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Change Happen.



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



3/29/2018

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 Fergus is an 87 bed LTCH with an adjacent 43 bed Retirement Home. We are part of Caressant Care Nursing and Retirement Homes Ltd. that has celebrated over 40 years of growth and now includes 15 LTCHs and 10 Retirement Homes throughout the province of Ontario.

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".

We will continue our QI work for 2018/19 with a focus on:

- continue to reduce the number of anti-psychotics prescribed for residents;
- continued collaboration and engagement of the Nurse Practitioner in our QI activities;
- review and implement changes to our Falls Program to achieve better outcomes for our residents;
- provide more education and expand roles within our site in collaboration with BSO initiatives, to enable staff to respond most appropriately to resident behavior situations;
- continue to explore opportunity to improve resident and family experience and overall satisfaction.

Further details for some of these initiatives are outlined in our workplan.

We reference the Health Quality Ontario, Quality Framework as our foundation on which to build quality improvement initiatives, as well as data from CIHI and the Ministry of Health and Long Term Care Inspection Branch in setting targets. We also ensure our priorities align with our corporate strategic plan, the priorities of the Waterloo Wellington LHIN, OLTCA and CARF Accreditation standards.

The MOHLTC Inspection Branch has been intensely reviewing our compliance and outcomes over the past year and we are working diligently to ensure we address identified areas of non-compliance and move forward. The provision of excellent care and outcomes for our Residents is our ultimate desire and we will continue to work collaboratively in the coming year with all of our staff, residents and families, partners and stakeholders to achieve success.

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

We have successfully decreased the use of antipsychotics within our facility to 17.91. Our prior year performance was 24. Continued collaboration with the multi-disciplinary team, including Medical Pharmacy, Nurse Practitioner and Medical Director, will help us continue to decrease this indicator.

We have also had great success over the past year incorporating our Nurse Practitioner into our team. The NP role provides another perspective and level of clinical expertise as we explore methods to reduce ED transfers, as well as methods to improve Fall assessment and management, and overall reduce the number of falls in the upcoming year.

We have invested significant time and energy recently to update the internal environment of our site, and have ongoing plans for further review and updating.

We have also achieved 0% restraint use and continue to strive to be a restraint free facility.

## **Resident, Patient, Client Engagement**

Residents and Families are formally engaged in promoting quality improvement and offering ideas for our QIP, through Resident and Family Council meetings. We also provide regular updates of indicator progress throughout the year at meetings as well as post information on an internal QI bulletin board.

Informally, we encourage concerns, questions, ideas be brought to any manager at any time. We have an open door policy to ensure residents have access to managers, and different managers complete rounds and assist with meal service in dining room to promote visibility and aid a better understanding of day to day concerns and activity. We are currently experiencing a change in some of our managers positions and will be investing in orientation and exploring continued ideas of new ways to stay engaged with our residents and families.

We committed last year to engaging in the 'Through Our Eyes' educational initiative created by the Ontario Association of Resident Councils. Implementation of this initiative will help guide us to continue to provide residents with a voice in our program development and education. Some of our sister Homes have had great success with this initiative and we will be learning more from them in the upcoming year.

## **Collaboration and Integration**

Caressant Care Fergus is an active participant in the Wellington Collaborative. This Collaborative includes local LTCHs, Retirement Homes, Hospitals and external providers in the LHIN region. The meetings provide opportunity to review processes, share successes and challenges, with a goal of learning from one another to improve. It is the Collaboratives' vision to ensure that equitable access to services and high quality care is achieved and to better meet integrated health service goals so that we can enhance the resident experience and improve outcomes. Waterloo Wellington LHIN representatives also attend this meeting and it is an important partnership for identifying possible barriers and possible solutions for a more integrated system.

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

The participation on many levels of various clinicians is a key component to delivering successful quality care to our residents. Physicians, Nurse Practitioners, our management team, staff, physiotherapists, registered dietitian, occupation therapists, pharmacists, are all engaged in various committee meetings throughout the year, as well as input on the development and progress of our QIP.

The QIP is specifically discussed and reviewed at our CQI committee meetings and PAC meetings, with a focus on indicator outcomes, and clinician input and ideas regarding resident care and experience. Staff meetings, discussions and education, help champion the continued education about QI and the important role staff plan in providing input to improve processes.

## **Population Health and Equity Considerations**

We are considered an urban, medium sized facility and 39% of our residents are older than age 85. Most recent CIHI data indicates that 45% of our residents experience some form of dementia and 14.5 % of our residents are under the age of 65. In the past year we saw an increase in resident admissions that have several co-morbidities and complex care needs.

Although we are classified as urban, transportation and access to specialty appointments continues to be a challenge for some residents. Our NP has utilized Clinical OTN consultations to try to minimize this impact however there are still times when in person appointments and assessments are essential. Specialized

psychiatric care access continues to be a challenge in our region and this is frequently discussed at the Wellington Collaborative and with the WW LHIN.

Resident care plans are customized to address the diverse needs of each resident. Tailored interventions are created to help each resident achieve their unique goals and families are also engaged to help facilitate the goals as they are able.

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

Our Home has continued to try to help alleviate ALC pressures for hospitals by completing timely review of applications and reviews of assessments and documentation. As a result, we are then able to quickly advise the LHIN as to whether or not we can meet the needs of the applicant.

Our Nurse Practitioner and Medical Director also work diligently to help us avoid unnecessary Emergency Department visits that may pose a strain on local Hospitals, and that we can provide additional care or services for onsite.

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

The effective management and treatment of pain is of great importance to us and we are currently reviewing and adjusting our pain management policy, procedures and tools. Additional education and discussion with staff will be a priority in the coming year.

In collaboration and partnership with Medical Pharmacy, we discuss and review medication usage within the Home at our Professional Advisory Committee meetings. Specifically this provides more opportunity to review use of opioids and the possibility of other options and adjunct services.

### **Workplace Violence Prevention**

Workplace safety is part of our strategic plan and is reported on and monitored through CQI initiatives and the Joint Occupational Health and Safety Committee. There are detailed policies and procedures on dealing with workplace violence. We work closely with our Corporate Human Resources staff and provide ongoing education for our staff in effective management of responsive resident behaviours and maintaining a safe environment for staff and residents.

### **Contact Information**

Charlie Warren  
Executive Director  
519-843-2400

### **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 Charlie Warren \_\_\_\_\_ (signature)  
Quality Committee Chair or delegate K Leuszler \_\_\_\_\_ (signature)  
Other leadership as appropriate J Kuntz \_\_\_\_\_ (signature)