Grey County Logo Committee Report

# Report LTCR-SS-07-14

**To**: Chair Burley and Members of the Social Services Committee

**From**: Lynne Johnson, Director of Long Term Care

**Meeting Date:** March 12, 2014

**Subject: Quality Improvement Plans**

**Status**: Recommendation adopted by Committee as presented per Resolution SSC27-14; Endorsed by County Council April 1, 2014 per Resolution CC47-14;

## Recommendation(s)

**WHEREAS Long Term Care homes are required to develop, post and submit Quality Improvement plans to Health Quality Ontario;**

**NOW THEREFORE BE IT RESOLVED THAT Report LTCR-SS-07-14 be received;**

**AND THAT the Quality Improvement Plans outlined in the report be submitted on or before March 31, 2014.**

## Background

A Quality Improvement Plan (QIP) is a formal commitment to improve quality through a focused, organized approach. QIPs are not new to the Grey County homes. Over the past few years, each home has participated in the provincial Residents First program which strengthened internal capacity for ongoing quality improvement initiatives.

By April 1, 2015, every Long Term Care home in Ontario is required to use a standardized template to develop a QIP, post it publically and submit it to Health Quality Ontario. To assist with providing feedback on the process, the Local Health Integration Network is encouraging homes to voluntarily submit their plans in 2014.

The homes are currently implementing the Vision, Purpose and Values of “Colour IT” to guide person centered care and improve areas identified in the Resident Quality of Life Survey and Family Experience Survey. The Resident-Centered section of the QIP identifies home specific areas targeted for improvement.

Integration with community partners is vital to develop and implement quality improvement initiatives for the benefit of the organization, residents and staff. Examples of some partnerships the homes have include the Behaviour Support Ontario program to assist with quality and safety, physiotherapy and occupational therapy providers to support fall prevention programs and the Family Health Teams to reduce emergency department transfers.

### Lee Manor

Lee Manor is currently performing better than the provincial average in the areas of pressure ulcers, continence care and restraints, and as such, change ideas have been identified in these areas to ensure continued success.

In 2014-2015, the home is focusing on reducing falls and emergency department transfers.

### Rockwood Terrace

Rockwood Terrace is currently performing better than the provincial average in the areas of falls and restraints. The home will continue to monitor these areas to ensure they remain below the provincial average and make changes as necessary during the year.

In the remaining publically reported indicators, worsening pressure ulcers, worsening bladder control and emergency department transfers, goals have been set to guide the home as they strive to meet or be below the provincial average.

### Grey Gables

Grey Gables is currently performing better than the provincial average in the area of pressure ulcers and unnecessary emergency department visits. These areas will be monitored to ensure they continue to meet the provincially set benchmarks.

Goals and change ideas, along with methods for measuring outcomes, have been set for the remaining publicly reported indicators. Internal teams and committees have identified ideas including educational opportunities and integration and partnership with system partners to support improvement, evaluate outcomes and monitor progress over the next year.

## Financial / Staffing / Legal / Information Technology Considerations

Risks and challenges associated with meeting these quality commitments include:

* the change in acuity and needs of residents being admitted to long term care,
* maintaining staff knowledge and competency to care for the residents and
* financial challenges caused by increased costs for equipment and supplies to deliver care.

Internal teams and committees are in place that review risks and opportunities, implement change ideas and evaluate the progress of set goals. The QIPs identify “big dot” items and do not capture the many small improvements made in a month, week or even daily as needs or situations arise.

By publically posting the QIP, an organization is demonstrating transparency and accountability in their commitment to quality improvement priorities. The submission of a QIP is a mandatory requirement of the Long Term Care Service Accountability Agreement.

## Link to Strategic Goals / Priorities

Goal 6 of the County of Grey Strategic Plan is “Achieving Excellence in Governance and Service”. By monitoring indicators, implementing action plans and evaluating outcomes, resident quality of life and safety will be supported.

The culture shift to person centered care using the “Colour It” values and promise will guide us in our quality improvement journey.

## Attachments

[LTC Quality Improvement Plan 2014 Lee Manor](https://greydocs.ca/urm/idcplg?IdcService=GET_FILE&dDocName=GC_210963&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&Rendition=Web)

[LTC Quality Improvement Plan 2014 Grey Gables](https://greydocs.ca/urm/idcplg?IdcService=GET_FILE&dDocName=GC_210948&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&Rendition=Web)

[LTC Quality Improvement Plan 2014 Rockwood Terrace](https://greydocs.ca/urm/idcplg?IdcService=GET_FILE&dDocName=GC_210962&RevisionSelectionMethod=LatestReleased&Rendition=Web)

Respectfully submitted by,

Lynne Johnson  
Director of Long Term Care



