

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

March 30, 2023



**Ontario
Health**

OVERVIEW

Hampton Terrace Care Centre is an accredited facility with Exemplary status as awarded by Accreditation Canada. We are a 101-bed Long-Term Care facility that is committed to continuous quality improvement. The Continuous quality improvement (CQI) program in our home reflects the commitment of the governing body, administration home and medical staff to the continued provision of optimal resident care as a system for achieving customer satisfaction. The home recognizes that comprehensive resident care can best be achieved through the cooperative endeavors of multidisciplinary input and as such is committed to the establishment and coordination of Continuous Quality improvement and risk management for all departments through the Resident Safety Quality meetings led by the Continuous Quality Improvement Coordinator in our home. The home has extensive policies and procedures for its Risk Management and Continuous Quality Improvement program throughout the CQI Manual and various other manuals. We are proud to be designated as a RNAO Best Practice Spotlight Organization, in partnership with the Registered Nurses Association of Ontario (RNAO), ensuring that we provide quality care based on best practice guidelines that have been established and tested through the RNAO. The home performs routine and ad hoc auditing using the Ministry of Long Term Care's (MLTC) Inspection Protocols as well as, focused audits and collects monthly department specific quality data, to ensure quality standards are maintained or exceeded. The results of these audits, along with risk management reviews, quality improvement data and feedback from Resident and Family surveys, are used to evaluate the effectiveness of programs in place at the Home to meet the needs of our clients, and maintain their safety and well-being. We ensure that our QIP continues to align with our

Operational and Strategic Plan, and work diligently to ensure that all policies are reviewed routinely to maintain compliance with the Fixing Long-term Care Act, 2021 sect.42 and Regulation 246/22. ss.168 (5) and (6).

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Hampton Terrace Care Centre continues to have numerous Quality Improvement achievements. The home has maintained its accredited status with Exemplary Standing by Accreditation Canada. Hampton Terrace Care Centre was proud to achieve again Exemplary Standing with Accreditation Canada in February 2023, whose survey was focused on Continuous Quality Improvement. We have continued our work and partnership with the Registered Nurses of Ontario Association (RNAO). As of March 2023, the home has achieved a "Designated RNAO Best Practice Spotlight Organization" status. We have implemented the following Best Practice Guidelines (BPG's) during our partnership; BPG's: Person and Family Centered Care, Preventing Falls and Reducing Injury from Falls, and Promoting Safety: Alternatives to the Use of Restraints. Additionally, we have completed the Fellowship in "Change Management" in association with the RNAO in the fall of 2022 which was completed by our Clinical Manager. We have completed our GAP analysis and have submitted a piece to RNAO, highlighting our journey to achieve Best Practice Spotlight Organization status. We continue to work on mandatory programs and have seen improvement in all areas. We received overwhelmingly positive feedback through our recent Resident/Family satisfaction survey and our Worklife Pulse survey from staff.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

The Home actively engages families and residents in its Quality Improvement Plan and Quality Improvement Activities. There is an established interdisciplinary quality improvement committee, the Resident Safety & Quality committee which is coordinated and by a designated lead, the Quality Improvement Coordinator. The home has strong input and leadership through its well established Resident Council and Family Council who provide suggestions for quality improvements to the home. Additionally the home conducts annual Resident and Family satisfaction surveys to obtain feedback from stakeholders, the results of the surveys are presented to Senior management, Resident Council and Family Councils (September 13, 2022), and quality improvement suggestions are used to develop facility goals/action plans for implementation. The home has a Strategic and Operational plan and sets annual quality improvement goals that align with these plans. The home has committed to be transparent and make readily accessible any outcomes to its residents and families.

PROVIDER EXPERIENCE

At Hampton Terrace Care Centre we look to engage and support our staff. Staff are encouraged to speak with management in a variety of ways, either verbally or through our Suggestion Box if they wish to be anonymous. When addressing them, we provide responses through the Staff Monthly Newsletters, quarterly Registered and Non-Registered meetings, and ad hoc team huddles. We also have external resources and community partners to provide education on how to manage feelings of burnout and stress, either through meetings with our Psychogeriatric Resource Consultant, Behaviour Supports Ontario, and Care+ Resources.

WORKPLACE VIOLENCE PREVENTION

Workplace Violence Prevention is a strategic priority of Hampton Terrace Care Centre as one of our directives is to enhance the safety and security of the operation. Hampton Terrace Care Centre strives to have a respectful and safe workplace by decreasing potential risks and hazards to residents, staff and visitors through the following activities: annual training for all staff regarding workplace violence; annual workplace violence and prevention program evaluation; and annual workplace violence hazard assessment. Our workplace violence policies and procedures are reviewed regularly, and updated as per legislations. Our Joint Health and Safety committee regularly reviews any potential hazards identified during planned and unplanned inspections, workplace violence hazard assessments, and staff feedback. In addition an Employee Assistance Program (EAP) is available for staff to access

PATIENT SAFETY

Our Home is committed to the safety of our residents and have systems in place to ensure incidents are reported, analyzed and addressed. Residents and families are able to participate in their care conferences where feedback on how care is delivered and ideas to better the experience of the resident. Also during Resident and Family Council meetings, the councils are able to voice concerns, complaints and/or Recommendations in which the Home is responsible to respond to within 10 business days. From October to November 2022 our Canadian Patient Safety Culture Survey was completed by staff. With those findings we were able to identify areas the Home was excelling in and areas we could improve upon. Modules pertaining to patient safety and reporting are completed annually by staff. Health and Safety Committee and Resident Safety and Quality committees meet regularly to analyze trends and brainstorm strategies to improve the safety of residents.

HEALTH EQUITY

Our Home strives to promote health equity among our residents. During admission and Care Conferences, the different departments meet with the resident to discuss how to incorporate their preferences into their care (Psychosocial Assessments and Recreational and Social Activities Assessments). Resident and Family Councils meet regularly to evaluate activities, menus and programs. Religious community partners continue to come into the home for the various faiths our residents practice. Utilizing different technologies, residents are able to communicate with family and friends to ensure they maintain those connections and reduce feelings of isolation. Menus, program and activities calendars are provided and are available throughout the home.

CONTACT INFORMATION/DESIGNATED LEAD

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Quality Improvement Coordinator
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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 31, 2023

Board Chair / Licensee or delegate

Administrator / Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

[Handwritten signatures and dates over the sign-off lines]

Theme I: Timely and Efficient Transitions

Measure	Dimension: Efficient							
Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
Number of ED visits for modified list of ambulatory care--sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	8.20	8.00	Continue to decrease ED visits while maintaining provincial average.		

Change Ideas

Change Idea #1 To seek out education and learning opportunities for front-line registered staff to enhance assessments skills.

Methods	Process measures	Target for process measure	Comments
Connect and collaborate with internal and external resources for education opportunities for front-line registered staff to enhance assessment skills.	Education is provided in a timely and efficient manner for identified topics.	Registered staff will demonstrate enhanced assessment skills	

Change Idea #2 Utilize a Nurse Practitioner to aide in assisting MDs with assessments and treatments to further reduce ED visits and advocate for treatments within the home.

Methods	Process measures	Target for process measure	Comments
Interview and hire a Nurse Practitioner to provide on site triage within the facility	The home is currently in the process of hiring a Nurse Practitioner	To employ a Nurse Practitioner for the facility by the end of 2023	Interviews have been ongoing

Theme II: Service Excellence

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?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	CB	CB	The home does not use a numerical scaling system. However Resident/Family Satisfaction Survey completed for 2022 showed 100% satisfaction to the question "Staff members ask for my input, advice and preferences in order to effectively plan and coordinate care."	

Change Ideas

Change Idea #1 Continue to encourage residents and family members to provide suggestions, input and feedback

Methods	Process measures	Target for process measure	Comments
Continue to make "Concerns, complaints, & compliments" form readily available to resident and families. Present survey and survey results at family and resident council. Also to utilize suggestion box for residents and families to use if wish to be anonymous.	There will be increased participation with survey and the positive response to above survey question.	At least 100 surveys will be received at the end of the survey period.	Total surveys initiated: 29 Total LTCH Beds: 101 Question 8 of facility survey used

Change Idea #2 To incorporate the above question into our Resident Satisfaction survey.

Methods	Process measures	Target for process measure	Comments
To add the above question to the survey when it is mailed out in the Fall of 2023	To received positive results and feedback once survey has been completed	To have 100 response	

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".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	93.10	95.00	The Home did not submit a QIP for the previous year to show current performance. However Resident/Family Satisfaction Survey completed for 2022 showed 93.10% satisfaction to the question "When I have a question or concern, it is addressed and resolved quickly and to my satisfaction." The Home will maintain that percentage	

Change Ideas

Change Idea #1 To utilize staff, volunteers, screeners, and support staff to assist residents with physical limitations to complete the survey.

Methods	Process measures	Target for process measure	Comments
Will assist residents who have physical difficulties with completing the survey by reading questions out for residents, and recording their answers on the survey form.	To have increase resident participation with survey and the positive response to above survey question.	To have 100 response	Total Surveys Initiated: 29 Total LTCH Beds: 101 Question 3 of facility survey to be used

Theme III: Safe and Effective Care

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	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	31.31	27.00	To work on decreasing the percentage of residents diagnosed with dementia, without psychosis, who were prescribed an antipsychotic medication by 4.31 percent by 2024.	

Change Ideas

Change Idea #1 Registered staff will continue to receive education related to responsive behaviours/personal expressions, appropriateness antipsychotic medication use, and alternatives and de-escalation techniques to reduce responsive behaviours

Methods	Process measures	Target for process measure	Comments
Continue to work with community partners (Pharmacy, PRC, BSO, and HSMHOP) to obtain in-service opportunities while utilizing SURGE learning modules on responsive behaviours	Encourage staff to attend in-services held by community partners. Furthermore arranged for more in person education being held within the facility.	Staff will continue to enhance their understanding on how to provide care for residents exhibiting responsive behaviours and risk of used of antipsychotic medications	

Change Idea #2 Assess residents who are receiving antipsychotic medication without a diagnosis of psychosis

Methods	Process measures	Target for process measure	Comments
Continue to use in-house audits, QI trends, and pharmacy reports to identify those who may benefit from medication reassessments.	Residents who are on antipsychotic medication will be reviewed routinely and as needed. Alternatives will be explored in collaboration with multidisciplinary team (Responsive Behaviour meetings, Resident Safety and Quality meetings, care conferences, PRN).	The percentage of residents diagnosed with dementia who receives antipsychotic medications will continue to decrease	