

Let's Make Healthy
Change Happen.



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



4/1/2018

South Centennial Manor

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

The MICs Group of Health Services (MICs) is committed to providing safe holistic, high quality long-term care services. Our vision is to have quality care for everyone always! We strive to be leaders in resident-centered care and to encompass our core values of integrity, respect, accountability and quality to deliver services to the seniors within our communities. In order to achieve our vision, our focus is on the following:

- Providing resident-centered care
- Partnering to achieve the desired results
- Engaging with stakeholders

This Quality Improvement Plan reflects our Long-Term Care Home: South Centennial Manor

The priorities in this quality improvement plan reflect the priority long-term care home indicators identified by Health Quality Ontario. The priorities align with our strategic priorities and Long-Term Care Services Accountability planning processes.

South Centennial Manor, situated in the town of Iroquois Falls is a 69-bed long-term care home, and operates at 100% occupancy. Residents of South Centennial Manor receive:

- Nursing and Personal Care
- Assistance with Activities of Daily Living
- Treatment and Medication Administration
- Special Diets
- Laundry Services
- Room and Board
- Social/Recreational Programs
- Other Optional Services (i.e. Pastoral Care)
- Physician Services (choice of staff doctor)
- On-site Therapy Services
- Foot Care

The Quality Improvement Plan is approved by the Quality Committee of the Board and the Board of Directors. It involves all employees, programs, services, departments and committees in ongoing efforts to ensure and improve quality throughout the Home.

The teams and committees regularly assess their performance, comparing the results to benchmarks and best practices, whenever these can be identified, in order to identify opportunities for improvement. These are prioritized and worked on throughout the year to make changes in process and structure with the objective of improving performance.

Quality Improvement Priorities for 2018-2019

Effective

1. Reducing Potentially Avoidable Emergency Visits

Access to Acute care, in particular the ER, will always be an important aspect of quality care for the residents in Long-Term Care (LTC). For LTC residents, visits to the ER department can cause additional health care risks, breakdowns in coordination and undue anxiety for residents and their families. Evidence suggests targeting certain care issues for improvement may help to reduce the number of visits. These issues include improved access to medical management of common chronic conditions and infections, fall prevention and transitional care activities. Our goal is to reduce the number of visits for common chronic issues that could be managed safely within the home.

Resident Centered

2. Resident Satisfaction

We have chosen to focus on Resident Experience as directed by Health Quality Ontario. The Indicator selected is “You and your loved ones are encouraged to participate in discussions about your care”. This will provide us with feedback from residents/family on how we involve them in care decisions and will aid us in the development of future quality improvement initiatives. Our goal is to maintain/improve within this area. We would like to improve our response rate in this area. We would like to engage our Residents and Family Councils more in this area in order to see meaningful results.

Safety

3. Reducing the Number of Residents Who Fall

Falls continue to be a significant challenge for LTC homes. We have chosen to work on reducing the percentage of residents who fell during the 30 days preceding their resident assessment. Working on this indicator will also reduce the number of potentially avoidable emergency visits. Our target is to improve performance to below the provincial average.

4. Reduction of Anti-psychotic Use

The reduction of anti-psychotic use for residents without a diagnosis of psychosis in the 7 days preceding their assessment is relevant as the percentage of anti-psychotic use in the North and within the MICs LTC Homes is currently higher than the provincial average. Our goal for this year is to reduce the number of residents who are receiving an anti-psychotic medication to treat behaviours related to dementia. The target is to reduce the percentage to below the provincial average. We will accomplish this by engaging the physicians and pharmacist to work collaboratively to reduce the numbers. We will also collaborate with our new MICs/Behavioral Support Ontario (BSO) Recreation Therapist to ensure the use of non-pharmacologic approaches to dementia care and effectively finding the meaning behind responsive behaviours.

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

The MICs Group of Health Services LTC Homes achieved 3 out of 4 indicators over the 2017-2018 year. Our Resident quality surveys have shown that we are engaging our residents and family to be participants in their care. Our percentage of residents who developed a stage 2 to 4 pressure ulcer or that had an ulcer that worsened was significantly reduced. Further, our potentially avoidable ER visits have decreased. Another significant achievement over the last year includes our homes becoming Music and Memories certified. This has allowed us to use music in order to alleviate significant responsive behaviours. We have also secured LHIN funding for a MICs/Behavioral Support Ontario (BSO) Recreation Therapist.

Resident, Patient, Client Engagement

Residents and their families are essential partners in the effort to improve the quality and safety of health care. Their participation as active members of their own health care team is an essential component of ensuring the services provided are relevant and of quality. It is through the resident council, the annual care conferences and resident satisfaction process that we engage residents and families to identify key areas to improve for the upcoming year. The LTC Committee has actively recruited and engaged a Family Council representative to provide input into our quality improvement plan and programs.

Collaboration and Integration

In the development and implementation of the QIP, the Home actively works with different system partners to ensure that the direction, priority quality initiatives and indicators and change ideas are communicated, coordinated and supported by the parties throughout the continuum of care.

Our partners include the Health Quality Ontario (HQO), LHIN, Home and Community Care (HCC), Hospitals, physician team, management team, care team, Resident Council and Family Council, Behavioural Support Ontario (BSO), etc.

Our Home also used the resources from the Ministry of Health and Long-Term Care (MOHLTC) and HQO's public reporting sites to support the development and execution of the Quality Improvement Plan. Collaborative partnership enhances support and integration in the provision of quality care for our residents.

Engagement of Clinicians, Leadership & Staff

MICs collaborative practice portfolio is inclusive of a number of services that supports the clinical areas within the organization including LTC committee, clinical education, quality improvement facilitation, resident safety (including infection prevention & control) and risk programs. Collaborative practice enhances the capacity of MICs clinical teams to achieve excellence and efficiency in service performance in alignment with MICs vision, mission, values and strategic priorities. The teams work in collaboration with the managers, program and service teams, physicians and staff members to coordinate and implement plans and initiatives related to professional practice, quality improvement, resident safety and risk, which support corporate and program/department needs while ensuring the ongoing development of a just and resident centered culture and continuous performance improvement.

Population Health and Equity Considerations

The MICs Group of Health Services serves the communities of Matheson, Iroquois Falls and Cochrane. Geographically, we are spread over 100 kms of each other. Our demographics are as follows:

Community	Long Term Care Facility	Population (2011)	% Population over 65 years of age
Matheson	Rosedale Centre	2,400	18.3%
Iroquois Falls	South Centennial Manor	4,545	20.2%
Cochrane	Villa Minto	5,340	16.9%

Collectively, our three communities have an increasing aging population with multiple health care needs and chronic conditions such as asthma, cardiovascular disease, COPD and diabetes. The MICs Group of Health Services also provides services to both Aboriginal and Francophone populations within all three of its communities.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

The MICs Group of Health Services LTC Homes have a Pain Management Program that guides the prescription of opioid medications in order to treat pain that is in line with the World Health Organization treatment of pain and Registered Nurses Association of Ontario (RNAO) best practices. Further, our organization partners with Minto Counseling, North/South Cochrane Addiction Services to provide services to assist residents who may have any opioid use disorder. The MICs Group of Health Services has committed through our strategic plan to expand and improve mental health services.

Workplace Violence Prevention

Staff safety is equally as important as patient safety at the MICs Group of Health Services. Our efforts to minimize workplace harassment/violence include but are not limited to:

Orientation:

All new Team Members and students continue to receive a general orientation. New nursing Team Members also receive orientation specific to either Acute or Long-Term Care. The aim of these sessions is to orient new Team Members to routines, spaces and policies that will govern their work.

In addition to this, all new Team Members receive a departmental specific orientation as set out and monitored by their managers.

Non-Violent Crisis Intervention:

Every Team Member of the MICs Group of Health Services receives this training. Ongoing courses are offered.

Gentle Persuasive Approach:

This course continues to be offered in-house by staff train-the-trainer. The intention is for all front-line workers in both Acute and LTC settings to hold this certificate.

RL6:

We monitor workplace harassment/violence through RL6 (risk management software) and these incidents are reported to the most responsible program lead/executive lead as well as through a tracking system for the Occupational Health and Safety Committee. This comprehensive process includes monitoring, reduction of the incidents and the prevention of future incidents.

Policies:

Policies are regularly reviewed and are available to all Team Members through our intranet.

Code White/Workplace Violence:

We have a Code White policy in place to assist Team Members to recognize and deal with potential workplace violence.

Occupational Health and Safety:

We are compliant in various aspects of general Occupational Health and Safety such as information shared about the Internal Responsibility system, investigating all pertinent incidents and engaging the Team Members in conversation when performing inspections.

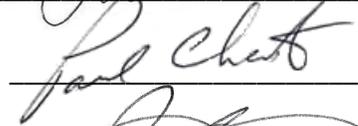
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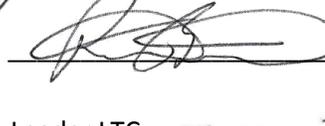
Kelly Baxter
Director of Care, Executive Leader LTC

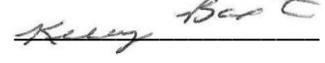
Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair  (signature)

Chief Executive Officer  (signature)

Quality Committee Chair  (signature)

Director of Care, Executive Leader LTC  (signature)