

Let's Make Healthy
Change Happen.



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



Blind River District Health Centre
Pavillon Santé du District de Blind River

4/1/2015

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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Overview

The objectives of the LTC QIP are to:

1. maintain current performance where performance is better than provincial average (Reduce pressure ulcers)
2. continue with quality improvement projects that have already demonstrated significant improvements in resident care (reduce use of anti-psychotics, reduce falls) where current performance was well above provincial averages
3. Ensure that resident satisfaction scores are maintained (100%) by addressing areas of the resident satisfaction survey where there was a significant trending downwards (food, homelike environment) which could decrease the overall view of this home being recommended by friends and families.

The plan aligns with the pillars of the strategic plan (quality and safe care).

The plan aligns with accreditation standards. In June 2014, the LTC unit met 99% of the standards and all of the Required Operational Practices. The organization as a whole (acute, LTC) received Accreditation with Exemplary status.

Note:

the indicator data populated into the workplan is for the 22 LTC beds only. The 22 beds are only part of a 42 bed unit which consists of 10 ELC,10 CCC, 22 LTC). The quality management program tracks data on a 42 bed unit as the policies and care procedures are the same and the staffing is as one unit. This is a better sample size.

Integration and Continuity of Care

The Blind River District Health Centre's LTC unit is physically located in the Blind River District Health Centre and is part of the Blind River District Health Centre's corporation.

Staff and Managers are fully integrated into the corporation.

The policies and procedures of the LTC home and the acute care units are developed together and are evidenced based.

Education is open to all staff.

The senior friendly acute care initiatives have been advanced by the lessons learned about how LTC resident programs such as restorative care and nursing rehabilitation contribute to better outcomes e.g. reduction in falls, prevention of delirium

The acute care unit has a number of patients who are waiting a bed in the LTC home. The care plans are similar to those of residents in the home. When the patient does get a bed and becomes a resident, the transition to the new home is much smoother.

Because the LTC home is part of the hospital corporation's EMR roll out, the laboratory and medical imaging reports are accessible through the corporation's Meditech system.

Challenges, Risks and Mitigation Strategies

The quality program in this QIP does not include any priority indicators that are not already being looked at by the team.

There are no challenges identified that put the plan at risk

Information Management

The Blind River District Health Centre has partnered with two other small hospitals and hired a Decision Support Analyst who is now able to provide more in depth data to measure performance. The analyst works 2 days/ week at the Blind River site and is available to the LTC team.

The RAI coordinator has taken courses to better understand how to run reports from Point Click Care

In May 2015 the LTC home will have a new pharmacy provider. The home will be implementing an eMAR. The new pharmacy provider is working with the home to determine what monthly reports would be of value in improving care related to medication best practices e.g. reducing the number of PRN medications, antibiotic usage (part of the antimicrobial stewardship program in place), anti-psychotics

Engagement of Clinicians and Leadership

The Chief of Staff is a member of the Senior Team and sits on the Senior Quality Improvement team and on the Quality Committee of the Board.

The Chief Nursing Officer provides the Medical Advisory Committee with the opportunity to identify quality initiatives and to provide their opinion on the setting of performance targets and strategies to improve quality. The NP is a member of the Medical Advisory Committee and brings quality of care ideas and issues to the medical leadership for discussion and action.

The department manager has quality huddles with the staff. Quality indicator reports are posted in the department.

Patient/Resident/Client Engagement

The Family Council is provided with the results of the Resident satisfaction survey. The Family Council provides the leadership with feedback on changes, both positive and negative. The Family Councils and Resident's councils have been asked to provide ideas on how to improve quality of care.

The Nurse Manager has regular meetings with families/residents and extends an invitation to families to attend annual family rounds.

Accountability Management

The Manager is accountable for reporting on each indicator monthly and when results are not tracking in a positive trend, the manager is required to prepare a report that identifies what the issues are, identify any actions that can be taken to get back on course, and then implement them.

Participating in and achieving performance targets related to the QIP is part of the Manager's performance review.

The Chief Nursing Officer is accountable for ensuring that the team has the resources required to develop and implement QIP plans that are evidence based.

The Chief Nursing Officer is accountable as the senior lead for quality to provide the senior team and Board of Trustees with quarterly quality indicator reports. The Chief Nursing Officer takes the feedback and any recommendations to the Manager and team to consider and implement where feasible.

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 Wolf Kirchmeir

Quality Committee Chair Andre Berthelot

Chief Executive Officer Gaston Lavigne

CEO/Executive Director/Admin. Lead _____ (signature)

Other leadership as appropriate _____ (signature)