Ontario Health

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

June 21, 2022

OVERVIEW

The Rockwood Terrace Quality Improvement Plan key objectives are focused on Colour It Your Way Resident Led Care and strive to meet or exceed the established benchmarks and provincial averages as identified by the long term care indicators.

The Vision of Grey County is to be the place where people feel genuinely at home and naturally inspired and the Corporate Strategic Plan outlines three key goals to guide the organization. The Rockwood Terrace Quality Improvement Plan uses these goals as principles for ensuring quality care and service. Specifically, the Quality Improvement Plan aligns with goal two - "Support Healthy Connected Communities" and goal three - "Deliver Excellence in Governance and Service" of the County of Grey Strategic Plan. The 2022/23 Quality Improvement Plan also aligns with the Mission, Vision and Values of the Home.

By monitoring indicators, implementing action plans and evaluating outcomes, resident quality of life and safety will be supported. Our culture of resident led care using the "Colour It Your Way" values and promise continue to guide the quality improvement journey.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Grey County Long Term Care relied on our strong foundation of quality processes to face the ongoing challenges that came with the COVID 19 pandemic. Priority was focused on the health, safety and wellness of residents, staff and the community. Engagement and two way communication occurred with all stakeholders. We will continue and expand our quality improvement program to incorporate programs initiated during this time. The importance of IPAC programs and plans were highlighted and will continue to play a leading role in our initiatives.

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

The Pandemic challenged us to engage and partner with with residents and families in a variety of ways eg. use of virtual technology, newsletters, small groups, surveys etc.

Rockwood Terrace has an active Resident Council. Council meet regularly where information is provided and received. The Council are involved in providing feedback and input into the decision making process related to care and services within the care community. These meetings have continued during the COVID 19 pandemic.

Resident Quality of Life surveys are conducted annually and provide valuable information that guides the development of Quality Improvement Plans for the care community.

Family Experience Surveys are available annually for completion. These results are also considered in the preparation of the Quality Improvement Plan.

A review of survey results from 2021 as well as a review and evaluation of complaints and concerns received in 2021 provide valuable information that guides the development of Quality Improvement Plans for the care community.

The valuable feedback and input received through these partnerships and advocacy influenced and changed direction of the program delivery to enhance the experience of residents.

PROVIDER EXPERIENCE

For more than two years long-term care homes have faced immense challenges from the pandemic. Residents and team members of our homes have dealt with isolation, fear and worry, sickness, and sadly deaths. Despite these unthinkable challenges, the leaders and team members continue to be committed to providing compassionate and quality care. Long-term care homes have been centres of innovation, courage, and compassion to ensure the resident and family experience meets their expectations.

Grey County homes prioritized the health, safety, and wellness of not only our residents but for all team members. As we worked through the challenges, we created positions to support the team such as training redeployed corporate staff to assist in the homes and the creation of a new care support assistant role-these team members were trained to assist all departments. We developed a Designated Care Partner program that not only supported the residents but also provided support to the team including in an outbreak situation. Policies, procedures, education, and benefits were enhanced to provide the necessary tools and knowledge to ensure the needs of our team members were met. Staffing contingency plans were continuously reviewed and updated, including providing a leadership rotation of 7 days a week on site support. An Emergency Response Team was implemented to provide additional support in a staffing crisis.

Throughout the pandemic, the homes provided equitable access for pandemic protection to staff, students, support workers, volunteers, and families, providing onsite testing and vaccinations. At many times staff members were offered flexibility to their schedules to support work life balance. Staff wellness was a focus and the homes regularly provided recognition events for their continued commitment to our Colour It Your Way philosophy. Discussions and planning continue to develop and maintain a culture of wellness and recovery over the coming years.

RESIDENT EXPERIENCE

We believe that the indicators used to determine resident experience continue to be applicable. Specifically, “What number would you use to rate how well the staff listen to you?” and “I can express my opinion without fear of consequences.”

We agree, however, that there is opportunity to improve the measurement of resident experience and feelings of connectedness

with others in and outside of the care community. During the pandemic we utilized surveys to evaluate resident, family and staff satisfaction with the Designated Caregiver Program. We also used anecdotal feedback from Virtual Family Town Halls, Resident and Family Council meetings, small group activities and completing a SWOT analysis to inform decisions and changes that needed to be made quickly as part of pandemic response.

Caregiver access and support and combatting isolation were two main areas of focus throughout the pandemic and continue to be important quality initiatives that will impact resident experience. Our home implemented the Colour It Connect program that provided residents a variety of virtual and in person options to stay connected with their family, friends and loved ones. The Designated Care Partner Program evolved throughout the pandemic and supported caregivers (family and/or friend as designated by each resident) to safely provide support at the bedside, regardless of the home's outbreak status. Ongoing measurement of each residents quality of life experience, including their feelings of social connectedness continues to evolve and be a priority for Grey County Long Term Care.

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 on **June 21, 2022**

Jennifer Cornell, Board Chair / Licensee or delegate

Karen Kraus, Administrator /Executive Director

Karen Kraus, Quality Committee Chair or delegate

Lucinda Walter, Other leadership as appropriate

Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2020 - September 2021	16.54	16.00	To achieve the provincial benchmark.	

Change Ideas

Change Idea #1 To ensure ED transfers are appropriate.

Methods	Process measures	Target for process measure	Comments
1. Director of Care and/or Associate Director of Care will continue daily rounds to identify early changes in clinical conditions. These daily rounds include a review of the relevant medical information on file. Coaching is provided to registrants during these rounds to improve their skills. Weekend and Holiday support is provided via Director of Care on call schedule. 2. To create a clear protocol related to ED transfers in partnership with the clinical team and attending physicians.	1. Number of days rounds are completed. 2. Protocol is established. 3. Number of potentially avoidable ED visits	1. Rounds are completed weekdays with weekend and holidays being reviewed on the next business day. 2. Protocol is established and implemented.	

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / April 2021 - March 2022	89.36	90.00	To improve resident satisfaction and support the Colour It Your Way promise.	

Change Ideas

Change Idea #1 To improve awareness of professional and effective customer service.

Methods	Process measures	Target for process measure	Comments
To provide an in-person customer service event to supplement on-line training related to customer service.	The number of team member who received the additional customer service education.	100% of Team members will attend the in-person event or review recorded version.	Total Surveys Initiated: 47 Total LTCH Beds: 100

Measure

Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / April 2021 - March 2022	85.11	90.00	To improve resident satisfaction and support the Colour It Your Way promise.	

Change Ideas

Change Idea #1 To build relationships with residents/Family/PoA to promote comfort in expressing opinion and providing input.

Methods	Process measures	Target for process measure	Comments
1) Registered Team Members to resume quarterly calls to PoA/meet with resident to check in as per RAI schedule. This will provide an opportunity for sharing of concerns and providing input into the careplan.	The number of quarterly calls to PoA's/meeting with residents completed.	100% of residents or their families will be contacted quarterly as per RAI schedule to obtain input and feedback.	Total Surveys Initiated: 47 Total LTCH Beds: 100

Theme III: Safe and Effective Care

Measure

Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / July - September 2021	12.44	12.00	To continue to decrease the use of antipsychotic medication for residents without psychosis diagnosis.	

Change Ideas

Change Idea #1 To decrease the use of antipsychotic medication for residents without a psychosis diagnosis.

Methods	Process measures	Target for process measure	Comments
The Medical Director is currently receiving active training related to the LTC sector including management of responsive behaviours with dementia residents and using quality indicator benchmarks to support practice.	1. The Medical Director will complete training and percentage of residents receiving antipsychotic medication will remain below the provincial benchmark and progressively decrease. 2. Percentage of residents receiving antipsychotic medication without psychosis.	Medical Director will complete training in 2022. The percentage of residents receiving antipsychotic medication without a psychosis diagnosis will be reflected as a decrease in the quarterly quality indicators.	