

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

March 28, 2024



OVERVIEW

North Centennial Manor is a 78-bed not-for-profit Long-Term Care home located in Kapuskasing, Ontario. The manor has been providing holistic care services to elderly residents, people with disabilities, and those who have a chronic or prolonged illness since 1967. We are proud of the services that we provide for our family, friends and community.

ACCESS AND FLOW

In October 2023, the Manor made the decision to implement the Nursing Advantage Software with the RNO and PointClickCare. The software will be an add on to the current PointClickCare software that we use. The new software aligns with the Fixing Long Term Care Act and Regulations, Ministry of Long-Term Care Inspection Protocols, Behavioral Services Ontario (BSO) and the RAI-MDS Assessments.

The implementation team has completed the GAP analysis on Admission, Resident and Family Centered Care and Delirium. In completing the GAP analysis, we were able to recognize the areas where work needs to be completed to change practice and develop policies. We continue to work towards our go live date of March 26, 2024.

EQUITY AND INDIGENOUS HEALTH

The majority of our residents admitted to the home are over the age of 80. These residents remain in their home until they are no longer able to manage with all the services available to them. This is a positive reflection of the services that are available in the community and the wish of seniors to remain at home for as long as they can.

Long term care homes are admitting residents that are older and in many cases they have end stage disease and multiple co-morbidities. We are working with the Collaborative Project to Sustain a Palliative Approach to Care in Long-Term Care to redevelop our current Palliative Care Program to meet standards and improve the experience of all stakeholders.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Our residents are at the core of what we do and they are able to provide feedback daily and they are given the opportunity to give written feedback on questionnaire. We also seek out feedback from the council members on planned changes. Our QIP is shared with the Board of Directors, resident council and family council as well as staff through Quality Improvement meetings and also posted on our website. Currently 67% of our residents have a diagnosis of some kind of Dementia and some do have responsive behaviors. For this reason all the employees are trained in Gentle Persuasive Approach (GPA) annually to better manage their care.

PROVIDER EXPERIENCE

The employees were recently asked what qualities they bring to their work for the residents and were invited to write their messages on a canvas that will be shared through out the home. The messages were of compassion, love, respect, caring, kindness and bringing joy and laughter to the lives of the residents. We are grateful to be part of a strong team of committed individuals.

SAFETY

Patient safety is front and center with Quality Improvement initiatives that we develop and work to decrease risk of injury and pain in all the care that we provide in a just culture.

POPULATION HEALTH APPROACH

The North Centennial Manor has been a member of the Ontario Health Team since its development in our region. Our OHT was recently approved and recently hired a coordinator. The Director of Resident Care of our home is a member of the Steering Committee and is able to represent the Long-Term Care homes of the region.

CONTACT INFORMATION/DESIGNATED LEAD

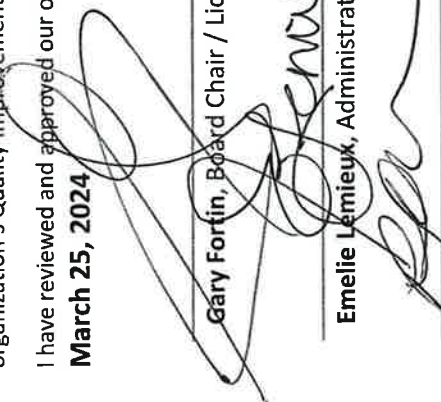
Pauline Frechette-Keating
Director of Resident Care

OTHER

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 **March 25, 2024**



Gary Fortin, Board Chair / Licensee or delegate

Emelie Lemieux, Administrator / Executive Director

Pauline Frechette Keating, Quality Committee Chair or delegate

Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	0	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	23.86	20.00	Transfers were due to Post Fall Assessments needing ED	

Change Ideas

Change Idea #1 The charge nurse will continue to call and discuss case with MD prior to transfer if it is not an emergency.

Methods Process measures Target for process measure Comments

The LTC homes MD may be the same MD that is in the ED department due to the size of the community. Rate should go down if MD can give feedback on case prior to transfer to ED need on an individual basis Target of 20. We continue to assess the I have no comments at this time

Experience

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?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	85.00	Our survey question is "Does the staff listen to you and respond to your requests" We were at 75%.	

Change Ideas

Change Idea #1 We are implementing Resident/Family Centered Care practices in 2024. We are increasing the role of the resident and family in the discussion of the home.

Methods	Process measures	Target for process measure	Comments
We will have an in house survey as usual. Annual Survey filled out		The satisfaction expected to go high with new practices.	Survey method is paper based and we are looking at other formats

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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	95.00	We use a paper survey and our question is "Can I express my opinion without fear of consequences?" Our current rate is 88%	

Change Ideas

Change Idea #1 Implementing Resident/Family Centered Care practices and including Resident and Family Council in our improvement initiatives.

Methods

Through meetings and opportunities to give feedback.

Process measures

Paper Survey fill out
If the residents and families are more involved they may be more satisfied

Target for process measure

Consisting other formats for survey

Comments

Safety

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	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	26.16	24.00	The changes are done gradually based on the residents needs.	

Change Ideas

Change Idea #1 Will continue to work with NP/MD/BSO/Pharmacist and Nursing with monthly meetings to review antipsychotic medications

Methods

This has to be a gradual change based on the needs of the residents

Process measures

We review MDS and Pharmacy Reports

Target for process measure

Our target is 24. We review and monitor changed with the residents on these medications

Comments

No comments at this time

Access and Flow | Efficient | Priority Indicator

Indicator #4	Last Year		This Year	
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (North Centennial Manor)	15.38	7	23.86	20

Change Idea #1 Implemented Not Implemented

The data reflects 5 residents that went to the ER in the evening. Our NP and MD have there visits during the day but our current MD is available as needed most days to come to home and assess.

Process measure

- Rate should go down if MD assesses prior to transfer

Target for process measure

- 7.0 would be the target for improvement

Lessons Learned

We have been calling the MD prior to the resident being sent to hospital but sometimes we have to send them.

Comment

Falls occurred that required assessment in the ER department

Experience | Patient-centred | Priority Indicator

Indicator #3	This Year	
	Last Year	Target
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (North Centennial Manor)	CB Performance (2023/24)	CB Performance (2024/25)
	CB Target (2023/24)	95 Target (2024/25)

Change Idea #1 Implemented Not Implemented

This question was added to the homes in house annual satisfaction survey. 78 surveys sent out and only 23 returned. It is a small sample size but excellent compared to other surveys.

Process measure

- Positive (Always Responses Only)/Number of Surveys Returned

Target for process measure

- Would like a higher response rate on surveys

Lessons Learned

We have been moving towards resident and family centered care and we hope this will increase satisfaction.

Comment

We are implementing RNAO best practice Resident and Family Centered Care

	Last Year	This Year
	CB	CB
	Performance (2023/24)	Performance (2024/25)
	85	85
	Target (2023/24)	Target (2024/25)

Indicator #2

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (North Centennial Manor)

Change Idea #1 Implemented Not Implemented

This question was added to the homes in house annual satisfaction survey. 78 surveys sent out and only 23 returned. It is a small sample size but excellent compared to other surveys.

Process measure

- Positive (Always Response Only)/Number of Surveys Returned.

Target for process measure

- Would like a higher response rate on surveys.

Lessons Learned

We have been moving towards resident and family centered care and we hope this will increase satisfaction.

Comment

We are implementing RNAO best practice Resident and Family Centered Care

Safety | Safe | Priority Indicator

	Last Year	This Year
Indicator #1		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (North Centennial Manor)	18.80 Performance (2023/24)	26.16 Performance (2024/25)
	9.40 Target (2023/24)	24 Target (2024/25)

Change Idea #1 Implemented Not Implemented

Will review residents that are on antipsychotic medications update diagnosis as needed

Process measure

- Generate current MDS reports for current residents and time period

Target for process measure

- Review long term trending and current current data

Lessons Learned

We initially tried to review weekly but time didn't allow so we did the review monthly.

Comment

Target may have been too low.