

Let's Make Healthy
Change Happen.



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



3/17/2016

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.

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Overview

When developing the quality improvement plan "QIP" for the year of 2016-2017 the Team wanted to ensure that the plan aligned with the County of Elgin Homes and Seniors Services Mission, Vision and Values. The plan continues to align with the Mission of being "committed to creating a caring environment where residents and staff feel safe, respected and valued"; incorporating the Homes' vision of accomplishing this by "implementing Continuous Quality Improvement while using best practice initiatives". With Continuous Quality Improvement and Best Practice Application the Home will continue to take a proactive approach while striving to be influential leaders in the provision of person-centered care within the long-term care sector". The organization and staff will continue to value and place "Residents' First" by incorporating and enforcing the acronym of Residents' First in the care that is delivered:

R - Resident
E - Education
S - Staff
I - Individualized Care
D - Diversity
E - Excellence
N - Nurturing
T - Teams
S - Safety and Security

F - Family
I - Innovation
R - Restorative Care
S - Satisfaction
T - Technology

At Elgin Manor, this means meeting or exceeding provincial averages and working towards the benchmark targets. Elgin Manor's objectives are:

- To reduce falls
- To reduce worsening of pressure ulcers
- To reduce the of use of physical restraints
- To reduce worsening bladder control
- To reduce the use of anti-psychotics without a supporting diagnosis
- To reduce unnecessary Emergency Department (ED) visits
- Receive and utilize feedback regarding resident experience and their quality of life

Through regular interdisciplinary team meetings the Team is working to ensure that the QIP continues to align with the Long Term Care Homes Act, (2007) and the Southwest Local Health Integration Network (LHIN), Long-Term Care Service Accountability Agreement (L-SAA). The Team also integrates the philosophy of restorative and resident-centered care into operational planning. The QIP aligns with RNAO best practice guidelines and the Teams work with the RNAO Long Term Care Best Practice Guideline (BPG) coordinator where possible to implement BPG's which support the QIP.

QI Achievements From the Past Year

Our home demonstrated improvement in 4 of our 8 quality indicators for the 2015/16 QIP. As this was the first year that our home submitted a QIP, staff are very excited with the work done to date and eager to continue to further the work of the QIP.

The indicators showing improvement include:

1. Overall satisfaction - would you recommend this nursing home to others?
2. Reduction in the number of potentially avoidable Emergency Department visits
3. Reduction in the number of residents receiving antipsychotic medications without a diagnosis of psychosis
4. Reduction in the number of residents with a pressure ulcer that recently got worse

One of the biggest successes that we achieved was the development and implementation of tracking tools - i.e. tracking tool for requests and concerns; for ER visits; for PASD use; etc.

Through the implementation of the tracking tools, staff was able to identify gaps and areas for improvement such as audits and educational needs for staff. The analysis of the information gathered through the tracking tools set the groundwork for the 2016/17 QIP.

Integration and Continuity of Care

Elgin Manor is working with system partners in the community to execute quality improvement initiatives and to support continuity of care for residents. The Home partners with St. Thomas Elgin General Hospital (STEGH), the Southwest Local Health Integration Network (LHIN), Victorian Order of Nurses (VON), Regional Mental Health Care, Community Care Access Centre (CCAC), and the College of Nurses; contract services such as physiotherapy, pharmacy, continence products, and dietitian service providers to assist in achieving goals related to the identified quality indicators.

A successful Behaviour Supports Ontario (BSO) program has been implemented in the home in order to proactively identify and minimize responsive behaviors. Residents are assessed through a holistic process which is completed through engaging in a non-pharmacological process that supports the goal of reducing antipsychotic medication usage and physical restraints. Working closely with STEGH, this initiative utilizes the outreach services of the mobile BSO team.

Elgin Manor staff participates on the Elgin Hospice Palliative Care Collaborative which provides the home with support re: best practices for palliative and end of life care. By providing palliative and end of life care according to best practices, this assists the home in its goal of reducing avoidable emergency room visits during end of life.

Until April 1, 2015, Elgin Manor has served as the host site for the Registered Nurses Association of Ontario (RNAO) Long Term Care (LTC) Best Practice Guideline (BPG) coordinator for the past several years. This relationship has enabled the organization to obtain recommendations on the development of the QIP to ensure it aligns with the Homes' quality improvement plan and which has provided support in the implementation of best practices related to falls, continence, restraints, and pressure ulcers.

Service providers for physiotherapy, pharmacy, dietitian and continence products also work closely with the Homes' Teams regarding falls, restraints, continence and

pressure ulcers. One example of this partnership with a service provider is the work being conducted with the physiotherapy provider - i.e. working collaboratively with physiotherapy to minimize fall risk and reduce the use of physical restraints wherever possible through resident assessment and interventions and identifying opportunities that allow residents to optimize his/her independence as well as safety. Through on-going staff and resident education, improvements are expected in relation to the reduction of falls and physical restraints.

Engagement of Clinicians, Leadership & Staff

Elgin Manor engages clinical staff and leadership in establishing shared continuous quality improvement plans and goals for the organization. The interdisciplinary team committees meet regularly to review and analyze statistics and develop action plans. The CQI committee meets regularly to review the statistics, the quality improvement plan (QIP) and its progress. The QIP is reviewed and approved by County Council who strongly supports the Home's commitment to quality improvement and providing the best possible care for residents. Progress on the Homes ability to achieve the QIP goals are reported annually or more often as necessary. The QIP is reviewed by the Professional Advisory Committee (PAC) which is an inter-professional team of clinical and non-clinical membership who review and provide recommendations on a quarterly basis. PAC include the Medical Director, Pharmacy Consultant, Public Health, Registered Dietician, Administrator, Manager of Resident Care and Department Managers.

Resident, Patient, Client Engagement

Elgin Manor involves residents, families, staff and community partners in the quality improvement process. The QIP is shared with Resident and Family Councils. Information is displayed for resident, staff and public view. Resident and Family Councils have an opportunity to participate in the development and approval of the plan. Recommendations received from satisfaction surveys, concern/request/complaint forms, critical incident reporting and team meetings will be considered through the development of the QIP. Updates regarding progress (e.g. monthly statistics) and the work being done related to the QIP is posted on boards in each home area and is taken to resident and family council meetings several times throughout the year.

Other

There will be the potential for challenges in implementing the plan which include completing goals identified in the Quality Improvement Plan (QIP) by March 31, 2107. However, staff are committed to the process and will endeavor to meet performance targets wherever possible. Situations that may make the goals a challenge to achieve may include the demographics of resident admissions over the coming year; and the willingness/support of residents and families regarding the recommended changes. For instance, admission of a resident with a higher acuity level may alter the statistics and make it difficult to achieve established goals; some residents/families may not wish to make changes in medications and/or may object to the removal of a physical restraint, i.e., wheelchair seatbelt. Ongoing education for staff, residents and families will be a key component to the successful implementation of the QIP. While the home recognizes that there may be challenges implementing the QIP, staff recognizes the value and successes of quality improvement and remains committed to implementation of the QIP to maintain and/or improve both the quality of resident care and quality of life for residents, staff and families.

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

Administrator /Executive Director

Quality Committee Chair or delegate

CEO/Executive Director/Admin. Lead _____ (signature)

Other leadership as appropriate _____ (signature)