

Let's Make Healthy
Change Happen.



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

Effective April 1st, 2018 to March 31st, 2019



ontario.ca/excellentcare

Overview

For more than 150 years St. Patrick's Home of Ottawa has been a beacon of hope to those in need, and a safe and welcoming place for some of our most vulnerable community members. It is in this rich history of unwavering support that we continue to live our Mission to 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. Our Vision to be a welcoming home where everyone feels supported and cared for is brought to life daily through our Values of Respect, Compassion, Spirituality, Integrity, Excellence and Collaboration.

At any given time, St. Patrick's Home of Ottawa is the primary residence for 286 people, in addition to 2 temporary living spaces for our respite program. Over the course of 2017 however, St. Pat's welcomed more than 380 individuals into our Home and made them a part of our close knit community of friends and neighbours.

St. Patrick's Home's Quality Improvement Plan (QIP) for 2018-19 is the 5th annual QIP developed in support of our philosophy of continuous quality improvement and strongly aligns with the various strategic directions found in our implementation plan. For example, our journey to become a truly person-centred long-term care community continues throughout 2018-19 as we focus our efforts on resident experience and overall satisfaction. The annual resident satisfaction survey will be the main source of data in this area as we aim to improve the percentage of residents who respond positively to the survey questions "The care staff listen to me; I can express my opinion without fear of consequence; My meals are tasty; and I would recommend living here to others."

In continuing the theme of a person-centred philosophy of care, we have taken up the suggestion by Health Quality Ontario to include a measure on the overall effectiveness of our complaint management system. It is our aim to maintain our current process of acknowledging each and every complaint within 6-10 business days, as is the current practice. We will also be redeveloping a complaint form to be used as an internal measure to ensure all complaints are received, documented, tracked and followed up on.

Resident falls (with or without injury), worsening pressure ulcers, worsening bladder control, and daily physical restraint use will continue to be areas of importance for us again this year as we aim to reduce the incidence of each of these throughout the year.

Antipsychotic medication use in the absence of psychosis or one of the other six exclusion criteria, such as delusions or hallucinations will remain on our QIP for 2018-19. Since we are currently reporting rates lower than both the provincial and Champlain LHIN averages, our aim here is less about reducing antipsychotic medication use and more about the validity of reducing them to levels that may actually be counterproductive in the face of increased responsive behaviours related to dementia.

In collaboration with our health care partners in the acute care sector, we will continue to work toward minimizing potentially avoidable emergency department (ED) visits for residents transferring from our Home to local hospitals in the area. It is worth noting however that our potentially avoidable ED transfers are currently lower than both the Ontario provincial average as well as our local Champlain LHIN average.

Although we saw progress toward reducing the use of agency personnel in 2017, this area will remain on our QIP for 2018-19 as this is a priority for all stakeholders, including residents, families and staff.

Finally, responsive behaviours has been added to our 2018-19 QIP as this area continues to receive much attention across the health care sector, but most notably in long-term care. Our goal here is to reduce the overall number of responsive behavioural symptoms that affect others by enhancing the capacity to support residents living with complex chronic mental health needs, including neurocognitive disorders and associated behavioral changes.

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

St. Patrick's Home achieved positive results on a number of improvement efforts in 2017-18, including significant gains in the area of resident experience and satisfaction, laundry services, agency use, and recreation services.

Our recreation services saw significant improvements last year, as measured by both the Family and Resident Satisfaction Surveys. Residents and families both reported improvements in the variety and choice of the programs offered that interested them or their loved one. The results of both satisfaction surveys saw a significant 15% improvement year-over-year on the survey question "Overall, I am satisfied with the recreation services", where the residents indicated a 92% satisfaction rate overall.

Agency use across 2 of the 3 nursing positions saw improvements in 2017, with the Registered Practical Nurses (RPNs) being the only one that saw a slight increase of 0.6% year-over-year. The Registered Nurses (RNs) saw a 64% reduction in agency use while the Personal Support Workers (PSWs) saw a healthy 40% reduction in agency use.

Our laundry service was targeted for improvement in 2017 using proven LEAN processes and tools. While working closely with staff from both the laundry and nursing departments, we were able to identify areas of waste as well as potential barriers to success in this area. Process mapping and brainstorming activities indicated an issue with sorting items at the very beginning of the laundry lifecycle which led to delays and waste in the process further downstream. By working toward specific improvements within this one process, staff were able to reduce the overall number of laundry sorting exceptions by 69%, thus improving the overall laundry lifecycle and service for our residents.

One of our greatest QI achievements from the past year is related to resident experience and satisfaction, which can be attributed in large part to our continued efforts to implement a truly person-centred philosophy of care. Resident experience and satisfaction are measured in a number of ways but most notably through our annual resident satisfaction survey. Our residents reported back to us the following satisfaction rates: laundry services, 89%; meals and food services, 86%; housekeeping services, 99%; healthcare services, 97%; recreation services, 92%; maintenance services, 99%. In addition, not a single resident reported dissatisfaction with reception, finance, or our volunteer program.

Although not a specific QI achievement in and of itself, we would be remiss not to mention our successful CARF accreditation survey in the fall that saw our Home achieve accreditation status for another 3 years. The concerted effort by all stakeholders including staff, residents, families/support systems, board members, volunteers and contracted service providers was obvious and truly commendable.

Resident Engagement

Our residents continue to be the focal point of everything we do in our daily routines, and actively engaging our residents is a focus we are extremely proud of at St. Pat's.

Members of the leadership team and other supporting personnel are invited to present at Residents' Council each month and engage in dialogue related to the many facets of life in our community. Residents' Council will take into consideration all information provided to them in order to make informed decisions and to ultimately hold us accountable for follow up and results.

Residents are active members of various required programs, committees and teams, including but not limited to our Responsive Behaviours Committee, our Skin and Wound Care Committee, and our Falls and Restraints Committee, just to name a few. Additionally, residents sit on our interview panel, asking questions, taking notes and working with the other panel members to determine the employment suitability of potential candidates.

Residents are actively involved in the development and final sign-off of our annual Quality Improvement Plan (QIP) and are solicited for feedback each year regarding the annual Resident Satisfaction Survey. Our residents were also an integral part of several working groups related specifically to the development of our three year Strategic Plan.

Finally, our residents are encouraged and empowered to be as independent as possible during their time here and are an active part of the development of their own care planning goals and interventions, where possible.

Collaboration and Integration

Collaboration and integration are vital aspects of improving overall processes and systems, including the many systems and processes supporting the healthcare sector as a whole. It is for this reason that St. Patrick's Home continues to work closely with various partners throughout our community in an effort to identify and potentially bridge gaps in resident care and the overall journey each resident takes while in the trust of our healthcare system.

St. Patrick's Home maintains some notable partnerships including membership on the Champlain Hospice Palliative Care Committee as well as the LHIN's Long-Term Care Liaison Committee. Our RAI MDS Coordinator sits on a local RAI MDS networking group and our Coordinator Quality Improvement maintains a close working relationship with the Canadian Institute for Health Information (CIHI) on many new initiatives directly affecting the long-term care sector.

Our Manager of Spiritual and Religious Care is an Advisor Board member for the Ottawa Pastoral Care Training program as well as the National Ethics Chair and a Board member for the Canadian Association of Spiritual Care, and maintains working relations with the Catholic Health Sponsors of Ontario Mission leaders.

In 2018-19, our Home will continue working with our partners in both long-term care and the acute care sector, in an effort to minimize potentially avoidable emergency department (ED) visits.

Our Home has been working closely with Connecting Ontario Northern and Eastern Region (NER) over the past 2 years on a pilot project to gain timely access to pertinent resident health information from other

health care providers. In the time that we've been working with Connecting Ontario NER, the project has evolved significantly and will migrate over to a brand new platform in March, 2018 that will allow our clinicians access to a broader range of personal health information. This expanded access will allow us the opportunity to quickly pull together a more accurate timeline of various hospital admissions, clinic visits and external consultation information for each of our residents.

Engagement of Clinicians, Leadership & Staff

Quality Improvement initiatives and activities cannot be successfully accomplished nor maintained without the direct involvement of all stakeholder groups, including clinicians, leadership and staff.

Clinicians, leadership and staff were all directly involved in the planning and development of our annual quality improvement plan and will maintain this involvement over the next 12 months through various clinical and non-clinical committees, which have representation from front-line and direct-care staff, clinical supervisors, as well as management and leadership.

Our QIP will be disseminated throughout the Home and posted internally for all stakeholders to review and become familiar with as we strive for greater involvement and subsequent support across the Home. Priority targets, as outlined on our QIP will require direct staff involvement on all clinical levels, from our front-line PSWs to the RPN Leads on each RHA, as we draw upon the expertise of those individuals. Oversight and guidance from the RNs as well as the management and leadership team is an integral factor that will contribute to our ongoing success.

Population Health and Equity Considerations

Health equity is an important aspect of how we deliver quality care and personalized services to a unique population of more than 300 individuals annually. As our multicultural population ages, the residents that are welcomed into our community each year grows more and more diverse. It is therefore extremely important that we are well versed in the many facets of each resident's cultural background and identity so that we may deliver care and services in a way that meets the unique needs of each individual.

One goal in this area is to expand and build upon the knowledge gained by an interdisciplinary team who participated in an Indigenous Cultural Safety Training program last year in order to bring greater awareness to the specific needs of residents who identify as Indigenous.

A specific area of population health that continues to be a focus for our Home and that is extremely relevant to residents living in long-term care is Infection Prevention and Control (IPAC). Adhering to IPAC best practices such as our annual flu shot campaign for residents, staff, volunteers, physicians and contracted service vendors, will support our efforts to effectively prevent and/or mitigate risk in this area.

Research has also suggested that older adults experiencing depression in long-term care are underserved and that this specific area has not garnered as much attention as is required to effectively address the issue. It is for this reason that our Home has entered into a working relationship with a PhD student from the University of Ottawa who has engaged our residents, staff and other stakeholders while conducting a research project on depression in long-term care.

By its very nature, our philosophy of person-centred care is all about getting to know each resident on a personal level and taking into consideration the various aspects of each person's life that make up their

unique identity. Bringing the philosophy of person-centred care to life will inevitably draw out the many variations in our population so that specific care and services are afforded to each resident in an equitable fashion.

Access to the Right Level of Care - Addressing ALC

While the issue of alternate level of care (ALC) beds in the acute care sector is primarily a focus for our hospital partners, we will endeavor to do our part to support the improvement efforts on this front.

Specific efforts include timely reviews of resident charts in order to quickly accept new residents into available beds, while maintaining an occupancy rate of more than 97% at all times. Maintaining effective and ongoing collaboration and open communication with the acute care sector is vital in ensuring resident safety when our residents are transferred to and from their care.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Working closely with our health care partners across the sector, our Home recognizes that opioid use disorder is a public health crisis, while at the same time recognizing the role of chronic and acute pain management in addressing an individual's specific pain tolerances and overall functional goals.

The development, reassessment and evaluation of our pain management program is based on appropriate interdisciplinary assessments and interventions - both non-pharmacological such as appropriate restorative and nursing interventions, as well as pharmacological - both opioid and non-opioid.

It is important to recognize the role of opioids in pain and symptom management and to review the associated risks and benefits of all pain interventions with residents and/or their Substitute Decision Maker (SDM). It is as equally important that we continue to provide education to staff on how to safely store, administer, monitor and dispose of opioid medication i.e. Patch for patch; pain monitor/scales; and medication error system checks and balances, in addition to specific education to reduce the risk of diversion. As part of our overall process of prescription monitoring, we continue to make use of regular utilization reporting mechanisms for our medication reviews (TMR), including the use of opioids.

In our efforts to implement various programs designed to address mental illness, we will consider risks associated with addictions and opioid use disorder.

Workplace Violence Prevention

The prevention of workplace violence is a sector-wide topic that Health Quality Ontario would like organizations to review to ensure internal policies and procedures are relevant and current, and that we are following best practice guidelines and standards in this area.

To this end, the prevention of workplace violence remains a part of our standard education and training of all new employees, both at new hire orientation as well as annually thereafter. The topic of workplace violence is also discussed no less than 10 times a year at every Occupational Health and Safety Committee so that all committee members are well versed in this area and are able to share and educate all other staff.

Workplace violence and prevention strategies are a mandated legislative priority embedded within our operational policies and procedures related to Human Resources and Occupational Health and Safety. In addition, regular internal discussions with various staff members occur on an ad hoc basis throughout the year. I.e. staff may approach their manager or an HR representative to clarify what constitutes workplace violence. This topic is also reviewed as an agenda item at various team and department meetings.

As an extension of our policies and practices in this area, domestic violence is also taken into consideration and we have measures in place to support staff in this specific area in order to mitigate potential violence and to promote safety and security in the workplace.

Contact Information

Lorne Rogers
Coordinator Quality Improvement
St. Patrick's Home of Ottawa
2865 Riverside Drive
Ottawa, ON, K1V 8N5
E-mail: lornerogers@stpats.ca
Telephone: 613-731-0094 x244

Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan:

Board Chair _____ (signature)
President / CEO _____ (signature)
Quality Committee Chair _____ (signature)