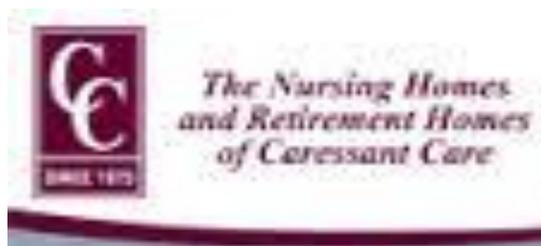


Let's Make Healthy
Change Happen.



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



4/3/2019

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 objective of the Home's QIP for FY 2019/20 and for out years is to ensure that the best care possible is provided to residents, and to minimize risk to those residents while maximizing their health and happiness.

This objective aligns with the mission of the Home in that they both seek to meet resident needs by providing integrated, quality care and services.

This objective aligns with the Risk Management Plan for the Home and for the company as a whole in that they both seek to improve various measures of resident safety.

This objective aligns with the current Long-Term Home Service Accountability Agreement (LSAA) in that it helps to ensure the effectiveness of the Home in accordance with paragraph 10.3(a)(2) of that agreement and to ensure an ongoing performance improvement process in accordance with paragraph 7.4(a)(1) and (2) of that agreement.

This objective aligns with Accreditation requirements in that it encompasses the entirety of the review process as established by CARF Canada and as detailed in the CARF Standards Manual and Accreditation Handbook.

This objective aligns with established Registered Nurses' Association of Ontario best practices in that it promotes the guidelines titled, "Assessment and Management of Pressure Injuries for the Interprofessional Team", "Nursing Care of Dyspnea: The 6th Vital Sign in Individuals with Chronic Obstructive Pulmonary Disease", "Promoting Continence Using Prompted Voiding", "Promoting Safety: Alternative Approaches to the Use of Restraints", "Risk Assessment and Prevention of Pressure Ulcers", and "Preventing Falls and Reducing Injury From Falls".

This objective aligns with Ministry of Health and Long-Term Care (MOH) requirements in that it addresses the minimal restraint requirement of paragraph 29(1)(a) of the Long-Term Care Act (2007) (LTCA).

This objective aligns with the MOH Resident Bill of Rights in that it addresses the minimal restraint requirement of paragraph 3(1)(13) of the LTCA and the "free speech" requirement of paragraphs 3(1)(9) and 3(1)(17) of the LTCA.

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

Due to a sustained effort by staff, with assistance and advice from the Behavioural Support Lead, the severity and impact on residents and staff of challenging resident behaviours was significantly and palpably reduced. Additional Geriatric Mental Health resources were employed in the form of a specialist Nurse Practitioner, and substantial resources were put into providing residents with equipment ranging from talking dolls to lifelike toy cats and dogs to weighted blankets. Measures that enjoyed particular success included a "mail sorting" area and encouraging residents to use their individual musical talents in group settings. This achievement minimizes risks to and from residents, as well as potentially reducing resident and staff stress levels.

The Home also achieved its QI goals respecting skin and wound care by maintaining the rate of new pressure injuries at 1.2%, no higher than the previous year, and 2.4% below the provincial average. Success in this area was likely in part due to increased vigilance and accountability resulting from use of IPods and software to document and track such injuries; and in part due to heightened interdisciplinary efforts of Personal Support Workers, Registered Staff, and the Behavioural Support team to identify and address behaviours that might indicate toileting needs. Prompt

response to toileting needs in turn lessens the risk of skin breakdown for residents, particularly those who are in wheelchairs most of the day. Further, residents who spend much of the day in wheelchairs were encouraged to offload for at least part of that time by taking a nap in bed; thereby further reducing the risk for pressure injuries to occur.





Patient/client/resident partnering and relations

To ensure full understanding of the care provided and to promote interest in and support for the program, quality improvement goals and commitments are communicated to residents and families from the time of admission until the time of discharge.

Residents are formally engaged in promoting quality improvement through participation in the Residents' Council and the Food Committee; and informally engaged through encouragement to bring concerns and suggestions forward to any manager.

A permanent display exists that explains the quality improvement program and process and how all parties can participate; a changing display exists that explains current issues, ideas, changes, etc.; and data is displayed in graphical format with reminders to residents, families, and staff to come forward if they have any ideas on how to seek or achieve improvement. Information is also provided as slides/videos on televisions throughout the Home; and there is a suggestion box in the lobby.

Additionally, a percentage of residents participate in a satisfaction survey each month, and families are invited to complete a satisfaction survey at least annually.

Families are regularly reminded in writing that they have a right to form a Family Council; and twice annually they are invited to a meeting to discuss the possibility.

Workplace violence prevention

The organization is committed to conducting a thorough review of incidents of workplace violence and preparing an annual trend analysis. Identified trends will be reviewed corporately through the Corporate Quality Committee and at the site level by the Health and Safety Committee in collaboration with the BSO embedded teams and the Continuous Quality Improvement Committee. Opportunities for improvement identified through the trend analysis will form part of the organization's Quality Improvement Plan."

Because the prevention of workplace violence is a strategic priority for the Home, and as such is included in the strategic plan. To ensure complete understanding of the scope of workplace violence, as well as how it might be prevented and how it should be addressed, mandatory education is provided annually to all employees. Additionally, resident behaviours are regularly identified and addressed by the Behavioural Support Team (BSO), Geriatric Mental Health (GMH), physicians, and other caregivers. The goal of the Home is to prevent behaviours from becoming workplace violence; and to that end, regular meetings are held between BSO, GMH, and the DOC to ensure no preventive measures have been overlooked. BSO also periodically provides education to employees on how best to approach residents with behaviours and how best to prevent them from happening.

The Home also periodically offers training in Gentle Persuasive Approach (GPA) and in Excellence in Resident-Centred Care (ERCC).

Contact Information

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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 Kim Leuszler _____ (signature)
Administrator /Executive Director Alexis Anderson _____ (signature)
Quality Committee Chair or delegate Rhonda Duffy _____ (signature)
Other leadership as appropriate Tami Sandrelli _____ (signature)