

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

Simcoe Manor-Beeton

April 1, 2015

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's 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 include the following:

- To reduce falls.
- To reduce the worsening of pressure ulcers.
- To reduce the use of restraints.
- To reduce the worsening of bladder control.
- To receive and utilize feedback regarding resident experience and quality of life.
- 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 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

Simcoe 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
- ✓ Nurse led Outreach Team.
- ✓ Wound Resource Nurses
- ✓ Dialysis
- ✓ Palliative Care Network – Palliative, Pain and Symptom Management Resource Nurse
- ✓ Psychogeriatric Outreach Teams
- ✓ Behavioral Support Teams
- ✓ RNAO Best Practice Resource Nurses
- ✓ Osteoporosis Society
- ✓ Ontario Telehealth Network

Challenges, Risks and Mitigation Strategies

Challenges	Mitigation Strategies
Restraint reduction efforts are not always supported by the residents and their families as they often believe that the only way to prevent falls is to apply restraints.	Educating 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, utilizing the provincial resources.	A review of the Continence Care and Bowel Management program annually, with a focus on mitigating current issues and pressures. Ongoing staff education on current "Best Practices" and their application in the Long Term Care setting.
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.	Focused attention on 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

Accurate RAI-MDS, Nursing Rehab documentation and other resources to improve resident's independence and self-performance and reflect the resident needs.

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 quarterly 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



Susan Fagan
Administrator,
Simcoe Manor

AUTHORIZED BY BY-LAW NO. 16437 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"

SIMCOE MANOR HOME FOR THE AGED

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	51827*	22	19.8	To reduce the percentage of falls in last 30 days by 10%	1)1. Fall process map outlining the required documentation and follow-up after each fall.	1. Map is at each nursing station and all registered staff have an electronic copy.	1. audit % of high risk fallers for completion of required steps.	To have a reduction in injuries sustained by falls.	
									2)Falling leaves-fall prevention program (identifying bracelet and post fall huddles: yellow leaf on W/R mirror and by residents bed)	Audits will be completed quarterly to ensure identifiers for high risk residents remain in place , are current and applicable.	Fall risk assessments, care plans, resident and residents room will be checked/reviewed for required program interventions.	All residents on the Falling Leaves program will be identified and all interventions in place.	
									3)Review of high risk fallers/frequent fallers at weekly high risk unit meetings.	White boards in the nursing station on each unit will have high risk residents listed for all staff to be aware of those at risk.	When completing unit meetings, Registered staff will ensure list is current and all required documentation and follow up is completed.	All residents that are identified as a high risk will be reviewed with the intent of reducing falls within the home overall.	

									4)Increased PSS staffing at identified peak fall times.	Achieva has completed an assessment of past falls and identified peak times of fall and location of falls. This will be posted by unit in each nursing station.	PSS staffing levels will increase in March to ensure coverage of peak fall times.	To see a decrease in falls at peak fall times as residents will be more engaged in activities.	
									5)Implementation of more Hi-low beds along with appropriate bed position height for each individual.	Beds will be positioned at a safe transfer level for each individual resident and height marked on wall.	Physio will be asked to assist with determining height of safe transfer for residents. Staff will be educated on correct positioning and documentation verified in residents care plan.	To have a safe transfer height from bed for each identified resident.	
	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	51827*	3.64	3.28	10% reduction based on the trend over the last year and working towards meeting the provincial average.	1)Establish two RPNs to lead wound care program	Wound care leads have been selected and are completing monthly wound rounds.	Each lead will complete one day per month	These champions will become a resource of all nursing staff for skin and wound issues within the home.	
									2)Wound care leads to provide training for PSW's and RPN's	Wound care leads will train PSW's and RPN's on their role in skin and wound care and prevention. Reviewing enhanced positioning of turning clock in each residents room Stress the importance of following the set out turning schedule as identified on the clock Re-education to PSW's on continence care and repositioning New tracking sheet for wounds and required follow up for each unit.	Wound care leads will track via a sign in sheet the number of staff trained and what was included in the training.	All staff will receive the necessary training by the wound care leads by June 1/15	

								3)Care plans will be audited to ensure accuracy in wound care	Wound care leads to complete chart audits for residents with pressure ulcers and wounds.	% of care plans will be audited monthly for those residents with wounds/pressure ulcers	Care plan are individualized and reflect current treatment for skin/wound issues.	
								4)To ensure residents with wounds have a plan of care with interventions to address wound care.	The registered staff on the unit to create an individualized plan of care for resident with wounds. Sue Bailey RNAO educator will provide education on wound documentation to registered staff.	Review of a % of care plans and progress notes monthly for complete and appropriate documentation.	Staff will be educated and will follow Best Practice for documentation and wound care.	
To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51827*	3.79	3.9	To Maintain or reduce the current restraint rate of 3.9% for 2015.	1)Bi-monthly restraint reduction committee meetings will be held.	Meeting invites will be sent to all members of the committee for the duration of 2015.	Minutes of meetings will be kept on the x-drive with names of those in attendance.	100% completion of all meetings in 2015	
								2)Alternative to restraints assessments to be completed monthly.	Assessments are on E-MAR for Registered staff to complete between the 10th and 15th of each month.	Quality Coordinator will audit completion of assessments monthly for completion and appropriate interventions.	100 % completion of all assessments	
								3)Education will be provided to residents, families and staff on lest restraint policy in the home.	Education is provided with each new admission and ongoing when a family requests a new restraint application.	Policy is in the new admission package and is reviewed with family on admission.	To have all new residents and families feel comfortable with least restraint strategies as per home policy.	

									4)Staff are to follow the least restraint policy and process for application of or consideration of a new restraint.	Staff are aware of the policy and it is reviewed annually. when a new restraint is being considered, staff are referred to policy for review.	Education for least restraint is provided in the new hire hand book and annually at annual education.	All staff will be compliant with the policy.	
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	51827*	20.85	17.55	To reduce by 10% to meet provincial average or to exceed the provincial average.	1)Each resident will be assessed on admission for continence status and applicable interventions.	Will be done using the continence care assessment on PCC	New resident charts will be reviewed to ensure completeness of the assessment.	100% completion of new admission continence care assessments.	
									2)Residents are monitored for appropriateness of scheduled toileting routine and Nursing Rehab program. Documentation for such will be completed.	Nursing Rehab nurse will review the MDS coding and residents appropriateness to the program regularly.	Rehab nurse will set a schedule to ensure reviews are completed. Discuss with staff at high risk unit meeting if there are any residents who may benefit from the program.	All interventions will be implemented with the goal to achieve optimal continence maintenance.	
									3)RAI Coordinator will provide re-education to all registered staff on accuracy of coding of continence status in MDS	All Registered staff will receive education with in the next 90 days.	Coding will be monitored for accuracy especially those on nursing rehab.	To have all registered staff code resident continence accurately in MDS.	
									4)All residents will be reassessed for the appropriate brief size and type. This will be done with the revitalization of the tena team.	All residents will be reviewed by a Tena team member, Tena rep and nurse manager	Skin and Wound, Continence committee meetings will have a standing agenda item that will include the review of current posted product profiles.	To maintain accurate profiles for staff to utilize during resident care.	

									5)Tena Portraits will be reviewed and implemented.	Tena team member along with Tena Rep and Nurse Manager will complete.	Staff will be educated on Tena portraits.	Staff will be able to identify the most appropriated continence product using the Tena portraits.	
	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	51827*	48.88		.	1)				This indicator will be monitored and baseline data collected. No improvement plan will be incorporated at this time.

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).	51827*			.	1)				Resident and family satisfaction monitored with annual satisfaction survey. No improvement plan will be put into place 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).	51827*			.	1)				This Indicator will be reviewed annually with the family and resident satisfaction survey. No improvement plan will be put into place 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)	51827*			.	1)				This indicator will be reviewed annually with the annual Resident/Family satisfaction survey. No improvement plan will be put into place 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)	51827*			.	1)				This indicator has not been chosen. It will be monitored annually with the annual resident/family satisfaction survey.

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	51827*	31.49		To collect in-house baseline data on avoidable ED visits.	1)Base line data will be collected to monitor for potentially avoidable ED visits.	Data will be collected for this indicator from PCC and MDS.	Progress notes for "transfer to hospital" will be reviewed monthly and data gathered. MDS section P5 and P6 will have coding checked for accuracy quarterly.	Staff will complete only one enter under "transfer to hospital" title for the initial transfer. All other follow up documentation will be completed under applicable title ie. "Care monitoring".	
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