

Let's Make Healthy  
Change Happen.



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



### County of Simcoe, Long Term Care and Seniors Services

Sunset Manor – Collingwood

April 1, 2015

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## **Overview of Our Organization's Quality Improvement Plan**

The County of Simcoe Long Term Care and Seniors Services is committed to providing high quality, resident centered care and services that improve every Resident's quality of life. It is our vision to work together to ensure safe care, enhance the Resident's quality of life, engage and collaborate with Residents and their families in their care, and show respect, dignity and compassion in all that we do. We continually pursue excellence and embrace continuous quality improvement philosophy, as demonstrated through our 4-year accreditation award with Exemplary standing from our accredited body from 2012-2016.

Our Quality Improvement Plan (QIP) for 2015-16 focuses on our objectives to provide high quality resident care that is safe, accessible, integrated, effective and resident centered. It serves as our roadmap and identifies opportunities to implement changes in practice to achieve better outcomes and meet resident expectations. Our QIP supports our strategic directions to achieve excellence, enable growth and build successful relationships with key stakeholders. It is aligned with our Long Term Care Service Accountability Agreement (L-SAA), and with our accreditation body's required practices, standards and recommendations.

Our Quality Improvement Plan demonstrates our commitment to improve quality and outlines strategies for ensuring patient safety, delivering optimal care, and achieving high patient satisfaction. Our quality improvement initiatives this year will focus on four key Health Quality Ontario provincial objectives:

- To reduce falls.
- To reduce the worsening of pressure ulcers.
- To reduce the worsening of bladder control.
- To monitor for potentially avoidable Emergency Department (ED) Visits.

The County of Simcoe, Long Term Care and Seniors Services quality improvement goals are aligned with the County of Simcoe's vision, mission, core values and strategic direction; as well as with the Long Term Care and Seniors Services mission and core values, and demonstrate that we are committed to providing safe, high quality resident centered care and services.

### **County of Simcoe Vision, Mission and Values**

#### **Vision Statement**

Working together to build vibrant, healthy, sustainable communities

#### **Mission Statement**

Providing affordable, sustainable services and infrastructure through leadership and innovative excellence

#### **Values**

**Stewardship:** responsible guardians for a sustainable future

**Leadership:** inspire, empower, lead by example

**Integrity:** honesty, trust, and transparency at all times

**Innovation:** creative, progressive, leading edge ideas

**Respect:** recognizing individualism through fair and equitable interaction

**Accountability:** Commitment, ownership and follow through and

**Co-operation:** positive approaches to partnerships, team work and understanding



## **Long Term Care and Seniors Services Mission and Values**

### **Mission Statement**

To provide effective, high quality, safe and efficient long term care services in a home-like setting for the clients and families that we serve.

### **Values**

- High quality of life and independence for each Resident
- A home-like, clean, comfortable, safe and secure environment
- Residents personalizing their own rooms
- Residents living with privacy, dignity and respect
- Meeting Residents' physical, psychological, social, spiritual and cultural needs
- Promoting a healthy and productive work environment for the staff
- Sharing accountability for ensuring the safest possible resident care and services.

### **Integration and Continuity of Care**

Sunset Manor is owned and operated by the County of Simcoe. The municipality operates four long term care homes that work together to standardize processes and create synergistic opportunities for optimal organizational efficiencies and resident outcomes.

Other Partnerships working with our Homes include, but are not limited to:

- ✓ Local Health Links
- ✓ NSM LHIN Quality Initiative Network
- ✓ Integrated Family Health Team and Nurse Practitioner Clinics.
- ✓ Wound Resource Nurses
- ✓ NSM Regional Kidney Care Program
- ✓ Palliative Care Network – Palliative, Pain and Symptom Management Resource Nurse
- ✓ Psychogeriatric Outreach Teams
- ✓ Behavioral Support Teams
- ✓ RNAO Best Practice Resource Nurses
- ✓ Osteoporosis Society
- ✓ NSM Integrated Regional Falls Program

### **Challenges, Risks and Mitigation Strategies**

Challenges	Mitigation Strategies
Increasingly complex care requirements of residents being served, along with the changing expectations, and resource pressures.	Ongoing staff education to best understand and meet the needs of Residents
Late loss ADL Functioning and ADL Self Performance has been declining steadily over the past few years as we admit more complex, frail elderly into LTC.	Utilization of the Nursing Rehabilitation program to try to improve late loss functioning and improve self-performance abilities.
Ongoing resource pressures to meet the needs of the residents	Advocacy for increased funding opportunities and careful attention to the accuracy of the RAI-MDS process to maximize funding and care planning



### **Information Management:**

To better understand the needs of our resident population, and to monitor our quality targets, we are using Point Click Care software to its fullest extent, including QIA tracking, MDS assessments, Outcome Scales, and Risk Management. Provincial and Domestic Quality Indicators are collected monthly internally and reported quarterly to County Council. Multiple Domestic Indicators are collected that assist in the analysis of other indicators. CIHI and RAI MDS reports are used in the analysis and reporting of indicators and to trend monthly variances. Review, track and report on the publicly reported Provincial Indicators.

### **Engagement of Clinicians and Leadership**

The County of Simcoe Long Term Care and Seniors Services Division supports quality improvement through a Performance, Quality and Development Department, at the corporate and Home level. The department consists of the Performance, Quality and Development Manager, two Quality and Development Coordinators, and an Education Coordinator at the corporate level; and a Home Quality and Development Coordinator at each Home. The Administrator and Management Staff of the Homes work with the Performance, Quality and Development Team to review and analyze performance indicators and submit quality indicator reports on the status of projects and indicator trends, analysis and action plans. This information is reported monthly to the General Manager of Health and Emergency Services and quarterly to the County Council.

Monthly Quality Management meetings are held at each of the Homes to report on Home specific indicators and project status.

Front line staff and Residents are engaged as part of the quality initiatives through focus teams and risk teams to assess, plan and carry out quality initiatives.

Quality goals and commitments are shared among front line staff, Residents and Families as well as the Leadership Forums monthly. This includes target reviews, action plans and follow up.

Professional Advisory Committees meet quarterly and Medical Advisory Committees meet biannually and engage both Home staff, Public Health representatives, Physicians, Pharmacists and other service providers.

### **Patient/Resident/Client Engagement**

Feedback from residents and/or resident representatives is an important component for the continuous quality improvement of the care and services that we provide. The County of Simcoe Long Term Care and Seniors Services attempts to involve resident and family members in the design process of new resident-focused programs. Each Home has a committee of long-term care residents called Resident Council, as well as a committee of family members, called Family Council. The Resident Council provides the residents with a voice when it comes to enhancing their daily lives and improving services. The Family Council work to enhance daily living and improve services for the residents as well, but also provide a way for families to give each other the support, encouragement and information they need. Feedback from these Councils helps to evaluate and monitor, and if required change, these services and programs to better meet the residents' needs.

Long-Term Care and Seniors Services send out satisfaction surveys to the Residents, and also to the Families on an annual basis. The results are discussed with the Residents at the Resident Council meeting, and with the families at the Family Council meeting, where feedback is received on the results as well as the survey process itself. The survey results are also shared in resident and family newsletters, as well as being posted in the homes.

### Accountability Management:

All Administrators, Nursing Management staff and Performance, Quality and Development staff are responsible for completing a monthly review of the current status of indicators, with a more in-depth review quarterly, identifying recommendations to improve performance in each category, monitoring metrics monthly and revision of the recommendations accordingly.

### Sign-off

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

 _____ Gerry Marshall, Warden, COS	 _____ Brenda Clark, County Clerk
 _____ Jane Sinclair General Manager, Health & Emergency Services	 _____ Tolleen Parkin Administrator, Sunset Manor

AUTHORIZED BY BY-LAW NO. 6437 PASSED  
BY THE COUNCIL OF THE CORPORATION OF THE  
COUNTY OF SIMCOE ON Mar 24, 20 15

# 2015/16 Quality Improvement Plan for Ontario Long Term Care Homes

## "Improvement Targets and Initiatives"

SUNSET MANOR HOME FOR SENIOR CITIZENS 49 RAGLAN STREET

AIM		Measure							Change				
Quality dimension	Objective	Measure/ Indicator	Unit / Population	Source / Period	Organization ID	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Safety	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51839*	16.1	14.49	Based 10% decrease from current performance .	1)Use Nursing Rehab Program for appropriate residents who fall frequently	a)Quality Coordinator to refer residents with two or more falls in 30 days to nursing rehab program. b) Redevelopment of Nursing Rehab Program	a) % of residents who had two or more falls in last 30 days who meet criteria for Nursing Rehab Program have rehabilitation minutes documented in POC. b) % of residents on Nursing rehab Program	a) 100% b) 25%	
									2)Place newly admitted residents on "Falling Leaves" program	Quality Coordinator to set newly admitted residents up on program.	% of newly admitted residents added to Falling Leaves program within one week of admission	100%	
									3)Utilize hourly Five whys/ Enhanced Fall Monitoring program check-in for most frequent fallers in the Home	Quality Coordinator to ensure residents having 2 or more falls in a week are on the program.	% of hourly 'check-ins' complete by PSWs for residents on program during designated times	90%	
									4)Review MDS-RAI coding for accuracy.	RAI Coordinator to review quarterly assessments for accuracy.	% of assessments audited for coding accuracy	100%	



	<b>To Reduce Worsening of Pressure Ulcers</b>	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51839*	5.17	4.65	10 % reduction based on past performance	1)Establish two RPNs to lead wound care program	Wound care leads selected and signed up for RNAO training	Number of wound care program leads to attend RNAO wound care training	2	
									2)Wound care leads to provide training for PSWs	Wound care leads will train PSWs and RPNs on their role in skin and wound care and prevention	% of PSW and RPNs who receive training	90%	
									3)Care plans audited to ensure accuracy in wound care	Wound care leads to complete chart audits for residents with pressure ulcers and wounds	% of care plans from residents who have pressure ulcers audited monthly	100%	
									4)Residents with wounds have plan of care with interventions to address wound care	Registered staff creates individualized plan of care for residents with wounds	% of interventions followed for residents with wound care plan	100%	
<b>Effectiveness</b>	<b>To Reduce Worsening Bladder Control</b>	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51839*	19.6	17.64	10% reduction	1)Education of front line staff on prevention of incontinence	Develop and deliver through SURGE learning an education module on the prevention of incontinence for Nursing Staff. Track completion of module by staff.	% of staff who have completed prevention of incontinence training	75% of staff will have completed training by November 2015	

								2)Research into residents with a change in coding and identify those who would benefit from prompted voiding and toileting routines.	The RAI Coordinator will ensure accurate coding and assessment of residents. Using best practice criteria to establish protocols, Bladder and Bowel diaries will be trialed on a sample of residents. Learnings from this trial will be analyzed and then both bladder and bowel diaries will be rolled out to all those that trigger worsening continence.	% of residents with worsening continence and qualify based on established criteria that have bladder and bowel diaries completed.	95% of residents with worsening continence and qualify based on established criteria will have bladder and bowel diaries completed on or before the end of August 2015.	
								3)Initiate criteria for candidates for : prompted voiding, scheduled toileting	The Analysis of Bladder and Bowel diaries will inform the development of toileting routines. Toileting routines will be initiated on a sample of residents. This trial will be analyzed, refined and rolled out to all of Sunset Manor residents. These routines will be documented accordingly in care plans.	% of residents with established toileting routines implemented who were identified as benefiting from this intervention through the bladder and bowel diary analysis.	5% of residents who were identified as benefiting from this initiative will have implemented a toileting routine by November 2015	



	<b>To Reduce the Inappropriate Use of Anti psychotics in LTC</b>	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51839*	42.86		.	1)				Indicator not selected as Sunset Manor is currently focusing on other priority indicators.
<b>Resident-Centred</b>	<b>Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".</b>	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).	51839*			.	1)				Resident and family satisfaction monitored with annual satisfaction survey. No concerns at this time.
		Percentage of residents responding positively to: "I can express my opinion without fear of consequences ." (InterRAI QoL)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12 mos).	51839*			.	1)				Resident and family satisfaction monitored with annual satisfaction survey. No concerns at this time.

	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)	51839*			.	1)				Resident and family satisfaction monitored with annual satisfaction survey. No concerns at this time.
		Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12 mos)	51839*			.	1)				Resident and family satisfaction monitored with annual satisfaction survey. No concerns at this time.
Integrated	To Reduce Potentially Avoidable Emergency Department	Number of emergency department (ED) visits for modified list	% / Residents	Ministry of Health Portal / Q3 FY 2013/14 - Q2 FY 2014/15	51839*	13.62		To collect in-house baseline data on avoidable ED	1)To collect baseline data for this indicator	Create progress note in Point Click Care for RN to complete when a resident is transferred to ED	% of progress notes completed for residents transferred to ED	100%	