

Let's Make Healthy
Change Happen.



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



3/14/2018

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

St. Joseph's Lifecare Centre (SJLC) is a long-term care facility providing care to Brantford and Brant County. Our Mission is rooted in a Catholic faith-based ministry inspired two centuries ago by the Sisters of St. Joseph of Hamilton. We continue their legacy of courage, compassion, and caring by working as a team to improve the quality of life for those we are privileged to serve. Through actions and words, we support a culture of empowerment, safety, advocacy and individualized care within a family-oriented setting. SJLC's Quality Improvement Plan (QIP) is based on a comprehensive assessment of our opportunities to improve the quality of care we provide and is closely linked to our Mission, Vision and Values. SJLC's QIP goals for 2018-2019 are to:

1. Reduce percent of long term care residents with a worsening pressure ulcer (stage 2 to 4)
2. Implement an antibiotic stewardship program to reduce the number of antibiotic prescriptions written for treatment of a urinary tract infection
3. Address workplace violence by developing a culture of reporting

The QIP sets out detailed initiatives for our areas of focus for 2018-2019. These improvement areas were selected through review of all SJLC's quality indicators, critical incidents, resident feedback data and resident satisfaction results. The QIP has also been developed to assist in the achievement of SJLC's strategic plan. These priority improvement areas fall into the Quality, Safety and Wellbeing and Organization of Choice strategic plan pillars.

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

St. Joseph's Lifecare Centre (SJLC) has active and engaged quality improvement teams. The areas of improvement for the 2017-2018 QIP were: reduction in falls, reduction in pain and maintenance of low rate of antipsychotic use for residents without a diagnosis of psychosis.

The Pain Committee led the reduction in worsened pain initiative. This initiative is a continuation of the great work that occurred in the QIP 2016-2017. The Committee led the successful implementation of a best practice validated pain assessment tool. Additionally, the Pain Committee led education for all nursing staff related to pain management. Finally, the Committee led the implementation of a flagging system to identify residents using pain medication during medication reviews.

The Resident Quality Peer to Peer Team led the improvements for falls. The team successfully implemented monthly interdisciplinary huddles utilizing the Centre for Effective Practice – Fall Prevention Discussion Guide. The Team also provided education to staff on falls using the toolkit on falls from the Academic Detailing Project. Unfortunately, the initiatives were not successful in reducing the number of residents who fall but did reduce the frequency with which individual residents fell.

The Health Professional Advisory Committee led the antipsychotic monitoring phase of the multi-year antipsychotic project. This initiative continues to be supported by the Medical Director, Consultant Pharmacist and Director of Care.

Resident, Patient, Client Engagement

St. Joseph's Lifecare (SJLC) has both a Residents Council and Family Council. Proposed QIP indicators were presented to both groups and feedback provided was incorporated into the plan related to the areas of focus and change initiatives. Progress on QIP initiatives will be reported to the Councils quarterly and posters of progress will be posted on the units for families and residents as well as staff to review.

Collaboration and Integration

To ensure success with our QIP, St. Joseph's Lifecare (SJLC) continually works with our health care partners, such as Brantford General Hospital (BGH) and the Hamilton Niagara Haldimand Brant Community Care Access Centre, to improve the care for our residents and ensure the seamless transitions in the continuity of care. SJLC participates in the Behavioural Supports Ontario program and provides hospice services to the community through the Stedman Community Hospice. SJLC continues to work within the St. Joseph's Health System to enhance knowledge in dementia care within our organization and to learn from other member health care facilities. The St. Joseph's Health System long term care homes continue to work closely together to develop quality improvement initiatives and best practices. This collaboration allows for opportunities of knowledge transfer and potential resource sharing. One of the priorities of the St. Joseph's Health System is a robust Quality program. Our System Quality Working Group meets monthly to further system quality goals including review of critical incidents, review never event processes and continued development of shared quality improvement initiatives.

Our ongoing partnerships within the St. Joseph's Health System fostered the opportunity for the system homes to facilitate mock Resident Quality Investigations with each organization. This offers the chance for SJLC to view how the system homes operate and have the system homes provide feedback to SJLC on how to improve care for our residents. This collaborative practice facilitates knowledge translation and ensures best practices are integrated across the System.

Engagement of Clinicians, Leadership & Staff

Our current strategies and goals are a direct result of our established Mission, Vision and Value Statements. As a member of St. Joseph's Health System, our goals and priorities are closely aligned with the System's and these fit succinctly into the priorities of the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LIHN).

St. Joseph's Lifecare (SJLC) Quality program is comprised of a dynamic interdisciplinary team called the Resident Quality Peer to Peer Team. This team includes members from every department in the home, including housekeeping, laundry, dietary, nursing and allied health. Their mandate is to provide peer to peer guidance for providing a quality experience for our residents in every facet of their lives. Our Resident Quality Team meets monthly and focuses on multiple areas, such as post fall reviews and quality awareness activities. Our interactive white boards provide real time quality data to staff to enhance awareness and staff engagement in quality initiatives.

For the development of the quality improvement plan for 2018-2019, interdisciplinary teams have been developed for each of the areas of focus. The Skin and Wound Team have reviewed best practices and have identified areas for improvement which have been incorporated into the change initiatives for 2018-2019. A subgroup of the Health Professional Advisory Committee, led by the Medical Director, have reviewed the Public Health of Ontario Antibiotic programme for change initiatives for 2018-2019. Finally, a subgroup of the Occupational Health and Safety Committee have reviewed the number of reported workplace violence incidents and have determine change initiatives to be implemented in 2018-2019 to establish a culture of reporting. Executive Sponsors have been identified for each area of focus. The Executive Sponsor is a member of the Leadership Team and will be a resource to the team for assistance with removing barriers to implementing change initiatives.

The interdisciplinary teams and the Resident Quality Peer-to-Peer Team approved the QIP for 2018-2019. The Leadership Team then approved it prior to going to the Board Quality Committee and finally the Board for approval. The Board Quality Committee also reviewed the draft areas of focus and draft targets as part of the development process.

Population Health and Equity Considerations

The unique population that St. Joseph's Lifecare (SJLC) currently serves is the frail elderly. It is important to note that 6% of SJLC's population are residents less than 65 years of age. This younger population group are diagnosed with multiple sclerosis, Down syndrome and/or amyotrophic lateral sclerosis. The predominate proportion of residents at SJLC are over the age of 65 afflicted with multiple co-morbidities such as various forms of dementia (Alzheimer's, vascular, mixed dementia), diabetes, hypertension, cerebrovascular accident, chronic obstructive pulmonary disease, chronic renal failure and/or physical disabilities.

An on-site Kidney Care Clinic through the partnership with St. Joseph's Hospital Hamilton has been created to provide support to our residents on the SJLC Peritoneal Dialysis program, and those residents afflicted with chronic renal failure. This has provided our residents the opportunity to receive the right care at the right time within the comforts of an environment in which they feel safe and supported. In addition, through the partnership with St. Joseph's Villa, the integration of an onsite Behavioural Supports Ontario satellite office has proven to be beneficial for our staff and dementia residents. Knowledge translation between the staff and caregivers has increased due to this co-location, thus improving the quality of care of our most vulnerable population. Brant Geriatric Outreach is another program located on the SJLC campus, which provides access to a Psychogeriatric physician for support and consultation. Other notable unique features to our programs that support equity include:

- 1) Access to onsite services 19 Physicians and a pharmacy
- 2) Dementia Care- Alzheimer's Society
- 3) Palliative Care- Stedman Community Hospice.

To ensure staff are well equipped to provide care to all our residents we have offered educational opportunities to staff and clinicians in regards to Aboriginal and Indigenous population groups. This

education helps to foster sensitivity training for our staff, and awareness and the importance of cultural diversity. SJLC has Health and Safety Policies that aim to promote diversity and equity throughout the facility (Workplace Harassment).

From a quality perspective, our priority indicators and initiatives are collaborative in nature and are based on the needs of our residents. Ongoing monitoring is conducted at the front-line level where information is presented to Committees, Boards and the St. Joseph's Health System for review and benchmarking.

Access to the Right Level of Care - Addressing ALC

St. Joseph's Lifecare (SJLC) works in collaboration with their local hospital, Brantford General Hospital (BGH), to ensure patients awaiting LTC, have the opportunity to transition seamlessly to SJLC. For example, for those who are medically stable and who require IV antibiotic treatments, we ensure that unnecessary hospitalizations do not occur.

SJLC has also partnered with St. Joseph's Hospital Hamilton to address ALC patients with tracheostomies and/or ventilators. It has been noted that many of these patients are in hospital for 6+ years, adding to the ALC crisis. SJLC is working with St. Joseph's Hamilton staff to help identify those patients that are potentially suitable for transitioning from hospital to a LTC home. To date, site visits have occurred and patient reviews have commenced. SJLC's Director of Care reviews all potential tracheostomy and/or ventilator patients with the facility Medical Advisor to ensure proper care and any additional education/training needs can be provided. SJLC's ProResp and St. Joseph's Hospital Hamilton provide support and education to ensure staff are equipped to provide the needed care for the resident.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Residents at St. Joseph's Lifecare (SJLC) are assessed regularly for pain using a standardized pain assessment tool. The residents are prescribed opioids and/or other appropriate pain medications by the physician. Medication reviews of all residents are completed quarterly by the multidisciplinary team including the physician and pharmacists, and as needed, to ensure appropriate pain management and resident care.

Workplace Violence Prevention

Workplace violence is a strategic priority for St. Joseph's Lifecare (SJLC) as is demonstrated by the inclusion of workplace violence as a voluntary area of focus for the Quality Improvement Plan for 2018-2019. As part of the reporting for the QIP for 2018-2019, the Quality Mission Ethics Committee of the Board will report regularly to the Board the number of reported incidents of workplace violence. SJLC is undertaking a culture change for 2018-2019 to ensure a culture of report for workplace violence. SJLC has always had an open-door policy, whereby staff are free, and are encouraged, to voice any concerns or issues with management without the fear of reprisal or repercussions (Whistleblower Policy). The shift this year will be to emphasize the importance of reporting so that there is enough data to implement improvements.

Management continues to review and update policies to ensure best practice and procedures are implemented. Education regarding safety and workplace violence can be found on our electronic learning management system and easily be accessed by staff. SJLC supports all staff to annually complete safety and workplace violence education and orientation.

Contact Information

If you would like more information or have questions about the St. Joseph's Lifecare Quality Improvement Plan for 2018-2019 please contact:

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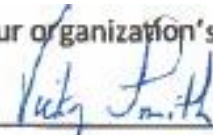
Other

St. Joseph's Lifecare (SJLC) has decided to focus on one of the HQO priority areas: percentage of resident who had a Worsened Pressure Ulcer Stage 2 to 4. However, you will notice in our work plan that we have decided to include the indicator in a separate section rather than use the HQO pre-populated data. This decision was made because HQO uses unadjusted rates from the Canadian Institute for Health Information (CIHI) and SJLC has decided, for this indicator, to utilize internal data from our health information management system, Point Click Care.

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 Vicky Smith  (signature)

Interim President Brian Guest  (signature)

Quality Committee Chair Bryan Rumble  (signature)

2018/19 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"



St. Joseph's Lifecare Centre 99 WAYNE GRETZKY PARKWAY

AIM		Measure							Change					
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Wound Care	Percentage of residents who had a pressure ulcer that worsened to a Stage 2,3 or 4 since their previous resident assessment	C	% / LTC home residents	CIHI CCRS / July - September	54507*	5.2	4.70	Target is a 10% improvement to move the organization closer to the provincial average.	1)To provide education to registered full time (FT) and part time (PT) active staff on the use of wound care products	Education to be provided by wound care product supplier	Percent of active FT and PT active registered staff	90% of FT and PT active registered staff	
										2)To enable full time (FT) and part time (PT) active registered nurses (RN) to complete a wound care course	Wound care course to be provided to RNs	Percent of active FT and PT RN staff	90% of active FT and PT RN staff to complete course	
										3)Streamline documentation on wounds to clearly capture skin tears vs pressure ulcers	Paper and electronic documentation tools will be investigated	Revise documentation for wounds	Improved documentation implemented	
										4)Improve use of skin care interventions	Implementation of skin care interventions and positioning techniques	Audit use of skin care interventions and positioning	60% of time interventions and positioning will be implemented	
										5)Provide education on positioning and skin care interventions to full time (FT) and part time (PT) active personal support worker (PSW) staff	Education to be provided to active FT and PT PSW staff through appropriate education strategies	Percent of FT and PT active PSW staff	90% of FT and PT active PSW staff to complete	
	Antibiotic Stewardship	Number of antibiotic prescriptions written for treatment of Urinary Tract Infections	C	Count / LTC home residents	In house data collection / September to November 2017	54507*	14	11.00	Target represents a 20% decrease in prescribe antibiotics for treatment of urinary tract infections	1)Create an Antibiotic Stewardship program including lines of accountability	Antibiotic stewardship program will be based on Accreditation Canada standards	Was an Antibiotic Stewardship program implemented	Antibiotic stewardship program implemented	
										2)Provide education on Antibiotic Stewardship to Nursing staff	Education will be provided to staff through appropriate organization education systems	Percent of full time (FT) and part time (PT) active registered nurses (RN) who completed the education	90% of active FT and PT RN staff to complete education	
										3)Implement a Best Practice Algorithm for Urinary Collection	Algorithm based on best practice	Algorithm to be implemented	Algorithm implemented	
										4)Education on Antibiotic Stewardship for residents and families	Through a resident and family centred approach, education material will be reviewed and developed with resident and family engagement	Was education material sent to residents and families	1 mail out to residents and families	
Safe	Safe care	Number of workplace violence incidents reported by Long Term Care workers (as defined by OHSA) within a 12 month	C	Count / Worker	Local data collection / January to December 2017	54507*	57	68.00	St. Joseph's Lifecare is focused on building a reporting culture,	1)Implement a new tracking form for Workplace Violence Incidents	Forms will be reviewed for ease of completion and ability to track and trend	Implement a new form	New form implemented	

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)

		period							therefore the target is to increase the number of incidents reported.	2)Initiate marketing strategies to increase reporting	Marketing strategies will be designed to increase staff reporting of workplace violence incidents	The number of marketing strategies implemented	3 marketing strategies implemented	
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Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	Percent of residents who experienced a fall within the last 30 days. (%; LTC home residents; Q2 16-17; CIHI CCRS)	54507	23.00	19.50	26.50	The team's strategies were focused on reducing the number of falls residents with multiple falls experienced and not on the number of residents who fell. Therefore outcome indicator was the wrong indicator for the improvement strategies. The outcome indicator should have been the number of falls.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Monthly Interdisciplinary huddles	Yes	Team found that the interdisciplinary team reviews were extremely helpful in reducing the number of falls residents with multiple falls experienced. However the initiative did not reduce the number of residents that fell. Therefore did not impact the outcome indicator for the QIP.
Provide staff education on falls prevention methods	Yes	The education sessions were beneficial for staff to learn the best practices for falls based on the Academic Detailing Project.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
2	Percent of residents whose pain worsened (%; LTC home residents; Q2; CIHI CCRS)	54507	12.00	10.80	9.70	The pain project is the completion of a successful 2 year project to reduce worsening pain. The team was able to achieve a 19% reduction in the percentage of resident who experience worsening pain.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Implement new pain assessment tool	Yes	Pain assessment helped to better identify residents with pain.
Education for nursing staff regarding pain management	Yes	Education of staff not overly successful as we did not ensure all staff completed the training.
Modify medication reviews to incorporate a 'flag' for pain medication use	Yes	Medication reviews helped to better identify residents with pain.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
3	Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions (%; LTC home residents; July - September 2016 (Q2 FY 2016/2017 report; CIHI CCRS)	54507	18.90	18.90	20.70	Data fluctuates due to normal variation. Team continues to monitor residents on antipsychotics without a diagnosis of psychosis.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Continue monitoring antipsychotic medication	Yes	Team continues to monitor antipsychotic use.