

Let's Make Healthy  
Change Happen.



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



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.

## Overview

Wellington Terrace is a 176 bed long term care home operated by the County of Wellington.

Wellington Terraces Mission Statement is "together our team is committed to providing compassionate care honouring the unique needs of each resident."

Wellington Terrace is divided into 6 resident home areas with 28-30 residents living on each area. We believe that resident and family satisfaction is higher when residents are grouped together with other residents of similar care needs. We have three neighborhoods that are considered dementia support, 2 heavier physical care neighborhoods where residents may present with more clinically complex needs and one neighborhood that is a lighter care neighborhood.

Our team establishes quality improvements based on feedback we receive from the residents who live in our home, areas of risk, as well as directed initiatives locally and provincially.

The annual resident survey is conducted in March and we are pleased that in 2015 over 80 residents and families took the time to provide us with their feedback. In 2015 100 % of our residents and families said that they feel safe in the home. 99% stated that the home provides an environment that promotes client safety.

Our home is committed to ensuring that we follow best practices in geriatric care. As such, we have a strong focus on falls prevention, skin and wound management, dementia supports, continence care and infection control. Each of these programs is led by an RN champion who guides the team in setting goals and implementing best practices. We are continually auditing our practices and benchmarking ourselves against other homes.

94% of the staff and contracted workers, 95% of residents and 80% of volunteers in our home received their annual flu shot in 2015/2016.

Four years ago the Ministry of Health and long term care provided additional funding for homes to have dedicated staff to participate in the behaviour support program. The purpose of this program is to advice on best practice care strategies to best respond to residents with responsive behaviours. We have a fulltime Personal Support Worker and part time Registered Practical Nurse who are dedicated to this program. Their role is to assist residents in their transition to the home, identify Montessori based activities that the resident may be interested in to give them a sense of purpose and meaning as well as educate staff and continue to build capacity for the entire team to support the resident. The Behaviour Supports Team do not act alone. Wellington Terrace has committed to Gentle Persuasion Approaches (GPA) training through our strategic plan over the past 5 years. Today 99% of our staff is trained. We believe all staff has a responsibility to support our residents.

## Integration and Continuity of Care

Our organization enjoys a number of collaborations with community partners.

We are supported by the nurse led outreach team who have the mandate to assist homes to prevent avoidable emergency department transfers. The outreach nurse has supported us in coordinating the administration of IV therapy in our home.

The home refers to the RAO Best Practice Initiatives to support the practices of our core clinical programs. We have recently participated in the collaborative on pressure ulcer prevention and in the fall of 2015 we implemented the Best Practice guideline on falls prevention.

We collaborate with our local public health unit on our vaccination program and outbreak management. We participate in infection control initiatives in collaboration with public health Ontario such as the Just Clean your Hands campaign.

The home is a member of the Ontario Association of Not for Profit Homes and Services for Seniors.

The Administrator of the home serves as the LHIN liason for the OANHSS homes of Waterloo Wellington.

Wellington Terrace participates in the Geriatric Services Network, the Dementia Network and the LTC Network.

Our Home is participating in a newly developed Community Collaborative where we will meet with partners from other LTC Homes, local hospital, and CCAC to review how we can streamline processes to meet integrated health service goals such as reducing emergency room visits and enhancing the resident's experience if and when they require acute care services.

## Challenges, Risks and Mitigation Strategies

Residents entering long term care are more clinically complex and frail than they have been in the past.

Resident's length of stay has decreased significantly because they are coming to the Terrace further along in their aging process than in previous years. This is due to aging at home strategies in their community. Often people

entering long term care present with compromised nutrition and hydration. These realities mean that residents are at high risk for falls and skin integrity issues.

Wellington Terrace has a restraint free philosophy that respects the autonomy, quality of life and preservation of dignity for all residents. Our falls rate is higher than the provincial average in large part because we do not use restraints in our home. We employ many strategies to reduce falls or decrease falls with serious injury but we know that all falls cannot be prevented.

Over 85% of the residents who live in our home have some form of cognitive impairment. Dementia is an umbrella term used to describe several diseases including Alzheimer's disease, Lewy body dementia, frontotemporal lobe dementia, and cognitive impairments as a result of Parkinson's disease or vascular disease. In addition, some residents have a developmental delay or acquired brain injury which has led to a cognitive impairment. There is no cure for this illness that is often insidious, prolonged and unpredictable.

Dementia not only leads to memory impairment it also causes functional impairments such as how to walk, how to eat and conduct basic activities of daily living.

Some residents experience responsive behaviours as a result of their dementia. These behaviours may include verbal or physical interactions or sexual disinhibition. We use the term responsive behaviors because we believe that the resident is responding to something in their environment that is causing the behaviour. As such, our care staff becomes detectives by trying to determine what is causing the behaviour. It could be that the resident is in pain, is too warm, hungry, has an infection or there is too much noise in the environment. The staff develops an understanding of what triggers the resident's behaviour and what strategies can be put in place to mitigate the behaviour. We recognize that the resident is not able to change their response so we must alter the environment, approach or care strategies.

Supporting residents with a Dementia requires a very specialized skill set for staff. 99% of our workforce has Gentle Persuasion Approach training. This education is conducted by two of our RN leaders and teaches staff how to use a person-centred, compassionate, gentle persuasive approach and to respond respectfully with confidence and skill to challenging behaviours associated with dementia.

A Geriatric Psychiatrist visits our home monthly and conducts consultations with residents who present with more complex concerns associated with their dementia.

Sometimes medication management includes the use of antipsychotics. It is important to note that there is a place for the use of antipsychotics for residents with dementia provided that the medication is used for a therapeutic goal and that it is evaluated regularly.

When targeting specific behaviours antipsychotic medication can lead to the reduction in these behaviours which ultimately allows the resident to maintain their dignity.

In our home all medication, including antipsychotics, is reviewed every 3 months by the RN, pharmacist and physician to ensure that it is still serving a therapeutic purpose.

## **Information Management**

Our home uses reports available in our documentation system (point click care) and Canadian Institute for Health Information (CIHI) to analyze current resident care needs. This data assists the home in planning for future resident care needs and anticipating what resources (human and equipment) will be required to meet these needs.

In addition, our pharmacy service conducts regular quality audits and provides us with comparative data within our LHIN.

We utilize information provided regarding clients on our waitlist in order to analyze the profile of future residents and educate staff on some of those needs.

Our Home uses Clinical Connect access to ensure prompt response to care needs when they return from hospital stay.

## **Engagement of Clinicians and Leadership**

For every core program (responsive behaviours, infection control, falls prevention, pain/palliative, skin and wound and continence) an interdisciplinary team contributes to the efforts made to improve quality. These team members gain the expertise in their area and share information with their departments. Staff participates in setting goals and establishing change ideas. Our staff is kept informed on the progress of quality initiatives through displays focusing on core programs and through an annual quality forum where we highlight our accomplishments and declare our new goals for the following year.

## **Patient/Resident/Client Engagement**

The management team members attend both family and resident council to share organizational and quality improvement goals.

A quality forum is held annually where a presentation is shared throughout the home outlining achievements towards our quality improvement goals.

In addition, families and residents are provided with regular updates on our quality improvements through the year through newsletters.

Throughout the year we share displays of interest to our families. Our family council hosts an Annual Education event where a relevant topic is presented to families. The topic in 2016 is "Understanding Dementia". We are repeating this topic because of the tremendous response from the community. In the past we have had topics on the role of the Power of Attorney (POA), role of the pharmacist in LTC, understanding Parkinson's and visiting strategies for families.

## **Accountability Management**

The Committee of Council for the County of Wellington is presented with a quality indicator report each month and kept abreast of the progress towards our goals.

Our home hosts an annual quality forum in February of every year. The lead person of each monitoring group shares the team's successes and challenges from the previous year and goals are set for the upcoming year.

The home has an accountability agreement with the LHIN that is signed annually.

Our home had a successful Resident Quality Inspection (RQI) in 2015 and addressed all areas of noncompliance.