

Let's Make Healthy
Change Happen.



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



4/3/2019

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

Cambridge Country Manor is a 79 bed facility, located between Guelph, Kitchener and Cambridge in a country-like setting with a beautiful courtyard. The Home continues to hear families, visitors, and community partners reflect on the friendliness of Cambridge Country Manor. This remains consistent with the Mission Statement:

"Caring Families-Yours and Ours Together." Key Corporate Values reflect this:

- The primary focus is the residents, needs, rights, comforts, safety and satisfaction.
- A home-like environment for Residents, emphasizing the personalization of each resident's area.
- Residents deserve to be treated with dignity, respect, and consideration.
- To be an active member of the community.
- Staff contribute to the high level of care
- On-going quality improvement

As you review the narratives and work plans over time, you will see that the Home has put much in place, which has now become standard best practice. The experience that the Home had in 2016 with the TOE "Through Our Eyes" program of OARC (Ontario Association of Resident Councils) is now a provincial wide program available for all Long Term Care facilities. The ongoing training in Montessori methods continues to inspire the Home and its staff on our journey of understanding and improving resident experience. This year we are excited to see the inclusion of the palliative indicator as it is an area the Home has put significant effort in over the last two years.

The Home comes to this QIP with input from residents, families, staff, and external partners such as the Home's physician, palliative LHIN consultant, LHN BSO consultant, and the Nurse Practitioner to name only a few.

The QIP intersects with the Home's Strategic, Nursing, Activities, Dietary and Environment goal plans.

It is not a linear process. As we engage in the cycle to "Plan, Do, Study, Act" in moving forward- we continue to learn as we go and adjust. This evolution is accomplished with Residents, Families, and Staff, internal and external partners. We journey together.



Describe your organization's greatest QI achievement from the past year

The Home has had a CQI focus for some time and monthly reviews indicators in the Home, the LHIN and the Provincial level. As of Q2 2018:

Indicator	Home	Province
Antipsychotics without a diagnosis	13.8	19.5
Worsened Pain	10.1	9.9
Falls	9.4	16.4
Wounds	1.8	2.2
Restraints	0.0	5.1

The Home has put a significant focus on Palliative and End of Life care, as well as Pain Management over the last two years. Staff education has been a key part of this: Registered staff have taken Fundamentals of Palliative Care, Enhanced Palliative Care, LEAP, CAPACE; as well the Waterloo Wellington Palliative Pain consultant has provided in-services for PSWs on Signs and Symptoms on End of Life. The Home also has a strong, multi-disciplinary palliative care committee, as well as a palliative and pain champion (RPN). The Home has worked diligently on early education with families before a resident becomes End of Life. All residents have a PPS assessment completed upon admission and quarterly, or as their condition declines. This leads to early identification of residents who require a diagnosis of palliative or end of life care. The Home follows best practice for End of Life medications. The Home also has a Palliative designated physician who is LEAP certified. The Home also has standard approaches for nutrition, wound management, spiritual support, cultural sensitivity, family/resident support and death with dignity.

The Activities department continue to successfully hold casual resident meeting where they could share their experiences living in the Home. The Home is also committed to taking resident Activity ideas and making them happen. Exciting outings such as trips to the Butterfly Place and having a Car Show are just two examples.

The Annual Satisfaction results show 80% of the questions in the survey have over 80% satisfaction. Privacy, deciding how to spend my time, and getting the health services that I need are all areas over 92% satisfaction.

These achievements are in synergy with the Homes QIPs from 2016/17/18, focussing on improving the quality of living at Cambridge Country Manor.



Patient/client/resident partnering and relations

At Cambridge Country Manor the reason for being is to support residents. At Resident's Council and Family Council, as well as all team meetings, two Residents Rights are read to keep our focus on how we can see a resident's perspective. At the Residents' Council, it is a resident who leads that discussion and reviews two Rights. Moreover, through the TOE (Through Our Eyes) OARC program we have been able to continue the discussion of resident rights at monthly resident meetings. These meetings are more casual in nature than the Resident Council, and the focus is not on looking at two prescribed Resident Rights, but on having open discussion on what it is like living at Cambridge Country Manor. This provides peer support for residents, as often although the LTC facility provides good care and support, it is a different experience for many residents.

The Home has a large population of residents with dementia. Less than 10% of the population have a CPS of 1 or 2. Over 50% have a score of 3. Over 35% have a score of 4-6. A strong focus on resident engagement is in the Resident's daily living, maximizing despite capacity changes from day to day, and residents engaging in their own life.

Goal plans for departments and programs are brought to the Resident and Family Councils. Standing agenda items at each meeting are falls, wounds, sends to emergency department, psychotropic drug use and resident experience; as well as each department (administration, nursing, laundry, housekeeping, activities, maintenance and dietary) are also on the monthly agendas for input, discussion and ideas. The monthly newsletter that goes to families and residents also has falls, wounds, sends to emergency department, psychotropic drug use and resident experience action and results on it. In this way, the residents and families are

involved on an ongoing basis on the implementations and performance of the Home in these areas, with ongoing opportunity for participation.

Annual and Six-month performance analysis is posted on the family board covering efforts on falls, wound management, complaints, emergency sends, Outbreaks and satisfaction survey results.

The Resident and Family Satisfaction survey is one way to engage residents and families. Satisfaction survey results are strong in areas of respecting privacy, respect, staff paying attention to residents, and expressing opinions without fear of consequences, to name a few, over 85% in each of these categories.

The Home also provides a monthly newsletter, designed by the Family Council that gives a brief update on each departments activities in that month, as well as statistics on the Home's performance in QIP indicators. Upon admission residents and families are encouraged to ask any department head more information about what they see in the Newsletter. To assist with this each are given a list of the Home's contacts.





Workplace violence prevention

Violence prevention has been part of the fabric of CCM since 2007. The Home annually reviews a risk assessment to assess the risks of violence, and to review what prevention is in place. Risks include resident, staff, visitors, intruders, bomb threats, to name a few. The Home annually trains staff in this area as well, including practicing for response. The Home works closely with the Joint Occupational Health and Safety Committee throughout the year to continuously identify any risks and to respond to them.

The Home works with staff through annual and ongoing training, as well as accessing external resources in the BSO LHIN/Cambridge Hospital, and Grand River Freeport Site, to enable staff to be safe and effective in working with residents who have responsive behaviors. Safety is a top focus, for both resident and staff.

The Home tracks incidents, and provides a report to residents, families and staff annually. All employees, as well as the Joint Occupational Health and Safety Committee play a significant role in prevention, and identification.

Ultimately, the Home maintains a zero tolerance policy. The Home takes all reasonable and practical measures to minimize or eliminate risks identified through the risk assessment process, workplace inspections, or the occurrence of a workplace violence incident

Most recently the MOL (Ministry of Labor) piloted the use of a new Violence in the Workplace tool. The Home has also had a 'stand together' with Canadians against bullying on annual Pink Shirt Day

On Wednesday February 27th. The staff participated in an anti-bullying event along with Canadians coast to coast. Some of the staff participated by wearing t-shirts with the slogan "Kindness is One Size Fits all" printed on brightly colored pink t-shirts, while others participated by wearing a pink shirt of their choice.

Caressant Care is committed to working with its employees, residents and families, to provide a safe environment.

Caressant Care is committed to conducting a thorough review of incidents of workplace violence and prepare an annual trend analysis. Identified trends will be reviewed corporately through the Corporate Quality Committee and at the site level by the Health and Safety Committee, in collaboration with the BSO embedded teams, and Continuous Quality Improvement Committee. Opportunities for improvement identified through the trend analysis will form part of the organizations' Quality Improvement Plan."



Contact Information

Heather Richardson: Executive Director

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 Kim Leuszler _____ (signature)
Administrator /Executive Director Heather Richardson _____ (signature)
Quality Committee Chair or delegate Rhonda Duffy _____ (signature)
Other leadership as appropriate Mari Duncan _____ (signature)