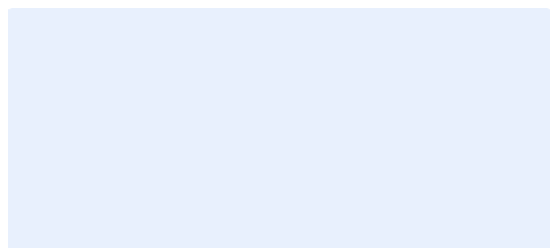


Let's Make Healthy  
Change Happen.



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



3/20/2015

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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

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## Overview

The objectives of our program for 2015 is to enhance resident care and outcomes. The focus will be pressure ulcers, falls, responsive behaviours, ED utilization, and residents receiving antipsychotics without a diagnosis of psychosis.

The QIP aligns with other planning processes at Copper Terrace. This includes the strategic plan and operational plans with goal setting for the Service Accountability Agreements with the LHIN and is addressed through meeting corporate direction and community partners. Copper Terrace is an accredited organization through CARF, with last accreditation in June 2013. We utilize the accreditation standards and required organizational practices to evaluate and continuously improve upon the care we provide.

Our Quality improvement plan is a reflection of the quality indicators selected provincially and also includes quality improvement priorities identified corporately

## Integration and Continuity of Care

Our home has successfully participated in the Residents First Initiative and facilitator training. We utilize this training for the building blocks of our quality improvement plan. Our home strives to create strong connections with our community partners including CCAC and FOG committee with local partners to determine quality initiatives required to enhance resident care. In addition we partnering with BSO and Alzheimer society the Geriatric outreach team

Attendance and participation at a variety of local meetings including: DOC attends corporate Best Practice meetings - Senior team attend LTC meeting - DOC attends RICN and Infection Prevention and Control meetings held by Public Health

## Challenges, Risks and Mitigation Strategies

The physical layout of our older units, 2 North and 3 North can be a challenge for efficiency of staff and resident satisfaction in environment. Both units are 45 bed units which also results in overcrowding.

Resident needs tend to be more complex upon admission.

Residents and families have a higher expectation of care and services available.

The residents in our care have higher acuity of care needs. Meeting their care needs is difficult due to the current funding and staffing. This is a challenge in all areas of care Recruitment and Retention of qualified staff is challenging as we compete with a number of homes in the area.

Union contract negotiations are unpredictable and can be a challenge for budgeting

Funding for extensive wound treatments is limited with the changes to the HIN program

Funding for preventative interventions is also limited ie. pressure relieving surfaces, high low beds for falls

Reduction in PT funding has resulted in less hands on Physio care for residents. Anticipated increase in falls and decrease in resident mobility. Resident and family satisfaction has been negatively affected by this.

## Information Management

Copper Terrace currently uses electronic medical record, Point Click Care, Point of Care for all aspects of care.

We utilize the QIA component in Point Click Care to bench mark with the other homes in our organization

We are linked electronically with the CCAC for resident wait list and profiles

Billing and trust accounts are also managed in the Point Click Care system

CQI data is collected and reported through the use of graphs and discussion groups. These teams include; staff, management, residents, family members and contracted services

Electronic communication boards are located throughout the home

Menu boards for our dietary department are in place and will be completely functional by fall 2015

On line education for staff is completed through SURGE learning and DUNK for health and safety components

Computers are set up for staff in our education area

Computers are set up for resident use in the main lounge area

### Engagement of Clinicians and Leadership

Annually we hold a strategic planning session to review our goals and objectives and set the strategic direction for the home. In preparation for this planning session we conduct numerous surveys that include, staff, residents, and families. This information assists the team to develop areas of strength and weakness.

Our leaders are the link between quality improvements, resident and front line staff. In addition a resident and family member are active and engaged members of our quality improvement team

We strive to be leaders in the development of Best Practices by supporting the pursuit of continuing education of our team, families, residents, volunteers and community

### Patient/Resident/Client Engagement

We encourage participation in quality programs. A resident and family member are active and engaged members of our quality improvement team

We regularly engage our residents and families through resident council and family council with an emphasis on education

We respond promptly to all family and resident concerns or questions

We believe in an optimal level of care which recognizes and attempts to meet the physical, emotional, and intellectual and spiritual needs of each individual and their families. We promote the individuality of each resident by recognizing their need for individual self worth and dignity

### Accountability Management

The Administrator reports monthly to our corporate office. This report includes information about quality improvement projects as well as processes in place to maintain a safe environment for our residents and staff.

Over all we demonstrate accountability by achieving and maintaining a culture of safety for our staff and our resident population

We are accountable to our stakeholders, residents, families, staff and community through our care and services we demonstrate our commitment to excellence and a quality experience for those we serve

### 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

Quality Committee Chair

Chief Executive Officer

CEO/Executive Director/Admin. Lead \_\_\_\_\_ (signature)

Other leadership as appropriate \_\_\_\_\_ (signature)