

Let's Make Healthy
Change Happen.



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



3/19/2018

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 2018-2019 the Team wanted to ensure that the plan aligned with the County of Elgin Homes and Seniors Services Mission, Vision and Values. The plan aligns 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 (CQI) while using best practice initiatives". Through the work being done with the CQI team and the use of Best Practice Guidelines, the Home will continue it's proactive approach of person-centered care. 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 Terrace Lodge, this means meeting or exceeding provincial averages and working towards the benchmark targets. Terrace Lodge's objectives are:

- To reduce falls
- To reduce worsening of pressure ulcers
- To reduce the use of physical restraints
- To reduce the use of anti-psychotics without a supporting diagnosis
- To reduce unnecessary Emergency Department (ED) visits
- To enhance palliative and end of life care
- 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 aligns 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 QIP aligns with RNAO LTC best practice guidelines (BPG), and the Team endeavors to work with the LTC BPG coordinator where possible to implement BPG's which support the QIP.

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

The Home had many achievements in the 2017-2018 QIP year with improvements to 3 indicators:

- reduction in the # of new/worsening pressure ulcers
- reduction in the # of falls
- reduction in the use of anti-psychotics without a supporting diagnosis

In addition, the Home demonstrated achievement in the utilization of online resources, in that many of our important assessments and referrals were added to the online documentation system, Point Click Care (PCC). The addition of the tools online allowed the organization to streamline work processes and improve work efficiencies by allowing data to be collected at the Point of Care. Some of the new/revised online tools include:

- Post Fall Screen for Resident/Environmental Factors
- BSO Referrals and follow up
- Pressure ulcer/wound assessment and referral
- Multidisciplinary Care Conference Assessment
- Physiotherapy referral

In addition to the improvement of access to online tools, revisions were made to some key policies such as Skin and wound, Bed Rails and Restraints. The adjustments made to the bed rail and restraint policies will play an active role in assisting the home to improve its restraints reduction program in the 2018-2019 QIP year.

The home has also worked hard in this QIP cycle to complete the Request for Proposal (FRP) process for Optometry, foot care and bed system replacement. These programs will assist our residents with decreased falls, a decrease in restraints and an improved quality of life.

Education for staff has led to a heightened awareness of palliative and end-of-life care with a focus on key conversations regarding wishes and goals of care/advance care planning - further work in this area will be implemented through the Homes involvement of an IDEAS project in 2018 through Health Quality Ontario (HQO) and Hospice Palliative Care Ontario (HPCO).

The Home has continued to enjoy a high satisfaction rate in the home from the resident and family annual survey with the majority of families and residents stating they would recommend this home.

The past years work has been a lot about the building blocks needed to lay the foundation to support the Home and the staff to achieve the improvements laid out in the 2018-2019 QIP.

Resident, Patient, Client Engagement

Terrace Lodge involves residents, families, and community partners in the quality improvement process through a variety of methods. The QIP is shared with the Resident and Family Councils. Information is displayed for resident, staff and public view within the home. In addition to it being shared with Resident and Family Councils they also 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, MOHLTC inspections and team meetings are considered through the development of the QIP. Updates regarding progress (e.g. statistics) and the work being done related to the QIP is posted on boards in home areas and is taken to resident and family council meetings throughout the year. In the 2017-2018 QIP year Elgin County launched a new and improved version of its website enabling families and residents better access to information through the County of Elgin and its Long-Term Care (LTC) Homes.

Collaboration and Integration

Terrace Lodge continues to work with system partners in the community to execute quality improvement initiatives and to support the continuity of care for residents. The Home partners with St. Thomas Elgin General Hospital (STEGH), the Southwest LHIN, Victorian Order of Nurses (VON), Regional Mental Health,

Alzheimer's Society, and Registered Nurses Association of Ontario (RNAO); and, contracted services such as physiotherapy, pharmacy, continence products, dental, mobility, foot care and dietitian service providers to assist in achieving goals related to the QIP indicators.

The ongoing work of the internal Behaviour Supports Ontario (BSO) team that works in collaboration with the external mobile BSO team has been a valuable partnership to support the management of responsive behaviours in the Home wherever possible. This role has been expanded in the past year to include a BSO collaborative group to support transitions to and from hospitals and LTC related to complex behaviours. In addition to this, the internal BSO teams within the County of Elgin Homes have recently collaborated together with the assistance of the BSO operations team to streamline BSO processes across all three homes. The internal BSO team collaborates on a bi-monthly basis with all other BSO teams in Elgin county and has partnered with the Alzheimer's society to provide specific resident and dementia care tools and techniques to staff. In addition, one staff sits on the LTC/RH committee in collaboration with STEGH.

Terrace Lodge staff participate on the Elgin Hospice Palliative Care Collaborative (EHPCC) and one staff member sits at the South West Hospice Palliative Care Collaborative (SWHPCC) - involvement in these committees provides the home with support re: best practices for palliative and end of life care. Two staff members will be participating in the IDEAS project for early identification and support of palliative and end-of-life care in long-term care through HQO and HPCO. Additionally, one staff member sits at the sub-committee for residential hospice planning in Elgin County.

The Home continues to work with the RNAO LTC BPG coordinator where possible in the implementation of best practices related to person and family centered care, falls, restraints, and pressure ulcers.

In the past year the Home has joined the South West Regional wound care program (SWRWCP) which allows staff opportunities to attend training sessions offered throughout the south west and access to online best practice wound prevention and management resources.

The Home works to achieve integration within the community through the offer of caregiver support groups facilitated by the VON. As well the Home has partnerships with various schools and education systems such as Nippising University, St. Clair Collage, Brescia Collage, Fanshawe College and various high schools across the County to provide opportunities for learning and provide recruitment opportunities for the Home.

Management of the Home attend educational and networking opportunities facilitated through their involvement with associations such as Advantage Ontario, OSNM, CSNM, Facility Operators Group (FOG) meetings, the Professional Stroke Network, etc. that further support the goal of improved quality of care for residents.

Engagement of Clinicians, Leadership & Staff

Terrace Lodge engages clinical staff and leadership in establishing shared continuous CQI plans and goals for the organization. The interdisciplinary team committees meet regularly to review and analyze statistics and develop/revise action plans through a plan, do, study, act (PDSA) methodology. The CQI committee meets regularly to review statistics, the QIP and its progress. The QIP is reviewed and approved by County Council who strongly support 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 at the Professional Advisory Committee (PAC) meetings which is an inter-professional team of clinical and non-clinical membership who review and provide recommendations on a quarterly basis. PAC includes the Medical Director, Pharmacy Consultant, Public Health, Registered Dietitian, Physiotherapy, Administrator, Manager of Resident Care and Department Managers.

Population Health and Equity Considerations

Our resident population is primarily geriatric, however, in recent years we have experienced both an increase in the number of younger residents with more complex diagnosis, as well as residents with a higher acuity of care needs related to a more advanced progression of various dementias. The Home strives to meet the needs of these two population groups alongside the geriatric population that presents with chronic disease progression.

The younger population of residents often enter LTC with a higher expectation of the level of care provided within LTC. The Home works diligently to meet these needs through additional care conferences with residents and families, review/revision of internal policies, programs and processes, and ongoing education of staff, residents and family members.

An increase in the number of residents with advanced dementia with responsive behaviours often challenge the Home. Partnerships with the Alzheimer Society, Geriatric Resource Teams and the external mobile BSO team (STEGH) have been developed to support the care and services for this resident population, especially during the transition from community into LTC. New admissions with significant responsive behaviours are supported during the transition from community to LTCH through the internal BSO team - registered and personal support worker staff are often scheduled on the day of admission and several times during the first several weeks to support a successful transition.

Front line staff receive annual education regarding the care and approach to care for residents with dementia. Several management staff are trainers for the "Gentle Persuasive Approach (GPA)" program which aligns with the work of the internal and external BSO team's approach to the management of responsive behaviours within the Home.

Additionally, the Home recognizes transportation limitations of residents based on mobility/physical/financial limitations and seeks out opportunities to support services on site. Many on site services (e.g. foot care, dental care, botox treatment for the management of spasticity/pain management, etc.) are available at the Home with on site vision care soon to be provided. The Home meets accessibility requirements for residents and visitors to the Home and supports opportunities for external groups/organizations to host meetings related to seniors in the Home.

The Home provides services to seniors within the community by offering meals on wheels and will be implementing a farm to table gathering program for the 2018 calendar year which will involve residents of the Home, volunteers, and seniors in the community.

The County of Elgin website provides information related to the Homes for residents and community members.

Access to the Right Level of Care - Addressing ALC

The Home has long stay and short stay (respite) beds available. All applicants' placement papers received by the LHIN are reviewed within five (5) business days to ensure timely responses. Ongoing communication between the Home, LHIN placement staff and hospital staff take place to ensure accurate information is shared and any barriers to care are discussed prior to admission. The Home regularly admits ALC residents to both permanent and respite beds.

Where needed, management staff visit ALC residents in hospital to assess if the applicants needs can be appropriately met in the Home. If a resident's needs

cannot be supported in the Home, the applicant is encouraged to reapply in the future should his/her needs change.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The Home's pain management policies and procedures are reviewed/ revised annually to ensure that they align with best practices and assessed needs. The implementation of upgraded software called "orders management" will soon be implemented at Terrace Lodge and will support the evaluation of analgesia outcomes at the point of care. All residents medications are reviewed on a minimum of a quarterly basis by physician, registered staff and the consultant pharmacist to assess for opportunities to ensure the most appropriate pain management interventions are in place (pharmacological and non-pharmacological).

Over the past year, a focus on the use of opioids, in particular, pain/fentanyl patch usage has been initiated. Work regarding the assessment of residents prescribed pain/fentanyl patches is being conducted in consultation with physician, registered staff, consultant pharmacist, resident and family/substitute decision maker with the goal of many residents analgesia successfully being titrated and changed to a more appropriate medication.

In addition, the pain and palliative care teams are focusing on alternative, non-pharmacological interventions to manage pain and minimize risk for potential side effects such as falls, etc.

Opioid prescribing is an area of discussion at the multi-disciplinary Professional Advisory Committee (PAC) meetings quarterly.

Workplace Violence Prevention

The Home has an active, interdisciplinary Joint Health and Safety Committee (JHSC) with a goal of maintaining staff safety and minimizing risk regarding workplace violence. The Team demonstrates competence with changes in legislation and sector needs. Staff are surveyed regularly to identify areas for improvement in relation to staff safety and workplace violence. Survey results are analyzed by the JHSC to identify areas and opportunities for improvement. The JHSC reviews all staff accident/incident forms to identify areas of risk and opportunities for improvement.

The internal and external BSO teams support front line staff through education, resident assessment and the implementation of interventions/strategies that have demonstrated a reduction of workplace violence incidents in many situations. Gentle Persuasive Approach (GPA) education sessions are hosted at the Home for front line staff to support an approach to care that minimizes the risk of injury to staff/residents.

Staff of the Home have access to a free, confidential employee assistance program and these services are promoted by management and supervisors. A communication and conflict charter tool is available and promoted to be utilized as part of the employee "self-help" aspect in early stages of workplace conflict to support a resolution versus a progression/escalation of potential conflict situations. Managers and supervisors are available to support and educate staff with the usage of the charters and role playing.

The Home is in good standing with the Ministry of Labor and has experienced positive inspection results.

Contact Information

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Other

There will continue to be the potential for challenges in implementing the change ideas identified in the 2018-19 QIP by March 31, 2019. 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 change ideas. 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, bedrails, etc.

Ongoing education for staff, residents, 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 remain committed to implementation of the QIP to maintain and/or improve both the quality of resident care and quality of life for resident, 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 _____ (signature)
Administrator /Executive Director _____ (signature)
Quality Committee Chair or delegate _____ (signature)
Other leadership as appropriate _____ (signature)