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Change Happen.



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



3/27/2015

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

- The objective of our QIP is to enhance resident care and outcomes. We will be looking at worsening bladder indicator, inappropriate psychotropic drug use, resident who feel the staff do not listen to them and resident who would recommend our home to others.

-This aligns with our mission statement: Our Home is committed to the provision of exceptional, resident-centered care, supported by a compassionate team, dedicated to creating a memorable experience for our extended family, within our peaceful rural community.

-Goals also align with strategic plan, operational plan and service accountability agreements with the LHIN.

-We are a CARF accredited organization with most recent 3 yr accreditation received August 2014.

-We have set our goals for improvement to align with the provincial average

Integration and Continuity of Care

-Our home strives to create a strong connection with our community partners including CCAC, Behaviour resource team works with our BSO team and discharge liaison team from Parkwood Institute providing added support to our staff. Other organizations include Middlesex London Public Health Unit, Alzheimer's Society of London and Middlesex, London Middlesex Health Alliance, IPAC intersections, Southwest Palliative Care network-Janette Byrne, Strathroy General Hospital, Fanshawe College.

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-Director of Nursing attends corporate Best Practice Committee and recently attended the RNAO Nursing Leadership Conference networking with nursing leaders from all sectors of our Health Care system.

- Managers attend various meeting such as FLAG (networking group for all Administrators and Directors of Nursing), regional RAI coordinators mtg., REACT, Southwest elder abuse task force, infection control conferences and safety group allowing our team to stay current in many fields and advocate for our residents.

Challenges, Risks and Mitigation Strategies

- We are a "red dot" building per the recent released documentation from the LHINS and are identified as not meeting the current environmental standards for design. Barriers to resident quality of life include; one elevator and all residents residing on the home's main floor must be brought up and down to all meals and activities, minimal communal bathrooms for those in ward rooms. Elevating time can take up to 5 hrs per day for residents and staff.

- Resident satisfaction on the environment is also difficult to achieve as we still have 4 bed ward rooms and privacy/ personal space is very difficult to achieve. Residents are not allowed all personal items of their choice based simply on lack of personal space. Infection control is an issue to as there is no room to isolated with 4 residents to a room.

- Funding for preventive interventions is limited for items that would help the staff to manage behaviours.

- Union contract negotiations are unpredictable and can add increased strain on the home budgets.

- As our home is located outside the city and no public transportation is available this makes staffing and recruitment difficult

- Residents who have been admitted recently require a higher acuity of care taking up more staff time and resources.

-the home's lack of a waiting list based on location, age of building and transportation impact financial resources. Many residents admitted from London and surrounding areas are marginalized individuals with no family or financial resources that impact the home thru "bad debt" e.g., unpaid bills.

Information Management

-We use electronic medical records, Point Click Care (PCC) software for all aspect of resident documentation

- We use the Quality indicator assessment tracking component in PCC to bench mark with other homes in our chain

- PSWs use (Point of care) POC monitors for their documentation

-Computerized scheduling and payroll system just implemented

-We are linked electronically with CCAC to manage our waitlist and receive information on potential residents

- Billing and trust accounts for the resident are managed through PCC as well.

- Staff use online education to complete their annual ministry required training and well as annual health and safety vis SURGE Learning platform and Dunk and Associates

- We have a electronic communication board located on both floors which display daily menus, birthdays, special events, current events and other important communications from management to residents and families.

Engagement of Clinicians and Leadership

- Annually we hold a strategic planning session to review the goals and objective of each department and to set the strategic direction of the home. We include management team, front line staff and family member. We review our staff, resident and family surveys to help us identify strengths, weaknesses and helps to develop goals for the next year.

- We have monthly quality meetings which engages front line staff to help with the quality improvement initiatives in the home

- We support the pursuit of staff to improve themselves with continuing education both in house with guest speakers and also outside educational opportunities

- direct care staff are involved in all quality projects within the home and the management team promote transparency by using the staff and resident/family newsletters

-direct care staff attend off site committees, for example BSO network

Patient/Resident/Client Engagement

- Resident engagement has been utilized with recent hiring of management staff during the interview process

-Resident council is held monthly and all residents are encouraged to participate. Those attending are involved with planning of programs both in house and external trips. This is used as a communication tool between the residents and management to keep them informed of happenings of the home. Managers attend when requested to address any issues or concerns or they respond to issues brought forward which are documented in the minutes.

- Residents are encouraged to attend "Food committee" monthly where menu changes and new menus by season are discussed for residents approval. Residents are also given the

opportunity to express any concerns or suggestions they have concerning dining within the home.

- Family members are asked to bring forward concerns which are followed up on promptly and responses are always communicated back.

- We believe in a optimal level of care which recognizes and attempts to meet the physical, emotional, intellectual and spiritual needs of each individual and their families. We promote the individuality of each resident by recognizing their need for individual worth and dignity.

25% of all residents currently have no family, another 25% have family but minimal involvement. Monthly a request for interest in the family council is put in our resident/family newsletter. Consistently the home is unable to recruit any members. A Family Council pamphlet has been developed and is given on admission to all new residents.

The MOHLTC branch feedback via annual inspection and Critical Incident and Complaint investigation are also reviewed and transparently shared with residents, families and staff.

Accountability Management

- All managers reports monthly to head office commenting on budgets, census, risk issues and achievements. This information includes information about the quality improvements projects as well as processes that are in place to maintain a safe environment for our residents and staff. These reports are a forum to request items needed e.g., new beds

- Generally we demonstrate our accountability by achieving and sustaining a culture of safety and effectiveness for our resident population.

- We are accountable to our stakeholders, residents, families, staff and community through our care and services we demonstrate our commitment to excellence and a quality experience for those we care for and serve.

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

Quality Committee Chair

Chief Executive Officer

CEO/Executive Director/Admin. Lead _____ (signature)

Other leadership as appropriate _____ (signature)