

Let's Make Healthy
Change Happen.



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



Serving with Compassion, Care and Courage

3/15/2019

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.

ontario.ca/excellentcare

Overview

St. Joseph's Health Centre Guelph (SJHCG) is a 240 bed Long Term Care (LTC) home and specialty hospital providing Complex Continuing Care, Rehabilitation and Community Support Services in Waterloo Wellington. Inspired by the Sisters of St. Joseph, we are dedicated to compassionate, person-centred care through discovery, innovation, and partnerships. SJHCG's Quality Improvement Plan (QIP) is based on a comprehensive assessment of our opportunities to improve the quality of care, feedback from our patients, residents and their families, and is closely linked to our values of C.A.R.E (Compassion, Accountability, Respect and Excellence). We have also reflected on our accountability agreements with the Waterloo Wellington Local Health Integration Network (WWLHIN) and regional opportunities that may exist. The organization provides both Long Term Care and Hospital Services and, as such, the QIP areas of improvement for both services were developed in parallel with collaboration and integration occurring wherever possible.

Incorporating learnings from the past 8 years, the 2019-2020 QIP sets out detailed initiatives to improve the quality of care we provide as well as improving the client experience, consistent with our ambitious strategic direction. Our areas of improvement for 2019-2020 for the hospital is to improve the patient experience through implementation of person centred care. Our areas of improvement for 2019-2020 for LTC are to further implement resident engagement and improve the resident medical experience. The organization will also build on the work from the 2018-2019 QIP on addressing workplace violence by continuing to promote a culture of reporting and focusing on the staff's sense of safety. These improvement areas were selected through a review of all SJHCG quality indicators, critical incidents, and patient and resident feedback data as well as discussions with our St. Joseph's Health System partners. Additionally, we have engaged patients, residents, and families in the development of our QIP through surveys, complaint trending and discussions at our LTC Resident and Family Councils and our newly formed Patient and Family Advisory Council. The organization has the full support of the Board in the plans for 2019-2020.

Our goals for this year reflect our strategic priorities of Best People, Best Care, Best Partners, and our desire to provide excellent care. Our QIP priorities are as follows:

- Improving the Patient Experience QIP in hospital for this year involves implementation of a person-centred care model. The change initiatives focus on engaging with patients and families, improving the responsiveness to patient needs, improving communication with patients and families as well as providing education on person-centred care.
- The Resident Engagement QIP in LTC is a continuation of the successful worsening mood QIP from 2017-2018 and 2018-2019. We have renamed the project as the improvements are more focused on engaging residents in meaningful activities. We are committed to reducing the percent of residents in LTC experiencing worsening or depressive mood. The team is planning to expand the change initiatives to two additional units, for a total of 5 units by the end of 2019-2020. This area of focus is a vital element to improving quality of life and the experience residents have while living at SJHCG. Our change initiatives will be implemented by the whole interdisciplinary team including physicians, nursing staff, nurse practitioner, and the recreation therapy team. It is our plan to continue to expand this successful quality improvement project to the last two units in LTC in 2020-2021.
- The Resident Medical Experience QIP in LTC focuses on the requirements related to medical care needs of the residents according to the *Long Term Care Homes Act, 2007*. The QIP will focus on ensuring that the requirements related to new admissions, quarterly medication reviews and twice monthly assessments of each resident are met.

- The last QIP area of focus involves the whole organization and is focused on addressing workplace violence. The focus for this year's QIP is a continuation of 2018-2019 and is focused on further creating a culture of reporting. The change initiatives include implementing a new online reporting system for workplace violence, establishing external access control at all entrances, refreshing the current identification badges and providing education to clients and families regarding workplace violence.

This year's QIP will require significant support from all levels of the organization - from direct care staff, to support staff, to leadership and Board members as well as clients. Our staff demonstrate on a daily basis their commitment to patient/resident safety and excellent care. We look forward to the many improvements in quality that we can make together at SJHCG in the next year. We thank all staff and physicians for their commitment to improving quality care and our leaders and Board members for supporting staff through the improvements. We also thank our clients and families for their collaboration.

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

St. Joseph's Health Centre Guelph has been implementing a quality improvement initiative incrementally over the past two (2) years. The initiative has sparked a culture change within the organization and has demonstrated unanticipated benefits for the residents as well as the staff.

When preparing for accreditation in 2016, St. Joseph's Health Centre Guelph implemented a self-harm assessment policy and procedure to evaluate the resident risk of self-harm. Through development of the policy, the team reviewed the Canadian Institute for Health Information (CIHI) quality indicator: the percent of residents who decline in mood from symptoms of depression. At the time, the indicator was 27% higher than the provincial average at 32.4% and 23.6% respectively and represented the indicator with the greatest need for improvement.

It was determined, at that time, that the focus for the 2017-2018 Quality Improvement Plan would be on worsening mood. However, there was hesitation. The team was unsure how to address worsening mood, not to mention the concerns related to improvements in the indicator having potential negative impact on funding. None the less, the team felt strongly that decreasing residents' depression was the right thing to do for our residents. Due to the concerns, the team decided to start small the first year and implement the project in one unit. Following the success of the project, the team expanded the project to two additional units in the QIP for 2018-2019 for a total of three (3) units.

Meaningful resident engagement became the change initiatives for the project. The Depression Rating Scale (DRS) outcome score from the Resident Assessment Instrument Minimum Data Set (RAI MDS) was used as the metric to monitor changes in mood scores. The DRS was also used as a measurable means of selecting residents for implementing meaningful engagement. Those residents who were found to have a DRS of three (3) or greater were assigned engagement activities to be completed by the Personal Support Workers (PSW) working on the neighbourhood. These residents would participate in daily engagement tasks that were customized to fit their needs and their preferences. Residents with a DRS of five (5) or greater, had other disciplines (occupational therapy/physiotherapy, recreation therapy, etc.) provide further engagement support, at a minimum of once per week. These activities were in addition to any existing one on one programs (1:1), neighbourhood recreation programs and SJHCG community events.

SJHCG wanted the engagement activities performed with each resident to be specific to what that resident would enjoy. None of the activities are time-consuming and are not designed for the

participation of all residents on the unit. Those residents with the worsening DRS score would receive 1:1 engagement opportunities.

Over the two years, the project has resulted in a 34% improvement in the mood indicator. Reducing the percent of residents who declined in mood from symptoms of depression from 32.6% to 21.4%; which is not only well below our LHIN (28.3%) and below provincial average (23.4%), but also slightly below the national average of 21.7%. See figure 1.

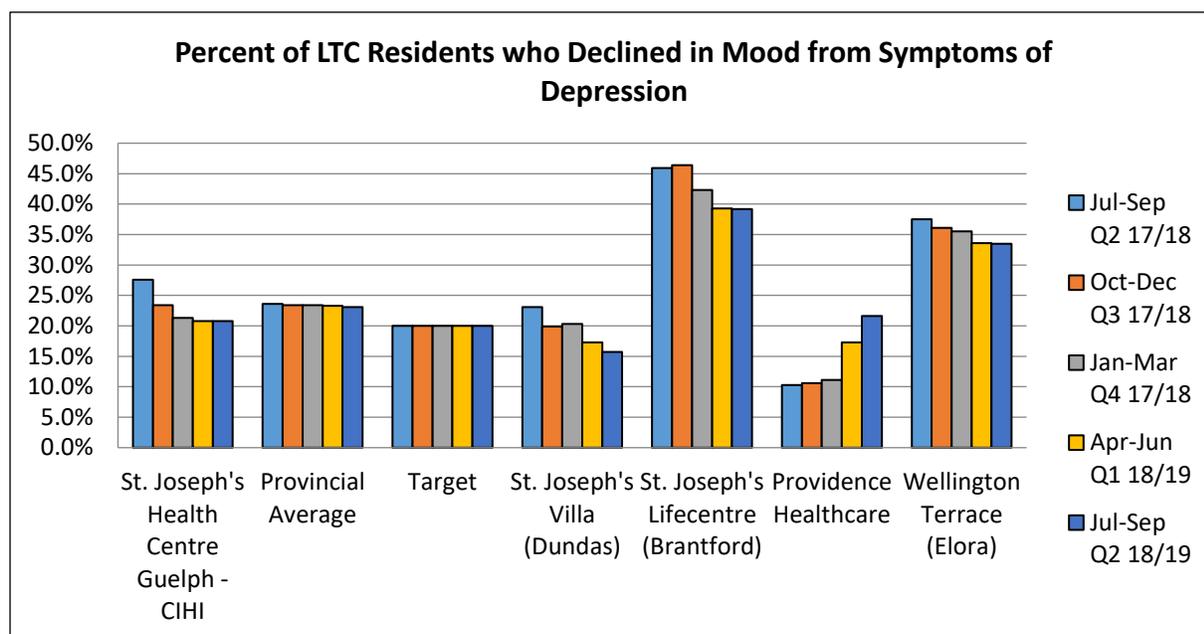


Figure 1: The Percent of Long Term Care Residents who Declined in Mood from Symptoms of Depression

The project has also resulted in a number of unanticipated improvements for our residents and staff. Through resident engagement, the team has been able to impact the residents' quality of life by decreasing the number of falls on the units where the project has been implemented. See Figure 2. There has been a decrease in the percent of residents with unexplained weight loss and as a result a decrease in the use of nutritional supplements on those units. See Figure 3. There has also been a decrease in the number of complaints from families.

The project has also had a positive impact on staff morale. Prior to the implementation of the project in 2017-2018, the first unit of the project was considered the most challenging unit. There were staffing issues and the unit was perceived by staff to be the most difficult unit with the most difficult residents. Since the implementation of the project, the team has seen a noticeable change in the staff morale and perception of the unit. The project has given the PSWs and Registered Staff the opportunity to spend quality time with the residents. The team has noted a marked change in the way the staff are interacting with residents. Where prior to the QIP, the staff were very task focused, the team has seen the staff engage more fully with residents. Whether that be taking the time to reminisce with the resident, talking about their favourite sports team or taking the resident off the unit for a walk outside, the staff are enjoying the time spent with the resident. Most staff are finding that engaging with the residents has reignited their reason for going into healthcare. Our residents and staff are engaging together in a more meaningful way.

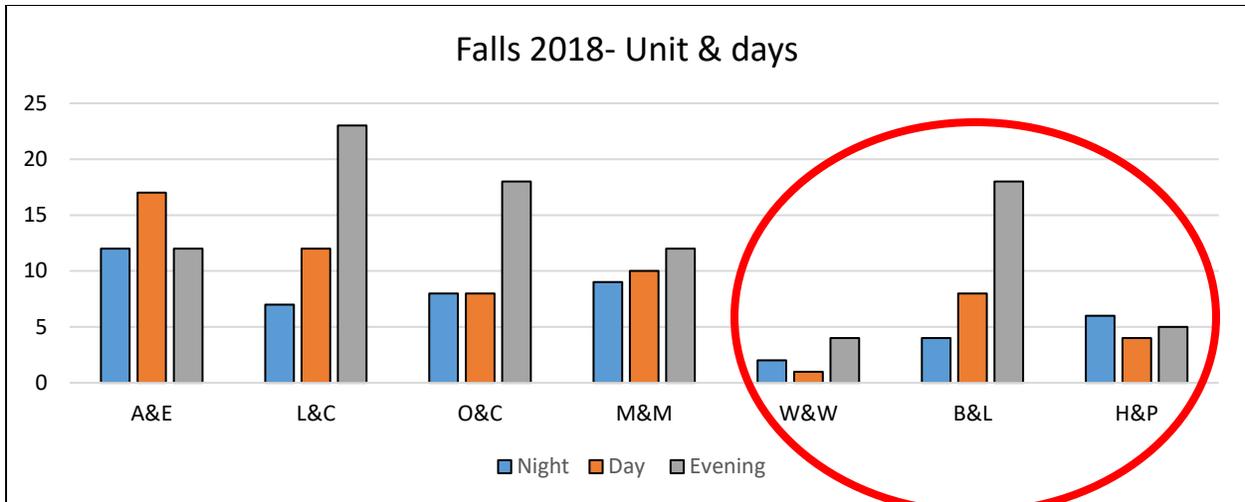


Figure 2: Number of Long Term Care Resident Falls per Unit by Shift

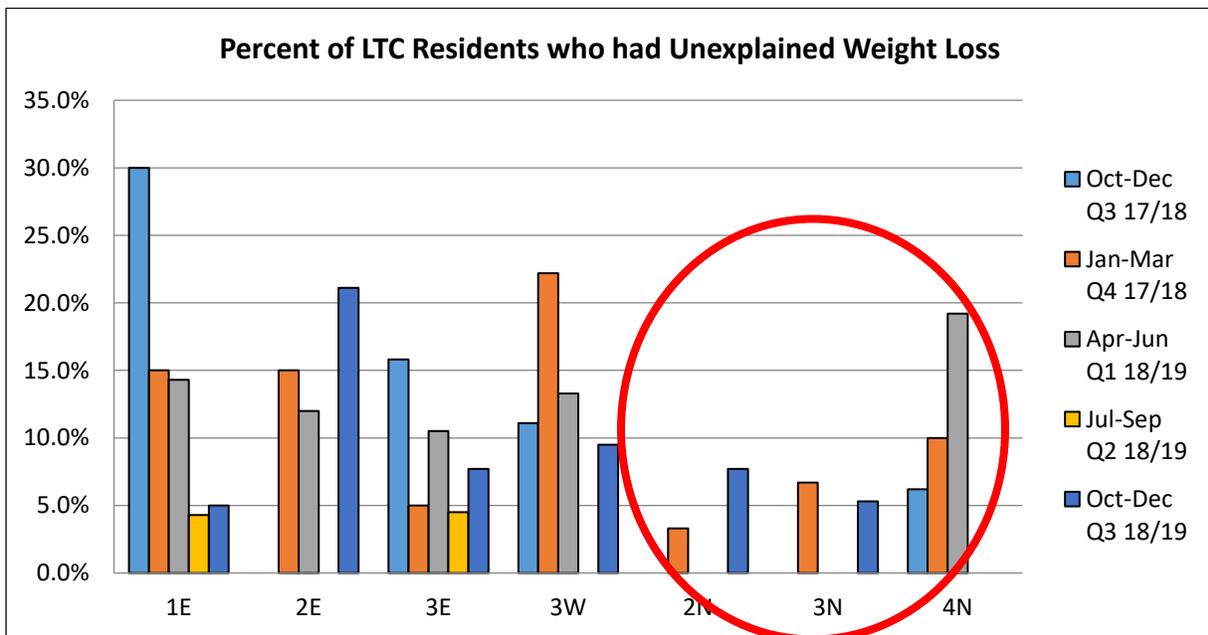


Figure 3: Percent of Long Term Care Residents who had Unexplained Weight Loss by Unit

Patient/Client/Resident Partnering and Relations

All of the quality improvement work that occurs at SJHCG is guided by the needs of our patients, residents, and families and our ongoing commitment to provide high quality care to individuals requiring our services.

Our LTC QIP was informed through:

- discussions with our Resident and Family Councils,
- feedback received through our surveys
- improvement suggestions and complaint trending

Our hospital QIP was informed through:

- discussions with patients during disclosure of incidents and complaints,
- discussions with the newly formed Patient and Family Advisory Council (PFAC)
- hospital survey feedback tool

St. Joseph's Health Centre Guelph established a PFAC in the fall of 2018. At the first meeting of the Council, all members were asked what led them to joining the Council. Each member shared their or their loved one's health care journey that led them to SJHCG. Through these discussions, quality improvement themes emerged such as: person centered care, communication, transitions from acute care. These themes were incorporated in to the QIP for 2019-2020 including areas of focus and change initiatives.

We continue to further enhance and improve our approaches for client engagement in the development and ongoing monitoring of our annual QIP with the input of our clients. We continue to build a foundation of client engagement with our client experience strategic plan initiatives.

Workplace Violence Prevention

Addressing workplace violence is a strategic priority for SJHCG as is demonstrated by the inclusion of workplace violence as a mandatory area of focus for the hospital and voluntary area of focus for the rest of the organization for the 2019-2020 QIP. Workplace violence also falls within the SJHCG strategic plan under Best People and Best Care. As part of the reporting for the 2019-2020 QIP, the Mission Ethics Quality Healthcare Committee of the Board will report regularly to the Board on the number of reported incidents of workplace violence. All Occupational Health and Safety incidents are regularly reported to the Resource Planning Committee of the Board as well. These reports are inclusive of workplace violence. SJHCG is further driving a culture change to ensure a culture of reporting for workplace violence.

SJHCG diligently keeps safety for clients, residents, staff and families at the forefront. Annually, policies and processes to address workplace violence, and whistleblower protection are reviewed with staff through our electronic learning management system. As well, hands-on behaviour management training is offered to front line staff regularly. We have implemented a policy and process to address high risk and aggressive behaviour. Most recently, we completed a security audit to assess the risk of workplace violence for our staff. We fully support and encourage staff to participate in our Joint Health and Safety Committee. Within our organization, we have a confidential third-party service where staff can report situations of abuse if they are not able to report to their direct manager. These programs, policies and processes allow us to monitor, reduce and prevent workplace violence.

Performance Based Compensation

During the 2019-20 fiscal year, St. Joseph's Health Centre Guelph will be adopting a Compensation Framework pursuant to the Broader Public Sector Executive Compensation Act (BPSECA). The Compensation Framework may change the manner in which compensation of executive staff is linked to achievement of targets outlined in the QIP. The Compensation Framework will be posted on the St. Joseph's Health Centre Guelph website as required by the BPSECA and the QIP will be updated, if there are any changes to the information set out above.

Performance Based Compensation [As part of Accountability Management] for Senior Leadership staff at SJHCG:

1. Total variable pay linked to the performance based compensation strategy that aligns with the requirements in the Excellent Care for All Act (ECFAA) will be:

- a. President- 5% of base salary is linked to achieving the targets
 - b. Chief of Staff - 3% of base salary is linked to achieving the targets
 - c. Chief Nursing Executive - 3% of base salary is linked to achieving the targets
 - d. Chief Financial Officer - 3% of base salary is linked to achieving the targets
 - e. Vice President of People and Strategy - 3% of base salary is linked to achieving the targets
2. The weighting of the salary percentage linked to achieving the targets is distributed evenly across the targets identified for this year's QIP.

Contact Information

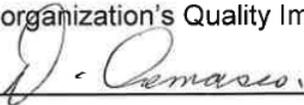
If you would like more information or have questions about the St. Joseph's Health Centre Guelph Quality Improvement Plan for 2018-2019 please contact:

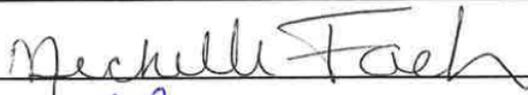
Julie Wilson
 Director Clinical Safety, Quality and Risk (Elder Care)
 email: julie.wilson@sjhcg.ca
 Phone: 519-824-6000 ext. 4380

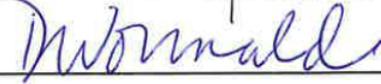
Sign-off

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 Dan Cremasco  (signature)

Quality Committee Chair Michelle Fach  (signature)

President David Wormald  (signature)