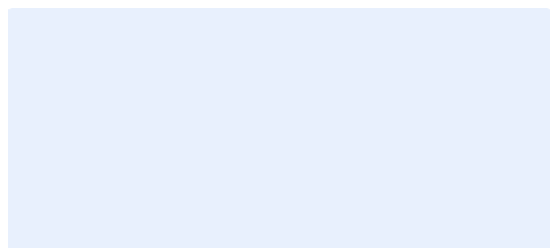


Let's Make Healthy
Change Happen.



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



10/12/2016

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

We are guided by our mission to provide excellence in quality care. We are committed to our vision of creating a warm, caring environment that enables us to be the home and employer of choice. Quality is the foundation of everything we do, and is something we continually strive for through our value system. This value system shapes our beliefs and practices by C.H.O.I.C.E.

C- Caring
H- Holistic
O- Openness
I- Individuality
C- Compassion
E- Essential

Annually, in collaboration with our key stakeholders. Our approach to continuous quality improvement will be based on two simple theories:

SATISFACTION OF PERSONS SERVED + CONTINUOUS PROCESS IMPROVEMENT = QUALITY IMPROVEMENT

As a home, we must be able to measure quality in order to manage it.

The seven dimensions of quality we wish to focus on include:

- ☐ Safety
- ☐ Competence
- ☐ Acceptability
- ☐ Effectiveness
- ☐ Appropriateness
- ☐ Efficiency
- ☐ Accessibility

The seven measurable dimensions provide the common denominator and language for the purpose of developing quality activities and plans.

We must ensure that the care and services we provide are safe, competent, acceptable, effective, appropriate, efficient and accessible.

The specific quality management activities and methods each department may use to measure and manage a dimension may vary from one department to another.

Therefore, the quality management activities for the home all include the common thread of searching for continuous quality improvement, in pursuit of excellence in the care and services we provide.

The specific objective of our HQO QIP is to align our facilities strategic plan, our corporate operational plan, with Accreditation, Ministry of Health and Long Term Care standards. Our specific plan will also consider our current LHIN and LSAA agreements and lastly, but not least, it will include input from families, residents, employees.

Throughout the year 2016/17 Richmond Terrace has designated the following areas as a priority:

- 1) The reduction of falls.
- 2) The reduction of worsening wounds.
- 3) The reduction of emergency room visits.

QI Achievements From the Past Year

Our greatest Quality Improvement achievement from the past year is the percentage of individuals that positively responded to "I would recommend this site or organization to others".

Our facility distributed 134 resident/family satisfaction surveys in 2015 and 54 of those surveys were returned. When an examination of the surveys was completed it noted that 100% of individuals either Strongly Agreed or Agreed with the statement, "I would recommend this site or organization to others".

This was achieved through the following specific interventions:

- 1) We added a customer service education session to our orientation procedures and annual online education program.
- 2) The Administrator or designate participated in monthly Resident Council meetings.
- 3) Development of monthly employee recognition program.
- 4) Meetings held with family members who express less than satisfactory experience at Richmond Terrace.
- 5) Gift Bags and Welcome packages given to residents on admission.
- 6) Multidisciplinary Care Conferences held on admission and annually to address concerns as required.
- 7) Family welcome meal for one family member on admission.
- 8) Increase in activation programming, with a direct focus on evening programming.
- 9) Input received from both resident and family council regarding what constitutes a positive customer service experience.
- 10) A successful C.A.R.F Accreditation process with a three year award.
- 11) An annual Ministry of Health RQI with no unmet standards.

Integration and Continuity of Care

Achievement of our strategic priorities is not possible without working collaboratively with our healthcare partners. We work closely with our community partners, CCAC, and our local hospitals to ensure a safe and effective transition of care for our residents and their families. We also continue to partner with the Alzheimer's Society, the local senior mental health network and the Erie St. Clair LHIN.

Our attendance and participation at a variety of local meetings facilitates our local connection in the community, specifically our D.O.C. and Administrator both attend county peer meetings quarterly.

Where there is opportunity, the organization will partner with various community outreach programs (e.g. CNIB, Huntington's Society) in every effort to provide care and services at the right place and right time for our residents and family.

Richmond Terrace's rehabilitation team in collaboration with an outside source is instrumental in identifying mobility risk factors. A comprehensive physical therapy evaluation is performed that includes: a thorough history, muscle strength evaluation, balance assessment, and functional mobility assessment. Once the risk factors are identified the physical therapy team works with the frontline staff and residents to develop a treatment plan that will help to minimize or prevent future falls. The treatments may consist of balance training, endurance/strength training, and education sessions held with the frontline staff on how falls can be prevented.

The Attending Physicians and Pharmacist Consultant collaborate with our Nursing Team to perform a pharmacological review of the medications of residents when required. The outcomes of these reviews are shared with the resident, family members or love ones. Our physicians also collaborate with Dietitians, B.S.O. Teams and the Geriatric Mental Outreach team as required.

Richmond Terrace has continued to grow in confidence and expertise in caring for residents with complex responsive behaviors. Richmond Terrace currently hosts the B.S.O. mobile team

lead for our community and just recently developed an internal B.S.O. team. The Behavioural Support Outreach Team (BSO) are instrumental in working closely with the frontline team to build capacity in understanding behaviours related to mental health disorders and Dementia related behaviours. Our front line team has participated in the Gentle Persuasive approach to Dementia. Our home has delegated Nurses who are PIECES trained and work with their peers to effectively assess residents with responsive behaviours and strategize on the best plan of care for individual residents. The BSO has worked with the frontline staff in our home to address individual residents needs.

The consultant from SCA/Tena works closely with the frontline staff , residents and incontinence lead to ensure residents have the right product suited to their individual needs. They also worked with the team to develop an effective toileting program and strategizes for addressing residents with worsen bladder control.

Lastly, our partners in care ultimately begin with our staff, residents and their families. Active councils such as resident council, family council, professional advisory committee, joint health and safety and our continuous quality teams meet regularly to ensure an integration of care and services exists within our facility.

Engagement of Clinicians, Leadership & Staff

At Richmond Terrace the program leads are entrusted with the responsibility of ensuring quality care within their departments. Collaborating with their teams to identify trends and develop quality improvement initiatives in areas such as nutritional intake, rehabilitation and nursing restorative needs, socialization needs, wounds, falls, and use of restraints. These initiatives provide the bases for the development of Richmond Terrace's HQ Q.I.P.

Once the draft Q.I.P is developed it is presented to the Professional Advisory Committee (P.A.C.) for input. This committee includes various community partnership members and meets quarterly.

Once our facilities Q.I.P. is finalized it is shared during departmental huddles, internal quality meetings, and at both resident and family council. It is reviewed with the assistance of our corporate directed quality improvement team. This quality improvement team meets quarterly and includes all the sister homes in the organization. They meet not only to review facility specific Q.I.P. plans but to discuss broader quality improvement activities, share data, and discuss on upcoming events and initiatives.

Lastly, it is communicated to the rest of our team through our Quality Improvement Board located outside the Administration office.

Resident, Patient, Client Engagement

Richmond Terrace collects information from residents and families from the formal Resident and Family Council Structure and annual satisfaction surveys. At Richmond Terrace resident/family engagement is paramount in driving our Quality Improvement Plan. Members of the Resident and Family Council actively participate in various Committee meetings.

Specifically, our residents actively engage in a monthly program planning session, with the purpose of directing programs for the upcoming month. These directions include , but are not limited to outings, vendors, themes, entertainment and educational programs.

In addition to above, admission and annual care conferences are completed.

Any data gained through the auditing process, verbal feedback from residents, staff and family members are analyzed and re-evaluated for validity, corrective actions and plans for improvement. Any trends in this data are then communicated to residents and external stakeholders through our Quality Improvement Board located outside of the Administration office.

Other

No further comments required

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 / Licensee or delegate Gary Westgarth

Administrator /Executive Director Laura Scott

Quality Committee Chair or delegate Matt Summerfield

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

Other leadership as appropriate _____ (signature)