

Let's Make Healthy
Change Happen.



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



3/21/2019

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

Nithview Community is a 97-bed long term care home operated by Tri-County Mennonite Homes (TCMH). Nithview Community also enjoys a very interactive campus of seniors that reside in our independent living and retirement suites. Many of our residents in Long-Term Care (LTC) maintain viable family relationships where one spouse lives in our retirement setting and the other resides in LTC. These couples are still able to attend social programs together and community/family members actively participate in our daily "tea room". This forum also enables us to foster relationship building between staff, residents and the community, particularly those living with dementia.

Our Mission Statement is "making every day matter". We want this to be true for not only our residents, but also for our staff and volunteers.

Our Values include:

- Anticipating the needs of seniors and responding with housing, care and supportive services
- Challenging and encouraging our residents, staff and volunteers to achieve their fullest potential
- Being leaders in providing holistic responses to the physical, spiritual, social and emotional needs of our communities
- Looking at challenges from new angles, responding with curiosity and ingenuity, and implementing innovative solutions.

For our 2019-20 Quality Improvement Plan, we have chosen the theme of improved our plans of care. Next year, we will be focusing on two main areas. One initiative is to enhance the care and support provided to residents at end of life by:

- Strengthening our Advanced Care Planning by ensuring that each of our residents has a documented and individualized plan of care for end of life;
- Providing education to residents, family and staff on Advance Care planning and the role of the Substitute Decision maker in advance care planning;
- Improving communication to all departments to ensure everyone is informed as soon as possible that a resident has been identified as end of life; and
- Implementing the reporting requirements requested by the Waterloo Wellington LHIN as per 2019/2020 L-SAA.

Another initiative is to ensure that our residents are receiving the correct dietary interventions:

- Implementing a new information management system which explains the dietary interventions for each resident and ensuring this information is available at all points of service;
- Developing a Dining Focus Group to increase staff knowledge related to Ministry of Health Inspection Protocol and the importance of following policies to promote safe meals for residents; and
- Reviewing our process for snack delivery to the residents on all units, especially at the hs snack pass.

Nithview's Greatest Quality Improvement from the Past Year

Our 2018-19 Quality Improvement Plan established a priority to reduce the number of residents who were physically restrained. In the previous year there was an average of 13.65 residents. Our target was to reduce this to 11 residents, but by the end of the year we had achieved a reduction to 2.34 residents. This was accomplished by:

- Developing and Bed Entrapment and Bed Rail Elimination plan;
- Liaising with our physician to ensure a coordinated approach;
- Providing education to staff on the proposed plan and the anticipated benefits;
- Targeting a designated number of beds per month to undertake the elimination plan;
- Meeting with families to discuss restraints and provide education on the impact on falls and other incidents;
- Conducting trials and communicating outcomes; and
- Celebrating our successes and recognizing the partnership between staff from all departments, residents and families that made the improvement possible.

We hope to achieve similar improvement with our priorities for 2019-20. Our leadership will be held accountable for achieving the targets as follows:

- Nithview's managers will have the QIP targets imbedded in their performance objectives for the year. Progress will be measured and evaluated as part of their performance reviews.
- Nithview, as a division, will include the QIP targets in their Annual Business Plan, which must be approved by the TCMH Board of Directors.
- Each quarter the Nithview Executive Director provides an operational report to the Board on the progress that is being made in achieving each objective. Each objective is colour-coded: green if it is likely that the target will be achieved; amber if the target may not be achieved; and red if it is unlikely that the target will be achieved. This enables the Board members to identify quickly areas of concern and make appropriate inquiries into what corrective and preventative measures are being taken by Nithview management.
- At the end of the fiscal year the Nithview Executive Director provides an annual report to the Board of Directors documenting whether an objective has been achieved. These results are considered during the performance review of the Nithview Executive Director and the TCMH CEO.
- The Annual Business Plan and Annual Report are published each year and distributed to the 19 constituent churches who comprise the membership of TCMH. Nithview and TCMH leadership present these reports during TCMH's Annual General Meeting and can be questioned by delegates to the AGM on the targets and the results.

Resident Partnering and Relations

We are grateful for the input of residents, families, staff and partner agencies in identifying our quality improvement initiatives for the coming year. This input includes:

- Lessons learned from Cohort 15 of Health Quality Ontario's Improving and Driving Excellence Across Sectors (IDEAS) program which identified ways and means to improve Advanced Care Planning
- Responses to our Resident Satisfaction surveys and responses to our Family Satisfaction surveys which identified the importance of food services in the daily lives of our residents and opportunities to increase pleasurable dining and decrease risk;
- Feedback from comment/complaint cards from residents and family members
- Responses to our Employee Engagement surveys where staff comments made suggestions for improvements;
- Findings of MOHLTC inspection teams;
- Analysis of quality indicators; and
- LHIN-Specific Performance Obligations in our Long-Term Care Service Accountability Agreement

Workplace Violence Prevention

Workplace violence is of increasing concern. As with other long-term care homes in Ontario, approximately 70% of our residents are in some stage of dementia and approximately 50% have behavioural issues. This has led to an increase in resident to resident violence and resident to staff violence. We have taken the following steps in response to this challenge:

- Several of our staff are certified trainers for the Gentle Persuasive Approach (GPA) and they provide on-going education and coaching for other staff.
- Last fall Nithview hosted a one-day workshop delivered by Teepa Snow for Nithview staff and staff from other local health services providers and dealing with dementia.
- We have trained our PSWs in Excellence in Resident-Centred Care, which includes training on responsive behaviours.
- Each board meeting, we provide a report on any resident to staff abuse and any resident to resident abuse that resulted in injury. The reports include descriptions of both corrective and preventative steps that are being taken.

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan.

Board Chair / or delegate _____ Stephen Yantzi, TCMH Vice Chair

Administrator /Executive Director _____ Steve Lichty, Acting Executive Director

Quality Committee Chair _____ Judy Johnson, TCMH Quality and Risk Management Chair