

Let's Make Healthy
Change Happen.



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



3/31/2015

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

Nipigon Hospital Long Term Care (LTC) is a 21 bed unit comprised of 14 LTC, 7 Chronic and 1 Respite bed. We are an Eldcap funded facility.

Integration and Continuity of Care

Recreation therapy incorporates exercise programs into activities that improve balance, mobility and dexterity of movements. Volunteer programs provide diversity of daily activities promoting socialization and involvement from residents.

One of the quality indicators is a focus on Falls. A multidisciplinary working group is working on developing policies utilizing best practice guidelines as a falls prevention strategy. Use of transfer trees posted at the bedside to identify the functional mobility of residents on a daily basis is just one example of the work being done.

Occupational Therapy is contracted on an as needed basis to provide assessments for splints, wheelchairs or other resident specific needs. We have been provided the opportunity to mentor and provide preceptorships for OT students which has been an exciting partnership.

Partnerships with North of Superior counselling programs provides access and care for residents who are suffering from emotional, psychological or behavioural concerns. As part of the working group for the Behavioral supports unit in Thunder Bay referrals to the unit for difficult behavioural issues will be made available in the future.

Challenges, Risks and Mitigation Strategies

Some of the challenges we face given the small number of beds is understanding our data. With only 14 beds included in the data report, our percentages may appear higher due to the small sample size to measure. For example when we look at a 16.22 percent of residents with worsening bladder control this is 2.27 residents; 15.09 percent of falls in the last 30 days, this equates to 2.11 falls; - the percentage may be skewed to look higher or more problematic than it is. This must be considered when we look at our data. While improving the health of each resident is the goal, we need to be mindful that we don't get caught up in the data and lose what is important to each residents care.

Staffing for a small unit is also a challenge as we work toward improving our performance. Scheduling staff at key times for care to ensure we continue to have high performance for metrics, while ensuring we maximize our tight budget dollars can be tricky.

Information Management

Our Med-e-Care electronic documentation system is a valuable asset to the ongoing care of each of our residents. Data for quality improvement plans is extracted from the information entered by the staff as they care for our residents. Ensuring the input of information is accurate is also of high importance. Updates and upgrade information, coaching and mentoring of staff is vital to the successful output of information.

Point of care documentation by caregivers also provides a consistently defined measure that is not subjective in nature. This reduces human error by consistently reporting on the same units of measure.

An electronic digital pen provides immediate transfer of physician orders to the outside pharmacy for processing of changes or additions to medication management. This allows rapid review of written orders by the pharmacist and the ability to call with questions while the physician is still on the unit. This also allows for the changes to dosing to be quickly processed and changed to meet the needs of the resident. Medication errors have decreased due to this technology.

Med-i-tech provides electronic order entry for labs and other diagnostic reports. Computers on wheels allows staff to move the computer to the resident for accurate input of information obtained during assessments and admissions.

Telemedicine consultations with geriatricians and geriatric psychiatry provide easy access for referrals without the need to travel. This is also a great venue for additional consultations with cardiology, dermatology, surgery to name a few.

Education and policies have been uploaded onto the intranet which provides a consistent location for staff to access required readings.

Engagement of Clinicians and Leadership

Quality improvement working groups have been established for LTC. These groups are chaired by registered staff and the goals and objectives are based on Resident First guidelines. The focus of these groups are: Pain, Incontinence, Falls, Responsive Behaviors and Skin breakdown. Looking at these issues as they relate to our residents care- determining areas for improvement, best practice guidelines and prevention are some of the work of these groups.

The RN team leader attends daily report to ensure communication regarding any care concerns, condition changes or educational needs are reviewed on a daily basis. Multidisciplinary rounds are held on a quarterly basis with the team to consider each individual resident and update care plans to ensure care is provided on an individualized basis.

Senior leadership ensures the strategic directions for the hospital and LTC are following the mission, vision and values of the entire organization.

Patient/Resident/Client Engagement

Annual resident and family satisfaction surveys are completed, collated for themes and shared with staff. These surveys are a way to measure satisfaction with the LTC home as well as the care, services, programs and goods that are provided to them. Senior administration meets with residents and/or families to discuss individual needs or concerns as they arise.

The two domains are outlined by Health Quality Ontario are utilized as measurement of resident experience:

- 1) Having a voice and being able to speak up about the home
- 2) Overall satisfaction

Accountability Management

In Nipgion, the Acute Care Hospital and the LTC the finances are joint. Based on the fact that staff are shared between LTC and Acute Care our financial accountability will be shared as well.

This pay for performance metric will be submitted jointly versus two separate targets.

Monitoring of increasing costs of human resources to budget continue to be a challenge. With a small number of staff available we continue to see direct correlations between our sick time and overtime costs. Health promotion and staff education will be a focus this year.

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

Quality Committee Chair

Chief Executive Officer

CEO/Executive Director/Admin. Lead _____ (signature)

Other leadership as appropriate _____ (signature)