

Let's Make Healthy
Change Happen.



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



3/26/2019

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

Greenwood Court is a community of care located in Stratford, Ontario. Greenwood Court consists of 45 bed Long-Term Care, 20 retirement suites and 85 independent apartments. The home is fortunate to have the support of our retirement and independent residents who assist our long-term care residents by helping to porter to and from programming as well as visit with in our communal lounges. Greenwood Court Long Term Care is divided into two units, one 15 bed memory care unit and a 30-bed unit where residents have a range of clinically complex care needs.

Greenwood Court is one of three divisions of Tri-County Mennonite Homes and we share the mission statement of "Making Every Day Matter". Quality initiatives are driven by feedback we receive from residents, families and friends, staff, volunteers and external stakeholders and all are related back to the mission statement.

Currently we have 34 females to 11 male residents. 72% of our residents are affected by some level of Dementia.

Changes throughout the year continue to drive the direction the home focuses on for quality improvement. Medical Assistance in Death is an area that we are continuing to research to ensure we are following the values of our organization while supporting the values and care requests of our residents. The values and feelings of our staff must also be acknowledged and addressed through this policy.

Medical cannabis and now the legalization of cannabis has also been an area that the home has been researching to ensure we are prepared to provide care to our residents. The Registered staff participated in education sessions offered through RNAO to better prepare for this changing landscape of health care.

Recruitment and retention continues to be an ongoing concern. Stratford experiences a very low unemployment rate which is good for the community but in reality, means that there are not potential qualified candidates for our job openings. The Management Team has reached out to local schools to promote students enrolling in the PSW program. The Executive Director and Director of Care attended a local PSW class to stress to the students of the importance of the PSW role in LTC, focusing on the benefits that a PSW in LTC experiences when working with the elderly versus some other healthcare settings. Greenwood Court has also partnered with Fanshawe College to offer the PSW program on site. We currently have 8 students attending school daily by live streaming the program from another site. The goal is to have eight additional PSW's in the workforce in our area at the completion of the program. As an organization, other recruitment efforts include attending job fairs as well as utilizing on line recruiting websites.

Efforts have not been successful to date and as a team we continue to strategize work load and meeting care needs of the residents while ensuring staff are working safely. We have partnered with other care organizations in the area to review human resources needs and to plan for the human resources crisis that will only worsen over the next 10 years.

The home continues to analyze MDS-RAI data and outcome scores, as performance indicators for the programs that we have developed. Reviewing this data weekly, with the RAPS meetings and monthly, at the Resident Care/Quality meetings, has increased staff awareness of the importance of these tools. The home continues to be higher than the provincial average for number of residents who have fallen in the previous 30 days. Falls initiative funding was welcomed by the home as we implemented an additional 8 falls mats, three residents are using hip protectors and several residents are wearing non-slip socks to prevent falls. We will continue to implement best practices and review falls as a part of our team reviews to look at interventions that can be implemented to decrease risk of injury with falls as well as decrease the number of falls if possible.

The home is also higher than the provincial average for the number of residents with worsened pain. This is also an indicator that we will focus on for the 2019-2020 Quality Improvement Plan. We have partnered with the RNAO best practice consultant to assist in the home in completing a pain gap analysis and will be implementing initiatives from this gap analysis.

Our 2019 L-SAA demands we reduce the number of visits to the Emergency Department by 2 visits this year. Based on data from 2017/2018 Q3 data to 2018-2019 Q2 data, Greenwood Court sent 17 residents to the Emergency Department with 53% being admitted and 47% no admitted. We have a visit rate of 9.2% over this time period. This is an area that we will continue to focus on as well. The home as part of the LongTerm Care Network, have reached out to the LHIN to verify the accuracy of the data to ensure

A Staff Satisfaction Survey was completed in the fall of 2018 and results have just been received. The results will be analyzed to develop an action plan for implementation of areas where the home did not meet the expectations of our customers.

Monthly, resident surveys and comment cards are reviewed as a part of our Quality team meetings to ensure any concerns are resolved and the resident's needs are met in the way they want them to be met. Any resident/ family concern is also reviewed at our monthly resident council meetings so that residents are made aware of concerns that have been raised by others as they may also experience a similar situation.

Quality is an ever-changing journey and our Quality Plan is a document that promotes the home to move forward with projects identified knowing that the plan may need to be adjusted based on a change in the needs of our residents to ensure we are Making Every Day Matter for everyone.

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

Greenwood Court identified that mouth care was not being provided consistently to residents who needed assistance from staff or staff assumed the resident was still completing care on their own, but they were no longer able to complete this task on their own. A team of PSW, registered staff, NP, and DOC met with our RNAO Best Practice Consultant and as a team, an oral care (mouth Care) gap analysis was completed. From the analysis, the home chose four items to focus on, the implementation of the oral health assessment, and process for follow up if a concern is identified on the assessment, education to staff on the priority of oral care and how to provide oral/mouth care, reassess oral health care supplies the home is utilizing, removing swabs from use due to risk of injury to the residents, and a process for cleaning supplies and changing supplies to decrease risk of illness and the final one being to increase staff awareness of resident's assistance with oral care through discussions at RAPS meeting, as well as shift changes and care conferences. Point of Care tasks updates to promote accurate documentation by the PSW's on the care provided to residents related to oral care. Mandatory training sessions held in May provided the venue for nursing staff to meet with the RNAO and to review how to provide oral health care to residents. By October 80% of residents had oral health care needs identified on their plan of care. During this time, we have also developed a partnership with an area Dental Hygienist who is able to come into the home and provide care to the resident at their bedside. This partnership offers an alternative to the care that the dentist who visits the home every 6-8 weeks can provide. Through 2018/2019, the staff improved the care that the residents received related to oral health.

We will continue to develop this area of care to decrease risk of infection to the residents as well as to improve the oral health of our residents.

Patient/client/resident partnering and relations

Improving the resident experience is the focus for our Quality Improvement Plan and we recognize that we do not travel this journey alone.

This year saw our home strengthen our partnership with a research project- BABEL. BABEL stands for Better tArgetting, Better outcomes for frail ELderly. The purpose of this project is to evaluate innovative approaches to Advance Care Planning (ACP) in long-term care. It is important to ensure that residents' wishes are followed with their end-of-life care. Greenwood Court is an intervention home meaning our registered staff have been educated on the use of the intervention and the required process to follow when a resident is admitted, if there is a change in a resident status and at the time of a resident's death to follow if a resident's request for a care intervention was followed. This research project will continue into 2020 where the results will then be shared with the home.

Our Nurse Practitioner (NP) continues to support our staff, residents and families in our home two days a week. This relationship is in partnership with another local LTC home, Knollcrest Lodge where the NP attends three days a week. Our registered staff's knowledge of disease process and comfort with health teaching has improved as well as comfort with assessments since the implementation of the NP at our home. The NP has a passion for LTC and will

advocate for the residents and has improved the quality of care within the home as identified in our family satisfaction survey.

The home has a positive relationship with the local Alzheimer's Society, who has facilitated care meetings to help staff develop initiatives to meet specific residents' needs. The Alzheimer's Society supported our staff in 2018 during our mandatory education days by providing hands on education reviewing approaches for residents with dementia.

Our BSO team is active within the home and reaches out to our Seniors Mental Health team for additional support when current interventions are not effective for a resident. Staff have focused on increasing their own understanding of residents with dementia, making use of the Teepa Snow training videos and implementing some techniques such as the GEMs and hand over hand care giving approaches. Two staff also attended a Teepa Snow education day and came back to the home with suggestions on how to provide care to a resident. OUR BSO team also attended Mental Health First Aide for Seniors education and have utilized this education in their 1:1 visits with residents. The home also reached out to the support of a Geriatrician for care of three residents with recommendations implemented to improve care outcomes.

We collaborate with the Perth District Health Unit on our immunization program and outbreak management as well as safe food inspections. We participate in infection control initiatives in collaboration with Public Health Ontario such as the Just Clean Your Hands campaign as well as Community of Practice education calls.

When caring for residents at End of Life or who are approaching end of life, we are able to access the services of Hospice Volunteers through Family and Children Services to provide support to the resident and/or their family at this time. We also reached out to the Pain and Symptom Management team to review pain and symptom control for a client to ensure we were providing the best care possible based on the diagnosis.

Recently we have reached out to the Huntington's Society for support of a resident residing in LTC. Education for staff has occurred and we will continue to build this relationship for ongoing support of the resident, the family and the staff as well as the other residents living on the unit.

RNAO have supported the home in 2018 with the completion of an oral health care gap analysis, action planning of what initiatives to implement, assisting with education to front line staff on the importance of oral health and the completion of the oral health assessment tool that is being completed quarterly by the registered staff. We will continue to reach out to this resource as we plan for a review of our pain program in 2019.

Our Director of Care (DOC) participates in monthly Regional Geriatric Co-operative meetings along with community, Acute Care, Placement, VON, One Care, and provincial representation review and plan for the care of residents with dementia and behaviours.

Our Consultant Pharmacist plays an important role in health teaching to our residents and family members as well as to our staff. The online resources that are available for our staff to access at any time but also with quick responses to questions.

Both the ED and DOC are active members of the Huron-Perth Facility Operators Group where sharing of best practices occur and review of external stakeholder's impact on the homes occurs. Planning for advocating for the seniors in our care is the ultimate goal.

The Executive Director is the co-chair for the South West Long-Term Care Homes Network, and this provides the home with additional resources for best practices, and to provide feedback to the SWLHIN to promote quality care for seniors.

The Leadership team including the RAI coordinator participate in Region 3 meetings from AdvantAge, the Not-For-Profit Association to which our home belongs. These meetings provide another forum for sharing best practice approaches.

Workplace violence prevention

Greenwood Court promotes the values of respect, teamwork and responsibility, which are the cornerstone to promoting staff safety and preventing workplace violence within the home.

As we provide care and services to vulnerable individuals who are living with dementia, in addition to other chronic medical conditions that have responsive behaviours associated with them; we encourage all staff to report all incidents of workplace violence so that potential triggers are identified, and plan of care can be updated.

In 2018, staff reported 20 resident to staff interactions compared to 3 in 2017. This increase verifies that staff are understanding the priority of reporting incidents so that debriefing of the event and planning to limit risk of injury if another event were to happen.

We have introduced the Violence Risk assessment tool to staff and through 2019, will be implementing the assessment tool as well as developing an identifier to remind staff that each time they are providing care to a resident, there may be a risk of a responsive behaviour and to know what interventions they need to use to keep both themselves and the resident safe.

We continue to stress the value of reporting resident to staff interactions to be able to identify triggers for the resident rather than seeing it as something that just happens.

Our internal BSO team works closely with the front-line staff to identify potential triggers for responsive behaviours and works diligently to find the meaning behind the behaviour. We are able to access additional supports through the Alzheimer's Society and Senior's Mental Health to reduce the risk of violence while supporting staff. Action plans are developed to engage the support of all departments and not just nursing staff in decreasing the risk of unpredictable responsive behaviors.

The home successfully accessed the High Intensity Needs Funding for 1:1 staffing support for a resident who was experiencing an increase in responsive behaviors that were putting the resident and others at risk. monthly review of care needs and interventions implemented to

decrease the time staff needed to spend to resident to limit risk were completed until a change in resident status meant this care was no longer required.

New resident applications are reviewed to identify potential risks and conversations with current care providers as well as the care coordinators from the LHIN to ensure a safe transition to the home and unit occur. At times, an admission may need to be postponed due to the dynamics currently on the unit, for fear a new client may escalate what is already happening. Again, this is done in collaboration of the care team at the home as well as support from the placement team at the LHIN.

Health & Safety training was once again, part of the agenda for staff mandatory training days in 2018. Photos were used for the staff to identify what the health and safety risks were in the photos. A focus on workplace violence as well as the staff member's responsibility to health and safety was reviewed. The review of codes, with a focus on Code White is a focus for 2019.

We are fortunate to have access to an Employee Assistance Program for all staff and their families to access and staff are encouraged to reach out to this valuable, confidential resource.

Contact Information

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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 _____ (signature)

Administrator /Executive Director _____ (signature)

Quality Committee Chair or delegate _____ (signature)

Other leadership as appropriate _____ (signature)