

Let's Make Healthy
Change Happen.



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

Rosedale Centre
2019/20



3/25/2019

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

The MICs Group of Health Services (MICs) is committed to providing safe holistic, high quality long-term care services. Our vision is to have quality care for everyone always! We strive to be leaders in resident-centered care and to encompass our core values of integrity, respect, accountability and quality to deliver services to the seniors within our communities. In order to achieve our vision, our focus is on the following:

- Providing resident-centered care
- Partnering to achieve the desired results
- Engaging with stakeholders

This Quality Improvement Plan reflects our Long-Term Care Home: Rosedale Centre

The priorities in this quality improvement plan reflect the priority long-term care home indicators identified by Health Quality Ontario. The priorities align with our strategic priorities and Long-Term Care Services Accountability planning processes.

Bingham Memorial Hospital & Rosedale Centre is situated in the town of Matheson and services six communities in the Black River-Matheson Township. Rosedale Centre is a 20-bed LTC ELDCAP facility attached to Bingham Memorial Hospital. Bingham Memorial Hospital is an acute general hospital which provides a wide range of in-patient, complex continuing care, emergency, out-patient and ambulatory care services.

The Quality Improvement Plan is approved by the Quality Committee of the Board and the Board of Directors. It involves all employees, programs, services, departments and committees in ongoing efforts to ensure and improve quality throughout the Home.

The teams and committees regularly assess their performance, comparing the results to benchmarks and best practices, whenever these can be identified, in order to identify opportunities for improvement. These are prioritized and worked on throughout the year to make changes in process and structure with the objective of improving performance.

Quality Improvement Priorities for 2019-2020

Effective

1. Reducing Potentially Avoidable Emergency Visits

Access to Acute care, in particular the ER, will always be an important aspect of quality care for the residents in Long-Term Care (LTC). For LTC residents, visits to the ER department can cause additional health care risks, breakdowns in coordination and undue anxiety for residents and their families. Evidence suggests targeting certain care issues for improvement may help to reduce the number of visits. These issues include improved access to medical management of common chronic conditions and infections, fall prevention and transitional care activities. Our goal is to reduce the number of visits for common chronic issues that could be managed safely within the home.

Resident Centered

2. Resident Satisfaction

We have chosen to focus on Resident Experience as directed by Health Quality Ontario. The Indicator selected is “You and your loved ones are encouraged to participate in discussions about your care”. This will provide us with feedback from residents/family on how we involve them in care decisions and will aid us in the development of future quality improvement initiatives. Our goal is to maintain/improve within this area. We would like to improve our response rate in this area. We would like to engage our Residents and Family Councils more in this area in order to see meaningful results.

3. In addition, we will endeavor to acknowledge individuals who make a complaint in a timely manner (within 10 days).

Safety

4. Reducing the Number of Residents experience harmful falls

Falls continue to be a significant challenge for LTC homes. We have chosen to work on reducing the percentage of residents who fell during the 30 days preceding their resident assessment. Working on this indicator will also reduce the number of potentially avoidable emergency visits. Our target is to improve performance to below the provincial average.

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

In two of our largest LTC homes, we have introduced a Registered Nurse with specialized skills focusing on Skin and Wound Care management and Behavioral Support. The Behavioral Support (BSO) program is to provide better understanding of resident responsive behavior and what is needed to support our resident population.

In addition, our organization implemented a BSO team including a Recreation Therapist and a BSO Personal Support Worker. The BSO team respectfully challenges staff perceptions by incorporating a holistic care approach and facilitating meaningful communications with residents. As a result, there has been a decrease in responsive behavior within our homes.

“All Behaviors Have Meaning”

Patient/client/resident partnering and relations

Our Long-Term Care homes introduced a new and revised Resident Satisfaction Survey in collaboration with the Resident and Family Councils from all three sites. It was also reviewed at the LTC committee by the Community Representative. Consequently, the new survey will provide more accurate information as to our residents and families satisfaction in meeting their needs.

As of January 2019, all sites are providing the Resident Satisfaction Survey at the annual Care Conference of each resident. To facilitate the completion and return of surveys, three different options are available: hard copy, Email and bar code scan.

Workplace violence prevention

Staff safety is equally as important as patient safety at the MICs Group of Health Services. Our efforts to minimize workplace harassment/violence include but are not limited to:

Orientation:

All new Team Members and students continue to receive a general orientation. New nursing Team Members also receive orientation specific to either Acute or Long-Term Care. The aim of these sessions is to orient new Team Members to routines, spaces and policies that will govern their work. In addition to this, all new Team Members receive a departmental specific orientation as set out and monitored by their managers.

Non-Violent Crisis Intervention:

Every Team Member of the MICs Group of Health Services receives this training. Ongoing courses are offered.

Gentle Persuasive Approach:

This course continues to be offered in-house by staff “train-the-trainer”. The intention is for all front-line workers in both Acute and LTC settings to hold this certificate.

RL6:

We monitor workplace harassment/violence through RL6 (risk management software) and these incidents are reported to the most responsible program lead/executive lead as well as through a tracking system for the Occupational Health and Safety Committee. This comprehensive process includes monitoring, reduction of the incidents and the prevention of future incidents.

Policies:

Policies are regularly reviewed and are available to all Team Members through our intranet.

Code White/Workplace Violence:

We have a “Code White” policy in place to assist Team Members to recognize and deal with potential workplace violence.

Code Silver:

“Code Silver” was introduced to our Emergency Manual which assists Team Members in dealing with an individual with a weapon. Table top exercises were held in each facility in collaboration with the O.P.P.

Occupational Health and Safety:

We are compliant in various aspects of general Occupational Health and Safety such as information shared about the Internal Responsibility system, investigating all pertinent incidents and engaging the Team Members in conversation when performing inspections.

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 Robert Dennis (signature)

Administrator /Executive Director Paul Chet (signature)

Quality Committee Chair or delegate Jama Clarke (signature)