implemented Not Implemented

Continue with current process of auditing and monitoring discharge summary completion times and communicate results with key stakeholders.

Process measure

- Sharing of relevant information with the Physicians and Nurse Practitioners to improve outcomes.

Target for process measure

- 100% of physicians and NP's will be provided with D/C summary updates and relative information every month.

Lessons Learned

Will continue to provide statistics on d/c summary completion at the Professional Advisory Committee on a monthly basis as this allows for communication and sharing of ideas.

Change Idea #3 **Implemented** **Not Implemented**

Reduce the gaps with forwarding and distributing of discharge summary reports to PCP.

Process measure

- The number of physicians/NPs receiving email reminders of an incomplete

Target for process measure

- 100% of providers will receive email reminders to alert them when a d/c summary is in draft mode and when summaries are overdue.

Lessons Learned

While this change idea was implemented it did not yield the results as hoped. More work to follow in this area.

Comment

Performance greatly improved showing a favourable increase from 21% to 49.5%- leaving us slightly below our 50% target.

	Last Year		This Year	
Indicator #1	59.70	40	22.20	NA
Number of ED visits for modified list of ambulatory care sensitive conditions* according to Health Quality Ontario per 100 patients in the Slow Paced Rehab Program. (Hotel Dieu Hospital - Cornwall)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 **Implemented** **Not Implemented**

Continue with the current process of reviewing all ED transfers to determine those that are considered avoidable based on HQO's case sensitive conditions for patients who are 65+ years.

Process measure

- 1. Percentage of ED transfers that were considered avoidable. 2. Trends to transfers.

Target for process measure

- 100% of ED transfers will be tracked and analyzed for trends.

Lessons Learned

We will continue with this process given the positive results that occurred. Tracking and maintaining logs of ED transfers is beneficial to determine trends for avoidable ED transfers.

Change Idea #2 **Implemented** **Not Implemented**

Individualized plan of care outlining level of risk for falls and strategies for falls prevention to be completed on day of admission.

Process measure

- Number of patients who have had a fall assessment and fall care plan focus in place on the day of admission

Target for process measure

- 100% of patients will be assessed along with strategies for falls prevention in place.

Lessons Learned

We will continue with this strategy given the positive results. Completing MORSE fall risk scale and implementing fall prevention strategies help to prevent falls and mitigate risk and injury.

Comment

Despite the fact we exceeded our goal with this indicator, we feel there is still room for improvement; therefore, we have added it to our QIP for 2024-25.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year	
Indicator #3	62.90	70	100	NA
Percentage of patients who indicated they were always or often involved in their care decisions when they saw their doctor or nurse practitioner. (Hotel Dieu Hospital - Cornwall)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Improve patient engagement in decisions with their care to improve patient satisfaction and outcomes.

Process measure

- Percentage of patients who indicated they are always or often involved with their care decisions.

Target for process measure

- Remains at 70.0%

Lessons Learned

Survey results for this category were favourable with 100% of patients stating they were always or often involved in their care decisions. Our target was set at 70%. At the post admission meetings pt/families the level of involvement they prefer regarding involvement in care decisions given a rate of low- medium and high. This was entered on the patient chart for medical providers to access. This was a successful intervention.

Change Idea #2 Implemented Not Implemented

To enhance patient engagement and communication with their MD/NP regarding their care decisions.

Process measure

- Number of patients who utilize this method as a means of communicating with their MD/NP. Currently collecting baseline.

Target for process measure

- Collecting baseline.

Lessons Learned

Labels titled Questions for my Doctor/NP were added to the patient white boards in the rooms for patients and families to write down questions they wanted to ask their MD/NP on rounds. This was a successful initiative.

Comment

We have surpassed our goal with this indicator and therefore will focus our efforts on other areas.

Access and Flow

Measure - Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for a modified list of ambulatory care-sensitive conditions* per 100 patients in the slow-paced rehabilitation program.	C	% / Patients	In house data collection / over 3 quarters	22.20	20.00	Current performance of 22.2% surpassed our 40% target. The home will continue to strive for continuous improvement in reducing this metric further.	

Change Ideas

Change Idea #1 Continue with the current process of reviewing all ED transfers and identifying trends based on HQO case sensitive conditions for patient's 65+ years.

Methods	Process measures	Target for process measure	Comments
Quality lead will continue to track and log all ED transfers for patients who are 65+ Data will be analyzed for trends for all transfers deemed avoidable. Report findings to the Professional Advisory Committee and Hospital Huddles.	Percentage of ED transfers that were considered avoidable and identifiable trends.	100% of ED transfers for the targeted population will be tracked and analyzed.	47.7% of the avoidable ED transfers were due to falls. 34% of the falls occurred during Q1, a significant decline in falls was noted during the following quarters.

Change Idea #2 Risk assessment to be completed in PCC following each fall along with the MORSE Fall Scale.

Methods	Process measures	Target for process measure	Comments
Maintaining records of falls for tracking and trend analysis.	The number of falls that occurred resulting in injury requiring an ED transfer.	100% of falls will be reviewed by the Quality Lead to ensure appropriate follow up was initiated.	Falls accounted for close to half of the avoidable transfers during the review period.

Change Idea #3 Early recognition of symptoms for patients with conditions that are listed on the HQO care-sensitive conditions list for ED transfers to improve outcomes.

Methods	Process measures	Target for process measure	Comments
During shift reports, registered staff to flag patients with high risk conditions and monitor for signs and symptoms of disease exacerbation and report findings to medical provider in order to assess and initiate a more timely treatment in house.	Percentage of patients at a high risk for ED transfers experiencing significant changes to conditions that will be assessed in a timely manner allowing for timely access to care and symptom management.	Patients with care sensitive conditions to be assessed to further reduce avoidable ED transfers.	

Measure - Dimension: Timely

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of discharge summaries sent to primary care providers within 7 days of discharge from slow paced rehab program.	C	% / Discharged patients	In house data collection / Jan 2024- Jan 2025	49.50	60.00	To improve current performance.	

Change Ideas

Change Idea #1 Provide weekly performance data and share with physicians/NPs regarding discharge summary completion.

Methods	Process measures	Target for process measure	Comments
Maintain/update lists of discharged patient names in Google documents for MRP/NP to access and complete d/c summaries within the appropriate time-frame. Forward reminders via email to medical providers to alert when the 7 day date for completion is nearing.	Number of physicians who receive reminders when d/c summaries are due to improve performance.	100% of MRP/NP will receive reminder emails when required.	The typical 48 hour time-frame for completion of discharge summaries was found to be unsustainable due to the fact that MRPs are only onsite on average 2 days per week. The MRPs felt a 7 day window would be more appropriate for our rehabilitation program.

Change Idea #2 Continue with current process for auditing and monitoring discharge summary completion times and communicate the results with the MRP/NP and other key stakeholders.

Methods	Process measures	Target for process measure	Comments
Provide d/c summary statistics and updates during the monthly Professional Advisory Committee meetings. Discuss concerns and barriers the medical providers are experiencing in completing d/c summaries within the appropriate timeframe.	Sharing of relevant information with the medical providers to improve performance.	100% of medical providers will receive updates and information each month concerning d/c updates and status.	

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of patients who felt they received adequate information about their health and their care upon discharge.	C	% / Discharged patients	In house data collection / Obtained over 3 quarters	CB	75.00	This is a new indicator we are measuring. The target is set to allow for internal progressive improvements.	

Change Ideas

Change Idea #1 Update patient survey to include the question if they felt they received adequate information on their health and care at discharge.

Methods	Process measures	Target for process measure	Comments
The info collected will be generated from internal data and satisfaction surveys. Data reported quarterly	Number of surveys collected	75% of discharged patients will respond to the survey question.	Surveys will be given to patients at the time of discharge.