

Let's Make Healthy
Change Happen.



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



4/9/2015

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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- The objectives of our QIP for the following year is to enhance resident care and outcomes. This QIP will focus on falls prevention, responsive behaviours, restraints, anti psychotic mediation, and resident satisfaction.
- The QIP aligns with other planning processes at Park Lane Terrace. This includes the strategic plan and operational plans with goal setting for the Service Accountability Agreements with the LHIN is addressed through meeting, corporate direction and community partners. PLT is an accredited organization through CARF and we were accredited in January 2015. We utilize the accreditation standards and required organizational practices to evaluate and continuously improve upon the care we provide.
- Our quality improvement plan is a reflection of the quality indicators selected provincially and also includes quality improvement priorities identified corporately.

Integration and Continuity of Care

- Our home has successfully participated in the Residents First initiative and facilitator training. We utilize this as the building blocks for implementing our quality improvement plan.
- Our home strives to create strong connections with our community partners including CCAC and Nursing Led Outreach Team from our local hospital to determine quality initiatives required to enhance resident care. In addition we partner with BSO, Alzheimer's Society, Senior Mental Health and the Palliative Care Network to further improve care needs of our residents.
- Attendance and participation at a variety of local meetings including: DOC attends county peer meetings chaired by the Best Practice Coordinator, Sr Team attend CCAC Joint LTC meeting, Joint Executive Team meetings, Alzheimer's Society meeting, Palliative Care Network, OPAD, Brant Community Collaborative, RICN, etc This allows our team to stay current in the field as well as the needs in the community. We collaborate with other professionals giving us the opportunity to advocate for seniors in our community.

Challenges, Risks and Mitigation Strategies

- Funding for extensive wound treatments is limited with the change in HINF.
- Funding for preventative interventions is also limited ie pressure relief surfaces, high low beds for falls reduction.
- Reduction in PT funding has resulted in less hands on Physio care for residents. Anticipated increase in falls and decrease in resident mobility.
- Residents and family have a higher expectation of care and services available.
- We currently do not have a geriatrician in our community making it difficult to address responsive behaviours in a timely manner.
- The current resident population have a higher acuity of care needs. Meeting their care needs is difficult due to current funding and staffing. This is a challenge in all areas of care.
- Union contract negotiations are unpredictable and can be a challenge for budgeting.
- Recruitment and retention of qualified staff is challenging as we compete with a number of homes in the area.
- The physical layout and aesthetics of the older unit, Heritage Court, can be a challenge for efficiency of staff and resident satisfaction in environment.

Information Management

- PLT currently uses Electronic Medical Record, PCC, for all aspects of care.
- We use the QIA component in PCC to bench mark with our other homes in our chain.
- We are linked electronically with the CCAC for resident wait list and profiles.
- We use POC for PSW documentation.
- Billing and Trust accounts are also done in PCC.
- CQI data is collected, reported and analyzed through the use of graphs and discussion. This team includes; staff, management, residents, and family members.
- We have electronic communication boards located throughout the home.
- Instillation of menu boards will take place in 2015
- On line education through SURGE learning and DUNK is completed annually by all staff.
- We currently have a computer available for resident use.

Engagement of Clinicians and Leadership

- Our leadership is engaged in the community as well as corporately.
- Annually we hold a strategic planning session to review goals and objectives and set the strategic direction for the home. In preparation for the session we conduct a number of surveys that include; staff, residents and families. This information assists the team in developing areas of strength and weakness.
- Our leaders are the link between quality improvements, resident and front line staff. In addition, a resident and family member are active and engaged members of our quality improvement team.
- We strive to ensure that industry Best Practices are followed.
- We support the pursuit of continuing education for our team, families, residents, volunteers and our community.

Patient/Resident/Client Engagement

- We encourage participation in quality programs. A resident and a family member are active and engaged members of our quality improvement team.
- We regularly engage our residents and families through resident council and family forum monthly meetings.
- We respond promptly to all family and resident concerns or questions.
- We believe in an optimal level of care which recognizes and attempts to meet the physical, emotional, intellectual and spiritual needs of each individual and their families. We promote the individuality of each resident by recognizing their need for individual self-worth and dignity.

Accountability Management

- The Administrator reports monthly to head office. This report includes information about quality improvement projects as well as processes that are in place to maintain a safe environment for our residents and staff.
- Over all we demonstrate our accountability by achieving and sustaining a culture of safety and effectiveness for our resident population.

- We are accountable to our stakeholders, residents, families, staff and community through our care and services. We demonstrate commitment to excellence and a quality experience for those we serve.
- We are accountable to the MOH and the Local LHIN.

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)