

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

Georgian Manor – Penetanguishene

April 1, 2015

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

## **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 efforts will include:

- To reduce falls.
- To reduce the worsening of pressure ulcers.
- To reduce the use of restraints.
- 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**

Georgian 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
There is a knowledge deficit with staff, families and residents regarding risk associated using restraints to prevent falls.	Ongoing education to residents, families and staff regarding restraint reduction efforts and the actual risks to the residents associated with restraint use.
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 publically 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, Physician's, Pharmacist's 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 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

  
\_\_\_\_\_  
Connie Sheridan  
Administrator,  
Georgian 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"

GEORGIAN MANOR HOME FOR THE AGED 101 THOMPSONS ROAD

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	51859*	12.17		To maintain current performance and stay below 13.8% Provincial score.	1)Education	Implement Nursing Rehab	% of staff nursing staff trained in Nursing rehab.	50%	
									2)Review high risk fallers at Required Falls Committee.	Discuss Residents at risk for falls at the Required Falls Committee meetings at a minimum of quarterly.	# of scheduled meetings held.	100%	
	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	51859*	2.28		To maintain current performance meeting/staying below the Provincial score of 3.3%.	1)Education	To provide training to all nursing staff on their role in skin and wound care and prevention	% of nursing staff who receive training	60%	
									2)Care plans audited to ensure accuracy in wound care	RN completes wound care audits for residents with pressure ulcers and wounds monthly	% of care plans from residents who have pressure ulcers audited monthly	100%	
									3)Continue with Required Wound Care Program.	Meet at a minimum of quarterly.	# of scheduled meetings to be held.	80%	
									4)Additional Resources	ET Consultant in-house visits.	ET Consultant to visit 6-8 times a year.	100%	



	To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51859*	9.76	8.79	aim is 10% reduction (Prov. score = 8.1%)	1)Education on Least Restraint Policy.	Education to staff on the appropriate use of least restraints.	% of staff to receive education on Least Restraint Policy	90%	
									2)Required Program Committee meetings.	Meets monthly to review Residents using restraint's.	# of scheduled meetings held.	80%	
									3)Restraint approval by Nurse Manager &/or Director of Resident Care.	Staff ensure restraints are approved by the Nurse Manager &/or Director of Resident Care prior to providing for Residents.	# of restraints applied as preapproved by Nurse Manager &/or Director of Resident Care.	100%	
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	51859*	24.03	21.63	10% improvement from current performace (Prov. score = 19.2%)	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.	
	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	51859*	24.23		Indicator not selected as Georgian Manor is currently focusing on other priority indicators. (Prov. score = 29%)					
Resident-Centred	Receiving and utilizing feedback regarding resident experience and quality of life. "Having a	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos).	51859*			Resident satisfaction monitored with annual satisfaction survey. No concerns at this time.					



	voice".	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).	51859*			Resident 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)	51859*			Resident 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)	51859*			Resident satisfaction monitored with annual satisfaction survey. No concerns at this time.					

Integrated	To Reduce Potentially Avoidable Emergency Department Visits	Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents	% / Residents	Ministry of Health Portal / Q3 FY 2013/14 - Q2 FY 2014/15	51859*	27.54		To collect in-house baseline data on avoidable ED visits.	1)To collect baseline data for this indicator.	Progress note in Point Click Care for Registered staff to complete when a resident is transferred to ED	% of progress notes completed for residents transferred to ED	100%	
------------	---	---	---------------	---	--------	-------	--	---	--	---	---	------	--