

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for St. Joseph's Health Care London – Mount Hope Centre for Long Term Care – Marian Villa



9/3/2015

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

Mount Hope Centre for Long Term Care's Strategic Plan for 2015-2018 has three strategic priorities related to enhancing the quality and safety of the care we provide to our residents and families. These strategic priorities are:

1. Ensure residents and families are full partners in their care, and in the design, measurement and improvement of care.
2. Embrace the relentless pursuit of safety – everywhere.
3. Optimize transitions through the care system with and for patients, residents and families.

In pursuit of these strategic priorities, Mount Hope Centre for Long Term Care continues to identify areas where we can improve the care and service we provide to residents and families. Annually, Mount Hope Centre for Long Term Care will develop and publicly post Quality Improvement Plan (QIP) for Marian Villa which outlines the key quality improvement priorities for the upcoming year. The priorities in this quality improvement plan reflect priority long-term care home indicators identified by Health Quality Ontario. These priorities align with our planning processes related to our Strategic Priorities and Long-term Care Services Accountability planning processes.

Our 2015-2016 QIP priorities are outlined below.

Achieve a 10 per cent decrease in the number of falls resulting in injury

Minimization of patient falls and in particular falls resulting in injury is a high priority for Mount Hope. Indicator results for percentage of resident who have had a recent fall in the last 30 days is better than provincial benchmarks. Thus, the focus of Mount Hope's falls prevention team will be on decreasing the number of falls with injury. To focus on reduction of falls sustained by new resident admissions, our improvement initiatives involve documentation and education of a falls prevention strategy within 24 hours of admission for new residents. In addition, Mount Hope will revise and review the post fall assessment to include both pre-fall interventions as well as new interventions implemented after the fall debriefing. Mount Hope will continue to implement best practices related to falls prevention including care planning to assess fall risk and implement prevention strategies and completion of post fall reviews/debriefing. An eLearning module on falls prevention is being launched for non-clinical staff in 2015-2016 (module launched for clinical staff last year) and communication tools will be utilized to heighten awareness of falls and successes with falls reduction.

Achieve 25 per cent reduction in worsening of pressure ulcers

Mount Hope recognizes that the direct care work of personal care partners (PCPs) is essential in ensuring early detection of skin problems and in the prevention of pressure wounds. Our improvement initiative involves development of a new tool to improve communication between PCPs and registered staff when PCPs either recognize resident verbalizations and behaviors indicative of skin discomfort or when PCPs observe abnormal or unusual skin conditions such as red or open areas, blisters, bruises, tears or scratches. When PCPs inspect residents regularly, looking for reddened areas, especially around risk areas they will use this new tool to

alert registered staff to the specific area of concern, so that nursing interventions can be initiated and added to a residents' care plan before ulcers develop or worsen.

Achieve 9 per cent reduction in the use of restraints

Minimization of the use of restraints at Mount Hope is a key priority. Mount Hope adheres to a philosophy of least restraint and will utilize alternatives to restraint whenever possible. The primary planned change idea to improve the accuracy of documented restraint use includes staff education as to the legislated definition of restraint devices versus personal assistance service devices. Mount Hope will monitor data for consistent measurement of restraints and to improve documentation through an auditing process. Additional strategies including education, training and compliance with guidelines/protocols, development and utilization of strategies for alternatives to restraint use, and environmental changes that minimize the need for restraint use will also be implemented.

Achieve 10 per cent reduction in worsening bladder control

Continence care is a priority within Mount Hope. Continence assessments will continue to be completed at least quarterly for all residents. To reduce the percentage of residents with a decline in bladder control, the planned change initiative is to develop a continence committee to review all residents with worsening bladder control and identify additional residents per floor for whom to develop an individualized toileting plan to involve prompted voiding, habit retraining and timed voiding. This initiative should result in an increased number of detailed individualized toileting plans implemented and reduce worsening bladder control.

Achieve 5 percent improvement of residents positive response to "If long stay care were needed for another family member or friend, would you recommend this facility?" and "Do you feel you can express your feelings and opinions around here?"

Patient experience and satisfaction is a focus in all programs at Mount Hope and is aligned with our vision of "earning complete confidence" in the care we provide. Timely complaint management and resolution to resident satisfaction is inherent in improving resident's perception of how well staff listen to them. The planned initiatives at Mount Hope are focused on improving timeliness of responding to concerns. Further - strategies to enhance engagement of residents in quality improvement and care decisions will be implemented. Resident satisfaction surveys indicate participation in activities is highly correlated with overall satisfaction in our long term care home. Mount Hope's planned change ideas involve strategies to enhance activities for residents. Mount Hope is increasing resources allocated to quality improvement in 2015/2016 to help achieve this goal.

Integration and Continuity of Care

Achievement of our strategic priorities is not possible without working collaboratively with our healthcare partners. Mount Hope is working with system partners in developing and executing quality improvement initiatives for the benefits of our residents.

- Mount Hope intends to work collaboratively with the South West Regional Wound Care Program to implement integrated, evidence-informed skin and wound care in the South West Local Health Integration Network (LHIN).

- Mount Hope will work with the Ontario Family Council Program and the Ontario Association of Residents' Council to ensure Mount Hope supports our home Resident and Family Councils.
- Mount Hope will collaborate with TheHealthline.ca to ensure accurate up-to-date information is posted, as the public uses TheHealthline.ca as a trusted central source of information and programs and services across the LHIN and province.
- Mount Hope will participate in the Behavioral Supports Ontario (BSO) program with other health service providers and regularly report our performance.
- Mount Hope will work with the South West Hospice Palliative Care (HPC) Network to support the adoption of the provincial six priority Hospice Palliative Care Indicators for planning and evaluation purposes. Mount Hope RNs will continue to receive education related to Comprehensive Advanced Palliative Care Education (CAPCE) Program which is designed to align with the Model to Guide Hospice Palliative Care.
- Mount Hope is working collaboratively with emergency departments at LHSC to improve communication so that health service providers have the information they need about residents upon transfer from long term care to emergency services.

Challenges, Risks and Mitigation Strategies

For all initiatives, it will continue to be a challenge to implement changes required to achieve our targets in light of limited and reducing financial and human resources. This work requires agreement and collaboration with multiple parties and stakeholders. To ensure success, we are actively engaged in this work with our partners to improve quality and patient safety in our community. We have set aside strategic investment funds that allow us to focus resources on our key priorities. Many of the risks of our QIP have been mitigated by notable stakeholder engagement and dedicated resources to support the work.

Ontario's long term care homes are caring for more complex residents today. The success of Ontario's Aging at Home strategy has shifted the needs of Ontario's long term care residents, so that by the time Ontario seniors require care that can only be delivered in long term care homes, they are frailer and more complex than ever.

A risk associated with decreased use of restraints is an increased incidence of falls. As a least restraint facility, our efforts are focused on reducing injuries from falls as we balance the frequency and appropriateness of physical restraint use with optimizing our residents' physical activity and quality of life.

Information Management

A key priority for our organization has been the implementation of Point Click Care and Point of Care electronic documentation systems. Extensive work is underway to assess the current status of devices and Information Technology support to promote high quality electronic documentation at Mount Hope and prepare recommendations to improve consistency and enhance the quality and timeliness of resident documentation and reporting.

RAI MDS data helps Mount Hope to better understand the needs of our residents. Data is used to inform quality improvements and target setting. Information is used to ensure patient centered, effective, efficient, integrated, appropriately resourced care and services are delivered. RAI MDS outcomes are analyzed to ensure services are sensitive to resident needs and preferences.

At Mount Hope, we monitor the case mix index per resident home area to ensure we have adequate qualified care providers to respond to resident's health needs.

The Integrated Assessment Record was implemented to enable the sharing of assessment information across community care health service providers as well as the provision of data required by the Ministry of Health and Long Term Care.

Engagement of Clinicians and Leadership

Mount Hope has a very structured and collaborative approach to determining its strategic quality improvement priorities. The process involves physician, operational, senior leader and board engagement.

Patient/Resident/Client Engagement

In developing our Strategic Priorities for 2015-2018 – there was a comprehensive engagement strategy that involved consultation with patients, families and community. The voice of the residents and families helped to inform the goals for 2015-2016.

Accountability Management

Leaders have clearly established goals for 2015-2016 and where applicable, goals are aligned with QIP priorities. Targets, 90 day plans, and monthly tracking of progress will be conducted with leaders.

Sign-off

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

Margaret McLaughlin
Board Chair

Margaret Kellow
Quality Committee Chair

Dr. Gillian Kernaghan
President and Chief Executive Officer

2015/16 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"



St. Joseph's Health Care London - Mount Hope Centre for Long Term Care - Marian Villa, 200 College Ave.

AIM		Measure								Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Priority level	Planned improvement initiatives (Change Ideas)				
										Methods	Process measures	Goal for change ideas	Comments	
Safety	To Reduce Falls	Number of Falls with injury.	Counts / Residents	Patient Safety Reporting System / Q1 to Q3 Apr.1-Dec.31, 2014 Avg	51490*	75	67	10% improvement with target to match hospital performance.	Improve	1) #1) To focus on reduction of falls sustained by new resident admissions, our improvement initiatives involve documentation and education of a falls prevention strategy within 24 hours of admission for new residents.	'Admission RN' to initiate resident fall risk assessment and start interventions on the care plan on day of admission.	Reconcile date of fall intervention care plan against date of admission.	100 % of care plans of new admissions should have a fall intervention noted on their care plan	
	To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51490*	3.7	2.8	match provincial average	Improve	1) #1) development of a new tool to improve communication between PCPs and registered staff to alert registered staff to the specific area of concern, so that nursing interventions can be initiated and added to a residents' care plan before ulcers develop or worsen.	When PCPs either recognize resident verbalizations and behaviors indicative of skin discomfort or when PCPs observe abnormal or unusual skin conditions such as red or open areas, blisters, bruises, tears or scratches they will use this new tool to alert registered staff to the specific area of concern.	# alerts sent per month from PCPs to Registered Staff.	For PCPs to identify early stages of skin concerns and registered staff to initiate nursing interventions before pressure ulcers develop or worsen	
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51490*	30.74	27.66	10% improvement through improved understanding of restraint definition Vs. PASDs and reduce actual restraint use.	Improve	1) #1) Change idea to improve the accuracy of documented restraint use includes staff education as to the legislated definition of restraint devices verses personal assistance service devices. Mount Hope will monitor data for consistent measurement of restraints and to improve documentation through an auditing process.	Team review and staff education of "Guide to the Long Term Care Homes Act, 2007 and Regulation 79.10", 'Minimizing of Restraining'. Focus on PASD (personal assistance service device) definitions. Staff educator to develop inservice. Quality Council to review, then plan roll-out of education to registered staff.	Attendance list of education completed.	To prevent future reoccurrence of defining PASDs as restraints in error.	
Effectiveness	To Reduce Worsening Bladder Control	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51490*	32.89	29.6	10% improvement	Improve	1) #1) Continence Committee to review all residents with worsening bladder control and identify residents for whom to develop an individualized toileting plan to involve prompted voiding, habit retraining and timed voiding.	Continence assessment completed at least quarterly. Review list of individuals with worsening bladder control. Identify 2 residents per floor times 10 nursing units for whom to develop an individual toileting schedule.	# of new individualized toileting routines	20 residents x 3 months = 60 residents to have improved bladder control	

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Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Priority level	Planned improvement initiatives (Change Ideas)				
Effectiveness	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51490*	29.56	26.6	10% reduction and remain better than provincial average 29%	Improve	1)increased monitoring and recommendations for change	pharmacist and MD review quarterly	# audits completed.	decrease or elimination of anti psychotics for which there is not a psychosis diagnosis.	Pharmacist will complete audits on regular basis on 3 month drug and diet review and put forward recommendations and follow-up for any anti psychotic medication for which there is not a diagnosis of psychosis.
										2)quarterly review of non-pharmaceutical interventions	BSO/MDS/family review meetings	# of anti psychotic review meetings conducted.	decrease or elimination of anti psychotics for which there is not a psychosis diagnosis.	Quarterly review by BSO and RAI MDS dedicated team and families of current list of residents receiving anti psychotics without diagnosis of psychosis to determine if increased non-pharmaceutical behavior management strategies can result in decreased or eliminated anti psychotics.
										3)provide physicians with prescribing patterns as it relates to provincial benchmarks	increased physician awareness	# LTC Committee meetings at which anti psychotic medication practices reviewed.	decrease or elimination of anti psychotics for which there is not a psychosis diagnosis.	Raise physician awareness through providing physicians with quarterly CIHI performance statistics as well as advise how to generate individualized reports of their anti psychotic prescribing patterns.
Resident-Centred	Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos).	51490*	71	75	5% improvement	Improve	1) #1) To improve timeliness of complaint management through incremental investment, recruitment and retention of additional nursing management staff.	Recruit and retain additional nursing managers to improve timeliness of response to resident complaints and decrease time lapse until 'resolved to resident satisfaction'.	Complaint management tracking review as to date of complaint, date of resolution and whether or not concern resolved to complainant's satisfaction.	Recruit additional nursing managers. Review complaint trends quarterly.	Specific Satisfaction survey question is "Do you feel you can epress your feelings and opinions around here?"
	Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction"	Percentage of residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos)	51490*	75	79	5% improvement	Improve	1) #1) Resident satisfaction surveys indicate participation in activities is highly correlated with overall satisfaction in our long term care home. Mount Hope's planned change ideas involve strategies to enhance activities for residents.	Mount Hope is increasing resources allocated to quality improvement in 2015/2016 to help achieve this goal.	increased quality management resources	start date April 1, 2015	Specific Satisfaction survey question is "If long stay care were needed for another family member of friend, would you recommend this facility?"