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



3/13/2018

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.

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

## Overview

Caressant Care Nursing and Retirement Homes Ltd. began in 1992 in Woodstock Ontario. This privately held corporation has over the last 40 years grown to include 15 Nursing Homes and 10 Retirement Homes. Caressant Care Marmora, was acquired in 1975 and has a total of 84 long-term care beds.

It is the mission of Caressant Care "to meet the assessed needs of our clients in a personalized and safe environment, to provide quality care while respecting resident rights, to maintain dignity while respecting diversity, and to support and engage everyone residing within our facility."

In 2018-2019, Caressant Care Marmora will strive to improve in the following categories:

- \* Resident Experience: Speak positively about the home
- \* Resident experience: Having a voice
- \* Resident Experience: Improve resident satisfaction
- \* Monitor Emergency Department visits by completing in house suturing and first dose antibiotics; and
- \* Continue to reduce the number of anti-psychotics in the facility.

Our quality improvement initiatives align with the Caressant Care Strategic Plan, LHINs IHSP, the Ministry of Health and Long-Term Care, The Long-Term Care Association, CARF International, and local community partners such as CCAC.

## Describe your organization's greatest QI achievements from the past year

Our greatest goals achievement in 2017 was the initiation of our NP. It took time to build trust and partnerships with our physician team. The nursing team was also tasked with using the NP effectively. We concluded at year end the NP had been nicely immersed into our routines for acute cases and effective management with the palliative residents for pain management. Our data is within the provincial average and those unacceptable transfers are at family request.

Antipsychotic use is within the provincial average, however the residents that are on the medication require it although, every effort is being made to deprescribe. Our involvement with Providence Care is so valuable to our success over the past year. The monthly behavioural meetings have proven beneficial to our team and the resident.

## Resident, Patient, Client Engagement

Caressant Care believes that every resident and/or POA or anyone important to the resident, may participate in the development of the QIP or offer input at any time, not just once a year. The home fully discloses the QIP, the initiatives and goals, the impact to the resident, the outcomes and amendments if necessary.

Our Engagement activities include:

- \* encourage discussion of the QIP and CQI ideas at Resident and Family Councils by requesting input and ongoing review of progress / outcomes
- \* Display the plan in a prominent accessible location for all to read and hand out copies if requested
- \* Resident satisfaction is key, we are working to engage all residents and families in 2018 with the interRAI survey tool to have it completed twice in the year, once at a resident get together and the second opportunity is during the care conference being held. Our family care conferences are a valuable opportunity to address concerns or successes and completing the surveys online with the laptop will be key.

\*Our other initiative will be capturing pictures of the resident experiences with their permission and celebrating successes. Through our eyes is being a focus with our activity department. This is resident lead and allows the resident to focus their attention on the staff to empower the staff to look at their experiences in LTC. as well as the PSW education modules through Conestoga college is in place for 2018 start. All PSW's will complete and we will place the program into our orientation for as long it remains available.

## **Collaboration and Integration**

Caressant Care works closely with our external stakeholders such as the LHIN, Medical Pharmacy, Hospice, Marmora and Lake Accessibility, Madoc Health Team. Our collaboration with Loyalist College and running an integrated PSW program in the home. We believe that every effort we make to integrate and collaborate with external stakeholders creates partnerships and better outcomes for the resident. Our collaboration with the LHIN and NP program allowing immediate access to acute cases in the home and suturing. Our collaboration with Fleming College to provide registered staff with IV and phlebotomy training. Our mobile X-ray services reducing the incidences to send to the ER department. Collaboration with the Campbellford Hospitals discharge planner and a medication reconciliation program in house.

## **Engagement of Clinicians, Leadership & Staff**

The QIP requires commitment from all staff, managers, physicians, contracted services e.g. PT, PTA, OT, RD and corporate leaders. Sharing information and common goals, requesting input, recognizing specialties and ensuring awareness will increase participation, enthusiasm and success. There are many ways we are doing this such as:

- \* conducting professional advisory committee meetings quarterly
- \* organizing committees e.g. Behavioural collaborative meetings with our external partners and the pain collaborative meetings to deal with pain in the palliative population with representation from the appropriate disciplines to meet monthly, document minutes and report to stakeholders
- \* Administrators submit quarterly CQI reports
- \* Display QIP on the CQI board along with activities and outcomes
- \* Survey stakeholders
- \* Staff meetings have a CQI component, review the QIP and request input and ideas for action
- \* Quarterly operations meeting agendas include a CQI review
- \* Indicators are accurately reported monthly and submitted to head office
- \* We are proactive to engage multidisciplinary clinicians as much as possible and are excited about the opportunity of having a Nurse Practitioner available as part of our team, as we continue to strive to provide exceptional care to our Residents.

## **Population Health and Equity Considerations**

We are an 84 bed facility in a rural setting. Our resident population is primarily seniors over the age of 65. The population is English based and over 70% have a form of Dementia as a diagnosis. On average, the projector of life expectancy in our long term care is 18 months in long term care. Residents are being admitted at an older age and have significant co-morbidities at the time of admission. It has also been identified that many don't have advanced directives in place at the time of admission. This requires additional consideration moving forward. Our LHIN has worked with its stakeholders to address the need earlier in the process. Our family doctor team is working on this as an initiative in their practice, however residents coming into the home from outside the family practice in Marmora and Lake area may not have had these discussions. At the time of admission, is a difficult time to have the discussion, and as a result we are starting the discussion early

and then our 6 week meeting with the team further delves into the advanced directives. This will continue to be a focus for improvement over the coming year. We are experiencing a large increase in residents younger than 65 and significant mental delays. Options for programming are limited and behaviours a challenge. Due to their age, we don't have external services available and it is consuming the activity time for close monitoring.

We are also witnessing caregiver burnout on admission of residents. A significant number of our residents are placed here for crisis reasons. We haven't explored this however, the additional support offered in the home is helping the spouse to overcome many of their concerns such as introducing medication reconciliation prior to admission with the assistance of the pharmacy and nurse practitioner.

As discussed earlier, we are working at spreading the word on advanced directives. We will market "Speak up in 2018". This will be an opportunity to invite the community to an open house and discuss how to initiate the conversations with their family member.

We haven't explored the caregiver burnout, but as indicated earlier, the support that is offered by our home at the time of admission appears to be assisting in recovery. Families appear relieved and are expressing their gratitude for the assistance and guidance.

### **Access to the Right Level of Care - Addressing ALC**

The facility is very prompt to move residents into the facility. In order to maintain >97% occupancy, we offer semi private beds at ward rates. A contract is in place at admission that the resident and POA understand should a ward bed become available, the resident will be moved at that time. This has proved to reduce the number of ALC beds in hospital and we have created a working relationship with the discharge planner at Campbellford Hospital as a significant number of admissions come from Campbellford Memorial Hospital and we value the working relationship established.

The process of Residents being reviewed for acceptance into the facility has improved since the inception of electronic information being transferred into the facility. Our Acceptance rates have improved. Our only refusals of care in 2017 were behaviours and we don't have the nursing expertise or facility to deal with these.

### **Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

We as a company created a working group to better manage pain in the facility. We currently are unable to track the residents having pain and those that would benefit from a long acting opioid. We also have been looking to create a pain tool that is consistent with the various levels of cognition in the home. The RNAO best practice guideline was completed and reviewed with the team. We are making strides, however until the option of having accessible data and scoring of pain accurately, we will face the barrier of getting the right treatment to the resident at the right time

### **Workplace Violence Prevention**

The employees that have been identified as higher risk with resident behaviours, engage with the JHSC to provide additional ideas and opportunities for the staff as we promote a safe environment. We are pleased that our LHIN has additional funding to provide an in house GPA. We are also sending one staff member to Dementiability to increase awareness in the facility since so many of our residents have some form of dementia. We have a concept in our home and continue to educate the staff on "no thanks, not right now, please come back another time". This allows the staff to avoid confrontation, and re-approach at a later time. Our incidences of resident

action injury to staff has reduced over the past 3 years to about 20%. In 2017, resident action workplace injuries are climbing. It is felt the acuity of the clients have increased and the management of the disease difficult as the Dementia has progressed to later stages.

There is a very clear policy on safety and the joint health and safety team are very active in the process. We do not have a locked unit in the facility and continue to closely review all documentation received from CCAC when making decisions on admissions that are appropriate to the level of expertise we offer in the home.

## Contact Information

Cindy Brandt RN  
Administrator  
Caessant Care Marmora  
adminmarmora@caessantcare.com

## Other

## 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 Tim Dengate \_\_\_\_\_ (signature)  
Administrator /Executive Director Cindy Brandt \_\_\_\_\_ (signature)  
Quality Committee Chair or delegate Kim Leuszler \_\_\_\_\_ (signature)  
Other leadership as appropriate Marjorie Joly \_\_\_\_\_ (signature)