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Change Happen.



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

West Park Long Term Care Centre



2/22/2017

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

West Park Long Term Care Centre (LTCC) is a 200 bed facility located on the West Park Healthcare Centre campus in Toronto, Ontario. Working in partnership with Extendicare Assist, West Park LTCC uses Extendicare's Quality Framework to achieve success in all aspects of quality, including quality of care, quality of life, safety, regulatory compliance and resident satisfaction.

The goal of our 2017/18 QIP is to improve our performance and contribute to an integrated healthcare system. We will continue to reach out to engage all staff in quality initiatives enhance our leadership capacity and create a culture that is caring, responsive and resident-centered.

In the coming year quality improvement objectives will focus on the following priorities:

- Skin and wound care
- Resident satisfaction/resident engagement/ resident centered care
- Reduction of anti-psychotropic drug use
- Collaboration within the healthcare sector

Our QIP is aligned with supporting the Ministry of Health and Long Term Care discussion paper entitled "Patients First" aimed at more effective integration and greater equity; timely access to primary care and seamless linkages between primary care and other services; consistent and accessible home and community care; and creating stronger linkages between population and public health and other health services.

QI Achievements from the Past Year

In 2016/17 the LTCC aligned the QIP goals with the top 25% performance within the province. These goals are also an integral component of the five year strategic plan.

Our greatest successes in the past year include:

- restraints were reduced by 46%
- falls improved by 16%
- "having a voice"; I can express my opinion without fear of consequences improved by 9.9%
- satisfaction scores for overall satisfaction improved by 2.1%
- ED visits were reduced within 1.1% of its target

The indicator for antipsychotropic use demonstrates an upward trend which is directly attributed to a change in the medical staff. The Medical Director is working with the physicians and the staff of the home to conduct a medication review of four residents monthly in order to reduce the medication use.

During this time the LTCC formalized an internal BSO team and is working collaboratively to manage responsive behaviors particularly with non pharmacological interventions. In the latter part of the year many staff participated in the Dementiability/Montessori training which will enable us to offer meaningful activities that engage the residents and have a positive outcome on the medication use.

The Wound Care Champion and Director of Care have created a remediation plan to improve pressure ulcer rates and to help us once again align our performance within the top 25th percentile.

Population Health

Toronto remains a multicultural hub with the highest percentage of immigrants in Canada. 140 languages and dialects are spoken in Toronto. The fastest-growing age group in the city is seniors.

What is also unique about Toronto is it is home to world class physicians, hospitals, and health research institutes; these assets and strengths can be leveraged to improve the health of its population. The Toronto Central LHIN has the highest concentration of health services in Canada, with 172 unique health service providers offering 202 programs and services. The following breakdown of services is based on the 2013-2014 fiscal year: 17 hospitals, 17 community health centres, 61 agencies providing community support services, 70 agencies that provide community mental health and addictions, 1 Community Care Access Centre, and 36 long-term care (LTC) homes.

Within our LTCC our population includes the following age groups: under 65 = 24 residents; 65 to 75 = 34 residents; 76 to 85 = 49 residents and over 86 = 88 residents. The most prevalent diagnoses include: dementia, diabetes, CVA, hypertension, arthritis.

Our LTCC is aligned with West Park Healthcare Centre through strategic initiatives to promote a high quality resident-centered care and experience. This includes meaningful family and resident engagement and achieving the highest level of accreditation. Our second priority is to promote integrated care. This will be accomplished through exploring collaborative opportunities on the West Park campus and striving to reduce transfers out to acute care services.

Equity

While our residents are culturally diverse and multilingual so too is the staff of the LTCC. This element assists us to "match" residents and staff to be able to translate needs and provide a forum for informed decision making.

The LTCC continues to operate a short stay respite bed to the members of our community who require a compassionate break from caregiving or due to travel.

Our LTCC has a secure unit that will undertake a Montessori program to help reduce responsive behaviors and give our residents more engaging activities throughout the day and evening. We will employ a coach to assist us in this undertaking with all staff in the assigned units.

Integration and Continuity of Care

The partnership with West Park Healthcare Centre has expanded to include services of a geriatrician, psychiatric geriatrician, and an endocrinologist to support our medical team in achieving better quality outcomes for our residents.

Behavior Support Ontario will continue to be an integral member of our community partnerships. We have worked collaboratively to manage responsive behaviors.

We will continue to utilize our Nurse Lead Outreach Team and our enteral stoma nurse extensively both for wound care and advance practice nursing procedures. These consultants have been a valuable resource and are instrumental in providing front line education to the staff.

We have also accessed the Pain and Palliative Care Network in several complex resident situations which averted avoidable ED visits and gave our families a higher degree of comfort with the palliative care plan.

Access to the Right Level of Care - Addressing ALC Issues

The short stay respite bed can be used at times to help transition residents from hospital to discharge with Community care. We will continue to offer this resource to the community.

Engagement of Clinicians, Leadership & Staff

This year we will strengthen our antipsychotic program and focus on renewed strategies for minimizing use. This will be supported by the Montessori program.

The LTCC has been actively engaged in a culture change program that is focused on meaningful, compassionate, and individualized resident-centered care. This program will continue to focus on 1:1 peer mentoring and undertaking mini survey's asking, "How am I doing?"

Through our active partnership with West Park Healthcare Centre we will continue to collaborate on the provision of care that clinically supports each resident.

An endocrinologist has partnered with the LTCC to provide support through consults and input to process measures such as our hypoglycemia algorithm.

ED visits continue to be tracked and evaluated to establish internal protocols such as monitoring change in conditions, and timely interventions to reduce avoidable ED visits.

Resident, Patient, Client Engagement

The LTCC has worked with the residents and family to enhance engagement. This includes invitations to quality and culture meetings and having teaching forums at each Family and Resident Council. This year there are several capital projects we are undertaking that we will invite residents and family to have input into selecting some of the design features. We will initiate a resident welcoming committee to help create friendships early in their admission.

This is an accreditation site survey year for the LTCC. Throughout the accreditation process we are continually seeking ways to incorporate our residents in decision making at all levels.

The Resident and Family Councils will continue to be engaged to provide input into campus redevelopment.

Staff Safety & Workplace Violence

In the coming year we will strive to enhance the internal behavior support team we created. As well, we are undertaking a project to hire a Montessori Coach to work alongside our staff to implement the techniques. We will roll the program out on a gradual basis and solicit input from staff and residents in order to ensure the program is meeting their needs.

We have collaborated with the Baycrest Behavior Support Ontario and continue to build a strong therapeutic relationship with their team. This team has also provided us with specialized resources for those residents under 65 years who at times require a more robust program to assist in maintaining safety for the remaining residents.

Our LTCC is partnering with our Healthcare Centre to undertake a research study. The two projects selected will include trialing a bed that prevents falls and the second project is a virtual reality program for residents with dementia.

In collaboration with CAMH and West Park Healthcare Centre we have accessed other resources to assist us to provide a broad range of clinical services that will assist us to keep our residents safe and clinically supported. These include, geriatrician, psychiatry, specialized rehab, endocrinology, and ethicist.

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.

Executive Director _____

Board Chair / Licensee or delegate _____

Joint Liaison Committee Chair _____

President & CEO _____