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

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

Message from the Board
Our organization is guided by the legacy of the Sisters of St. Joseph who have provided us with the framework to continue their work. Their passion for healing, their dedication to all those we serve and their compassion for the poor and marginalized provide the inspiration for our efforts. We are dedicated to providing our community with high quality, accessible and safe healthcare and work continuously to improve the results and outcomes for our patients and families. By focusing on the patient’s journey through our health system, from hospital to home or to long-term care, we consistently strive to eliminate barriers and gaps that occur in today’s health care environment. Working together with our staff of dedicated professionals, the Joint Board of Governors is focused on improving the experiences and outcomes of the people we serve at our locations, through both research and the delivery of our services. While many exciting projects are in process in our organization, we are most gratified when we can offer our patients and their family’s seamless, effective, safe and compassionate care.

Providing care in a long term care facility involves thousands of complex procedures every day and this creates a high risk of error. The Joint Board of Governors is committed to working with staff, physicians, residents, families and volunteers to make St. Joseph’s Villa (SJV) the safest possible healthcare environment. This plan represents a subset of our goals and the targets represent one year of improvement.

To make our clinical environments as safe as possible we focus on identifying, measuring and eliminating all preventable harm, using education, best practices, scientific research, checklists, new technologies, risk management and other process improvement techniques.

Our Heritage and our Plans for the Future
The Sisters of St. Joseph’s were invited to Hamilton in 1852 and as part of their work, began a mission of healing. They visited people in their homes and on the streets to provide care. They also began to teach in schools and take care of orphans. In 1879, the Sisters opened the House of Providence, later renamed St. Joseph’s Villa, in Dundas to care for the elderly and disadvantaged. Many more years of work followed to build the infrastructure that we have today. The Sisters believed in providing service where it is most needed and solidarity with the poor. Today we retain, as our own, their values of dignity and respect for everyone.

As we look toward the future, St. Joseph’s Villa is committed to transforming health care to meet the needs of our community in the 21st century. Our ultimate goal is improved quality of service, which we define as: Safe, clinically Effective, Accessible to all who need it, and Kind (SEAK).

We have set four directions in our Strategic Plan to achieve this goal:
• Transforming How We Work – so that we can deliver better care with fewer resources
• Breaking Down Barriers – within the healthcare system to provide a better resident experience
• Engaging residents, families, staff, physicians and volunteers – so that we make better decisions
• Continuing our Commitment to Education and Medical Research – to maintain a skilled workforce and improve the science of health

St. Joseph’s Villa’s priorities for the Quality Improvement Plan for this year (2017/18) include 2 Health Quality Ontario (HQO) priorities as well as 1 SJV priority that are aligned with our Quality, Resident Safety, and Engagement Priorities:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Target Justification</th>
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<tbody>
<tr>
<td>HQO Priority</td>
<td>Reduce the percentage of residents with worsening pressure ulcers</td>
<td>3.3%</td>
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<tr>
<td></td>
<td>Reduce the percentage of residents who fell in the last 30 days</td>
<td>23.3%</td>
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<tr>
<td>SJHH Priority</td>
<td>Improve Same Day (SD), or 24-hour resolution rate for verbal and written complaints</td>
<td>30% per quarter</td>
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Further details on the Areas of Focus are listed below:

1. **Reducing Worsening Stage 2 to 4 Pressure Ulcers**
   Pressure ulcers are a risk for residents in long term care. This project will focus on early identification and reporting of skin integrity issues, pressure ulcer prevention, and weekly wound rounds with the nurse practitioner for residents with more complex wounds.

2. **Reducing the percentage of residents who fell in the last 30 days**
   Reducing falls will help prevent critical injuries, transfers to the emergency department, and improve the safety of residents. The Villa has collaboratively developed a Falls Round Checklist tool to perform falls rounds. We will also implement the 4 P’s approach (stands for: Pain, Position, Placement, and Personal Needs) which develops a culture that checks in with the resident and addressed their needs at different times of the day.

3. **Improving Same Day (SD), or 24-hour resolution rate for verbal and written complaints**
   In an effort to enhance resident and family satisfaction and engagement, this initiative will focus on addressing verbal and written complaints/concerns within 24 hours from the date of receipt. A review of the policy and process will take place and education provided to front line staff with regards to customer service plus through addressing concerns in a timely manner.
QI Achievements from the Past Year

We are very proud of our achievements from 2016/17. In 2016/17 we were focused in 3 areas related to quality:

1. **Appropriate Prescribing**
   A Villa-wide appropriate prescribing strategy has been implemented in an effort to reduce the instances of potentially inappropriate use of anti-psychotics. Strategies include multi-disciplinary quarterly rounds, quarterly prescriber reports, development and implementation of a Psychotropic Medication Monitoring Tool, and discipline specific education to front line staff. As a result, SJV has been able to reduce the percentage of residents taking anti-psychotics without a diagnosis of psychosis by 21%, from 22.80% to 18.00%.

2. **Reduce the percentage of Worsening Stage 2-4 Pressure Ulcers**
   A Villa-wide strategy to reduce worsening pressure ulcers was implemented. Improvement initiatives included daily skin integrity monitoring, implementation of a new clinical skin/wound assessment tool, and a standardized referral process to multi-disciplinary team members. As a result, SJV has been able to reduce the percentage on Worsening Stage 2-4 Pressure Ulcers by 16%, from 4.40% to 3.70%.

3. **Improving Hand Hygiene Compliance**
   Through education to staff, residents, volunteers and visitors, marketing and focused audits, SJV has been able to improve hand hygiene compliance rates by 51% from 49.4% to 75% thus far.

**Population Health**

Through the efforts of St. Joseph’s Villa, Dundas interdisciplinary teams, the St. Joseph’s Health System partners and local community organizations, comprehensive programs and quality improvement initiatives have been developed to address the needs of the residents and clients whom we serve.

The unique population that SJV currently serves is the frail elderly. 13.8% of SJV’s population represents less than 65 years of age. 47.6% of SJV residents are over the age of 85. These residents are afflicted with multiple co-morbidities such as various forms of dementia (Alzheimer’s, vascular, mixed dementia), Congestive Heart Failure, diabetes, hypertension, cerebrovascular accident, depression, osteoporosis, arthritis and other cardiovascular disease.

From a quality perspective, our priority indicators and initiatives are collaborative in nature and are based on the needs of our residents. Ongoing monitoring is conducted at the front-line level where information is presented to Committees, Boards and the St. Joseph’s Health System for review and benchmarking.

**Equity**

Equity is rooted within our mission, vision, and values as an organization and was the foundation of our establishment within Hamilton area 138 years ago. Today we ensure equity is present not only at front
line practice (interpreters available, GPA/PIECES training and awareness, service plus training as well as a robust annual mandatory training program for all staff and volunteers, and a thriving Ethics Committee) but in all the policies and procedures we develop.

Equity is an integral component to client and family centered care (CFCC). SJV is committed to CFCC and enhancing the resident experience as demonstrated in our 2016-19 Strategic Plan. St. Joseph’s Villa continually strives to ensure those that need the extra support to achieve optimal quality of life and care are supported as much as possible.

In partnership with our MOH & the HNHB LHIN the integration of the Behavioural Supports Ontario Satellite Outreach offices across our region has proven to improve the quality of care and quality of life for individuals who are at risk of, or experiencing challenging (‘responsive’) behaviours and their caregivers. As lead agency for the BSO program SJV also houses an onsite satellite BSO office. This integrated approach and partnership has allowed for great knowledge translation among staff and loved ones and has improved the timeliness and quality of care of our most vulnerable population.  
In addition to the current BSO Satellite Outreach Offices, SJV is currently coordinating and facilitating the implementation of 6 “Transitional Lead” positions strategically to be situated throughout the HNHB LHIN. These new positions will assist in improving access for those individuals afflicted with responsive behaviours awaiting LTC. Target date for implementation is March/April 2017.

**Integration and Continuity of Care**

To increase our capacity to integrate our services around resident journeys we are working closely with two of our partner agencies – St. Joseph’s Home Care and St. Joseph’s Healthcare Hamilton. Working together we have combined our three boards into a single committee and developed a single joint strategic plan. Our goal is that patients, clients and residents will no longer feel that they are handed off from one health care provider to another, but rather that they are taken care of by a single team as they move through the health care system. The Seniors Transition Enhancement Program (STEP) is a program designed specifically to ensure there is a seamless transition between these three agencies.

As well, we are working closely with our regional partners to improve the continuum of care for patients. Key areas are:

- The LHIN Clinical Integration Plan – a long term plan that will integrate services across our region to provide higher quality, better coordination and integration, and lower cost.
- Health Links - a system wide initiative that brings together health care and social care service providers to coordinate the care of people with complex medical and social needs.
- Integrated Comprehensive Care - a pilot project with St. Joseph’s Home Care, our local Community Care Access Centre (CCAC), the Ministry of Health, and other partners, to improve the experience of patients as they transition from hospital to home. This project has been very successful and has broader LHIN roll-out as well as throughout the province. It provides patients with a case manager who organizes both their hospital care and their home care and includes a 24/7 phone number to call if they have concerns. Preliminary results show very high patient satisfaction, improved clinical outcomes, fewer re-admissions to hospitals, fewer Emergency Department visits, shorter hospitals stays, and lower costs.
Access to the Right Level of Care - Addressing ALC Issues

SJV has been working closely with its hospitals and CCAC partners in addressing ALC issues to ensure that clients have access to the appropriate level of care when they require it. Through the leadership of the Chief Nurse Executive, CCAC and the oversight of the Admission, Discharge and Transfers (AD&T) Committee, there have been numerous initiatives undertaken with the goal of facilitating the movement of clients expeditiously from hospital, and or community to the appropriate level of care that SJV can provide.

The ALC issue is also addressed through the implementation of enhanced services at SJV include:
- 41 bed convalescent care unit
- the admission of patients with severe dementia & mental health issues
- the admission of patients/residents requiring antibiotic IV treatment
- management of complex wounds through the Nurse Led Outreach Team and
- implementation of a robust falls prevention program to prevent unnecessary ER visits and hospitalizations, and
- where appropriate, site visits by SJV registered staff to observe and assess the current health status of those whose bed offer is imminent in order to further expedite a seamless transition.

Through integrated collaborative care (ICC), SJV continues to work with other St. Joseph’s Health System partner organizations and Behaviour Supports Ontario (BSO) to enhance the assessment and care of clients with responsive behaviours in order to ease transitions to LTC or back to the community. In addition, SJV continues to collaborate with Stedman Community Hospice and St. Joseph’s Lifecare Centre on all end of life/palliative care best practice and initiatives. Most recently 3 staff have completed the LEAP program.

Engagement of Clinicians, Leadership & Staff

We have worked diligently to engage our staff in the development of this year's QIP. Engagement work involved discussing the QIP at various levels of organizational and departmental meetings. Our physician group has been engaged in quality improvement discussions with requests for their ideas and feedback along the development process.

Our staff has demonstrated continued commitment to the concept of continual improvement and several staff have stepped forward as champions for this year's quality initiatives. We are particularly proud and excited about this year’s QIP as it introduces resident satisfaction and engagement as a Villa-wide priority. We believe this represents a turning point in our quality improvement journey.

Systems and reporting structures have been developed to ensure that QIP initiatives remain priorities for the organization throughout the year. Each month, our Executive Team reviews each of the quality improvement initiatives identified in our QIP. It looks at the data to date and supports the improvement team in mobilizing resources and expertise as needed. Bi-monthly discussions of all QIP priority indicators take place at the Continuous Quality Improvement (CQI) Committee. Additionally, the Quality Committee of the Board oversees the initiatives and receives regular reports on performance, challenges, and implementation.
One of the priorities of the St. Joseph’s Health System is a robust Quality program. Our System Quality Committee meets monthly to further system quality goals including critical incident/never event processes including review and development of shared quality improvement goals. The QIP is linked to the St. Joseph’s Villa strategic plan and includes the same commitments contained in our accountability agreement.

**Resident, Patient, Client Engagement**

Through establishment of a Client and Family Centred Care sub-committee and development/implementation of a client and family centred engagement plan in the spring of 2017, SJV is committed to involving residents and family in the care that we provide as well as program development and decision-making. In 2013/14 we introduced patients on the Quality Committee of the Board. The Resident and Family Councils focus on priority areas each year and advise the organization on how to foster client and family centred care within the organization.

In the development of the QIP, resident and family feedback was sought through a number of venues:
1. The compliments and complaints process – review of the most frequent complaints
2. Discussions with Resident and Family Councils
3. Patient Advisors who are members of the Quality Committee of the Board
4. Resident and Family satisfaction survey outcomes

**Staff Safety & Workplace Violence**

St. Joseph’s Villa Dundas diligently keeps safety for clients, residents, staff and families at the forefront. Annual education regarding, workplace violence, Code White, and whistleblower protection is required through Surge Learning, our electronic learning management system. As well, hands-on responsive behaviour management training is offered to front line staff regularly. The Villa continues to work towards implementing a system for assessment and identification of residents at high risk for responsive behaviours. We have established a workplace violence committee and have integrated additional security enhancements to the physical environment which include:

- Installation of video cameras on the secured units
- Increased walkabouts by night security guard
- Installation of windows in Nurses station for observation

We fully support and encourage staff to participate in our Joint Health and Safety Committee. Within our organization we have a confidential third-party service where staff can report situations of abuse if they are not able to report to their direct manager. These programs, policies and processes allow us to monitor, reduce and prevent workplace violence.

**Other**

St. Joseph’s Villa has decided to focus on 2 of the HQO priority areas: percentage of residents with pressure ulcers that recently got worse and percentage of residents who experienced a fall in the last 30 days. However, you will notice in our work plan that we have decided to place the indicators in a separate section of the work plan rather than use the HQO pre-populated data. This decision was
made because HQO uses unadjusted rates from the Canadian Institute for Health Information (CIHI) and SJV reviews adjusted rates internally for quality improvement monitoring. SJV uses adjusted rates because we can compare our performance against our peer organizations and the province. In prior years, using the HQO unadjusted rates from the QIP has created confusion amongst the teams when reporting on success of the QIP.

For 2017-18, the organization continues to align internal quality monitoring with the QIP reporting and therefore will again submit adjusted rates through the navigator for the QIP.

Sign-off

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

**Board Chair:** Peter Tice

**Quality Committee Chair:** Ray Rocci

**President:** Derrick Bernardo