

Let's Make Healthy
Change Happen.



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



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. Patrick's Home of Ottawa is the home of 288 people. We are guided in all of our decision making and priorities by our Mission: We offer compassionate long-term care to anyone in our community as a Catholic organization inspired by Christ's ministry and the legacy of the Grey sisters of the Immaculate Conception; by our Vision: A welcoming home where everyone feels supported and cared for; and by our values of Compassion, Respect, Integrity, Spirituality, Collaboration and Excellence.

The organization's Strategic Plan for 2016 to 2019 was approved in June of 2016. The development of the Strategic Plan included the process of refreshing the Mission, Vision and Values. The key changes made were to recognize the legacy of the Grey sisters and to modify our values to include Collaboration and Excellence. These changes are the basis for our focus on quality improvement as an organization and to recognize that quality improvement is a role for all employees and volunteers in the Home.

The initiatives for 2016/17 resulted in great strides towards excellence, however, we are not there yet and there is ongoing work on a number of initiatives to either maintain or improve further. The Quality Improvement Plan (QIP) for 2017/18 continues to build on the priorities outlined for the 2016/17 QIP with some additional areas of focus.

A significant amount of education was completed in 2016 around the concept and practice of Person Centred Care with approximately 250 staff members attending full day education/planning sessions during the year. This focus will continue in 2017 with additional education around practical skills in implementing Person Centred Care with those residents with dementia and responsive behaviours.

In addition, over the past 2 years we have been able to send 18 staff members to an international conference on Person Centred/Directed Care delivered by the Pioneer Network. The evidence from the Pioneer Network clearly identifies that this approach, by itself, can improve clinical outcomes in a variety of areas and will continue to be an ongoing focus this year. We have seen positive outcomes both from this philosophy, as well as through structured improvement initiatives which will continue. Our budget includes resources to ensure that employees are able to continue attending this leading conference on achieving Person Centred/Directed Care.

2016 saw a change in our nursing leadership at St. Pat's as there was turnover in both the Vice President and Assistant Vice President. Our new nursing leaders have an increased focus on engagement and quality improvement as part of their role. We have started to see some improvements in clinical outcomes, engagement of front line staff in quality improvement initiatives and some initial work in further development of the clinical programs. The foundation for these improvements has been laid, with the full implementation planned for this coming year.

QI ACHIEVEMENTS FROM THE PAST YEAR

There are three areas of performance improvement that we will highlight from 2016/17. There was improvement in all but one of the quality indicators with some achieving our 2016 targets and others showing positive improvement.

1. Reduction in the Use of Agency Nursing staff

Consistent staffing provides positive outcomes both for the residents as well as the staff. The Home has traditionally utilized agency staff for replacement of Personal Support Workers, Registered Practical Nurses and Registered Nurses when our staff were not available. In 2016/17 the QIP included actions to reduce the use of agency staff with a target of 1% utilization. Although the target was not achieved for the whole year, significant improvements were made in the last 4 months of 2016 and the first 2 months of 2017. The average utilization for the period of January to June 2016 was 7.6% for PSWs; 2.1% for RPNs and 3.3% for RNs. During the months of July to December 2016 there was a 3.5% decrease in agency use for PSWs and a slight increase in agency RN utilization. There was also a slight increase of 1.2% in the RPN utilization. The most significant change however has occurred in the past 3 months from December 2016 to February 2017 with the following results: PSWs 1.6%; RPNs 2.1% and RNs at 0.6%. A number of scheduling processes have been changed resulting in these improved outcomes, with the aim of continuing to build on these improvements. Ongoing discussions with the unions have also supported a number of initiatives resulting in these positive outcomes.

2. Reduction in the use of physical restraints

There has been a 50% decrease in the 2016/17 period in the use of restraints from 18.54% to 9.24%. Although we have not yet reached the provincial average or target, the improvement is very significant. This is even more impressive given a utilization rate approaching 50% just over 4 years ago. The leaders and staff continue to work closely with family members to clarify the purpose of restraints and to look at alternatives. A few new initiatives will be implemented in 2017/18 to ensure a structured approach using algorithms to support both the staff and the families in the correct documentation and the purpose of the device. Although not at the provincial average, we are continuing to improve upon this indicator, as well as seeing improvement in our related indicator of fall reduction.

3. Resident Satisfaction

The results of the Resident Satisfaction Survey showed good improvement in 2016. There was improvement in overall satisfaction related to food, services, staff, security and safety, and how residents are treated at St. Pat's. There was a 9.6% improvement from 2015 in the number of residents who would recommend living here to a friend. The culture change journey to increase person centred care, to engage residents and families in the home, and our Strategic Plan directions to provide consistent, high-quality care while expanding opportunities to connect and engage in meaningful activities are the focus of improvement activities for 2017. The new area on the QIP this year is related to resident satisfaction for the recreation and social activities where there was a 6.3% decrease in satisfaction from 2015 to 2016.

POPULATION HEALTH

The number of admissions per year has increased and the length of stay averages have decreased. We have seen an increase in complexity of care required for residents that come to live at St. Patrick's Home. As a result, staff are required to provide more complex care for residents living with dementia that have minimal to significant behavioural symptoms that affect others. The changes in admission process resulted in the home having less ability to place residents on appropriate home areas on admission and often require relocation within the home.

There is a greater need for interdisciplinary collaboration to ensure we are providing the best home area for residents to reside. Education on more complex needs is required and we are focusing in 2017/18 on responsive behaviours using a more person centered approach. Focus will be on education for the Responsive Behaviour Team and the staff working with those residents living on our secure home area. We will continue to collaborate with the psychogeriatric outreach program and Behaviour Supports Ontario (BSO) and utilize the new Regional Behaviour specialists as required in 2017/18.

EQUITY

In 2017/18 an interdisciplinary group is participating in the Indigenous Cultural education through the Champlain LHIN. This group will continue to expand the Cultural Awareness that the home has already initiated and continues to celebrate the multicultural home that we have in staff and residents. A person centered approach includes knowing the person and in particular their cultural specific needs in creating a plan of care for residents.

INTEGRATION AND CONTINUITY OF CARE

The physicians at the Home have access to health records from the acute care hospital as well as results of x-ray and lab services online in order to get timely results of tests provided in hospital and to ensure continuity of care. In addition, our Registered Nursing Staff continue to have access to resident specific health information such as lab results, through a pilot project implemented 2 years ago with ConnectingOntario Northern and Eastern Region. We look forward to being a part of the new LTC eConnect project which will give us even more access to important resident health information in 2017. Through collaborating with CCAC and providing accurate assessments for resident's being discharged we ensure continuity for residents leaving our home. Leadership members participating on external committees keeps the home connected with outside agencies, improving collaboration and quality of care for our residents.

ENGAGEMENT OF CLINICIANS, LEADERSHIP AND STAFF

This year's QIP is based on the Strategic Plan that was developed through staff, resident and family engagement, resulting in a direction for the leadership team to take in developing the 3 year Strategic Plan and Implementation Plan. New interdisciplinary teams, including family and resident representatives have been established in the following clinical areas- Skin and Wound, Falls Prevention, Continence Care and Responsive Behaviours. LEAN improvement tools as well as engagement tools are being utilized to engage the staff, family members and residents to identify the opportunities for each team to improve person centred practice and best practice for the care of the residents. The teams include outreach clinicians as well that contribute to the life of the residents in the home. The teams developed the terms of reference and the goals which relate to the Strategic Plan and the Quality Improvement plan.

The Leadership team will be provided Lean Process Education and a new role was created for a Lead in Quality Improvement within the home to support our value of Excellence and Collaboration.

RESIDENT ENGAGEMENT

Resident engagement has been a focus in 2016 and will continue in 2017. The Coordinator, Quality Improvement meets monthly with the Resident Council to provide information on progress on the QIP, receive improvement ideas, provides information on new initiatives and actions being taken. In addition, on a rotating basis, members of the Leadership Team from Nursing, Support Services and the CEO meet with the Council to receive advice and direction and to provide updates on actions for improvement. The Resident Council holds the Leadership Team accountable for improvement in many areas of the Home.

Resident Council has input into the questions on the Resident Satisfaction Survey completed annually and receives the results of the survey for input into the improvement initiatives and actions. Residents are also active as part of our interview panel, where their opinion on potential employees are weighted equally to those of the other panel members.

In addition, residents and family members are engaged as members of the clinical teams as outlined in the previous section. They are active members looking at quality improvement initiatives as well as the measures of the quality indicators.

STAFF SAFETY AND WORKPLACE VIOLENCE

St. Patrick's Home has an active and engaged Joint Occupational Health and Safety team comprised of staff and managers which reports to the Leadership Team and the Board. On an annual basis the staff is provided education on workplace violence as well as it being included in orientation for all new staff.

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 _____ (Signature)

President/CEO _____ (Signature)

Quality Improvement & Risk Management Committee Chair _____ (Signature)

Coordinator, Quality Improvement _____ (Signature)