

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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

Caressant Care Nursing and Retirement Homes Ltd. began in 1992 in Woodstock Ontario. This privately held corporation has over the last 40 years grown to include 15 Nursing Homes and 10 Retirement Homes. Caressant Care Marmora, was acquired in 1975 and has a total of 84 long-term care beds.

It is the mission of Caressant Care "to meet the assessed needs of our clients in a personalized and safe environment, to provide quality care while respecting resident rights, to maintain dignity while respecting diversity, and to support and engage everyone residing within our facility."

In 2019-2020, Caressant Care Marmora will strive to improve in the following categories:

- \* Educate staff/physicians on advanced care planning;
- \* Monitor the number of complaints and assess in a timely fashion
- \* Monitor Emergency Department visits with the introduction of advanced care planning strategies;
- \* Complete timely assessments of resident nearing end of life and ensure the goals of care are clear with the resident and POA; and
- \* Improve resident satisfaction by ensuring staff are taking the time to listen to resident needs.

Our quality improvement initiatives align with the Caressant Care Strategic Plan, LHINs IHSP, the Ministry of Health and Long-Term Care, The Long-Term Care Association, CARF International, and local community partners such as CCAC.

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

Our greatest QI achievement in 2019 was being "integrated" with the community and our external stakeholders. We have initiated many programs in the home over the past year, but where we are gaining full speed with our desire to improve communication and engagement. We have monthly palliative care team meetings with our external NP, pain specialist, Hospice and in-house palliative care rep and DOC. This is beginning to make a significant difference in early assessment and responsiveness to end of life care.

Our DOC and in house physician are LEAP trainers which provides opportunity to the facility. In addition is the Behavioural meetings that are held each month. This integrated approach to both palliative and behaviours are making a difference in the resident/ staff experience. There is certainly more focus on strategies to make improvements. The teams converse well and it has reduced the number of complaints and incidents in the facility.

### Patient/client/resident partnering and relations

Our resident population and POA, families have played an important role in the need to complete advanced care planning. We strive to ensure resident needs are being met in the home. On entry to the home, many families have not begun the difficult decisions on end of life care and what the bottom line for each resident may be. Many POA's are experiencing burnout and have been making efforts to move through the system to LTC. However, they have left the most important piece of the puzzle untouched, that is the difficult discussion on what is your bottom line.

### Workplace violence prevention

The employees that have been identified as higher risk with resident behaviours, engage with the JHSC to provide additional ideas and opportunities for the staff as we promote a safe environment. We are pleased that our LHIN has additional funding to provide an in house GPA. We have a concept in our home and continue to educate the staff on "no thanks, not right now, please come back another time". This allows the staff to avoid confrontation, and re-approach at a later time. Our incidences of resident action injury to staff has reduced over the past 3 years to about 20%. It is felt the acuity of the clients have increased. The management of the disease is often difficult as the Dementia has progressed to later stages.

There is a very clear policy on safety and the joint health and safety team are very active in the process. We do not have a locked unit in the facility and continue to closely review all documentation received from CCAC when making decisions on admissions that are appropriate to the level of expertise we offer in the home.

### 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 Jim Lavelle \_\_\_\_\_ (signature)  
Administrator /Executive Director Cindy Brandt \_\_\_\_\_ (signature)  
Quality Committee Chair or delegate Rhonda Duffy \_\_\_\_\_ (signature)  
Other leadership as appropriate \_\_\_\_\_ (signature)