

Let's Make Healthy  
Change Happen.



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

## The Perley and Rideau Veterans' Health Centre

2016/17



**Perley Rideau**

The Perley and Rideau  
Veterans' Health Centre

## Overview

The Perley and Rideau Veterans' Health Centre (Perley Rideau) is pleased to share its 2016-17 Quality Improvement Plan (QIP). Perley Rideau's primary focus is Excellence in Resident Care and Services. Our commitment to quality is reflected in our vision to be *"An advanced health centre for seniors which will be a valued, sustainable centre for quality care, serving the elderly and their families..."* and in our supporting strategic plan.

Perley Rideau is entering a period of significant challenge and opportunity. The population of World War II and Korean veterans is declining. As a result, Perley Rideau's mandate to provide long-stay residential care for veterans of World War II and Korea will evolve. Ontarians are aging and have more complex health needs. Resources are limited. The healthcare system must learn new ways of delivering higher quality care at lower cost. Perley Rideau must determine how it can provide the highest value to its community.

The QIP is a roadmap to achieving excellence in resident care and services, while navigating challenges and opportunities in our environment. Perley Rideau's QIP is aligned with our annual operating plan and supported by our measurement and accountability systems. This alignment allows us to effectively clarify priorities, direct resources, monitor progress and act on results.

The overall objectives of the 2016/17 QIP remain similar to 2015/16. Maintaining focus will allow us to build on foundational work completed in 2015/16 and sustain improvements. Specific priorities targets and change ideas have been refined to reflect:

- progress achieved in 2015/16;
- the most recent performance data available from the Canadian Institute for Health Information, resident and family satisfaction surveys and our electronic health record;
- input from residents, families, staff, leaders and external partners, including the MOHLTC.

Priorities are divided into 3 categories – priorities for focused action, moderate action and monitoring. Please note that targets reflect a blended average for both our community and veteran residents.

### **Priorities for Focused Action:**

- 1) Reduce the percentage of residents who had a fall in the last 30 days from 20.6% to 19.5%
- 2) Reduce the percentage of residents with worsening behavioural symptoms from 20.1% to 19.3%
- 3) Reduce the percentage of residents who experienced worsening pain from 15.9% to 15.0%

### **Priorities for Moderate Action:**

- 4) Reduce the percentage of residents who had a worsening pressure ulcer from 5.0% to 4.8%
- 5) Reduce the number of potentially avoidable ED visits per 100 residents from 33.5 to 33.0

- 6) Increase the percentage of residents who would positively recommend Perley Rideau to others from 84% to 85%

**Priorities for Monitoring** (areas where Perley Rideau is currently performing at benchmark levels):

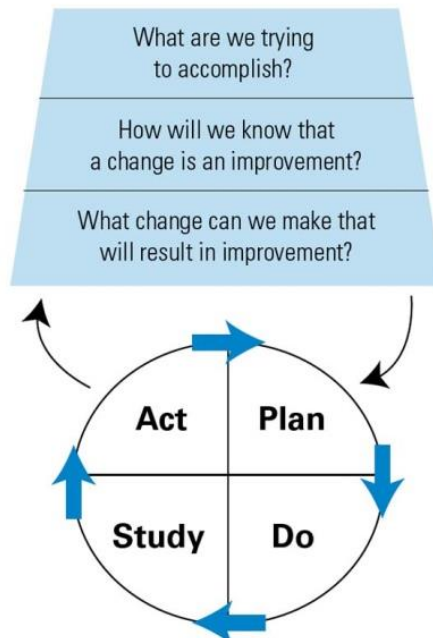
- 7) Reduce the use of daily physical restraints from 5.8% to 5.5%
- 8) Reduce the inappropriate use of antipsychotics from 9.3% to 9.0%

Perley Rideau has identified modest improvement targets for 2016/17 in recognition that the standardized QIP indicators used for long-term care in Ontario are lagging indicators. There is an approximate 1 year delay between current performance and reported performance. The baseline data used for the 2016/17 QIP reflects performance for the time period October 2014 to Sept 2015. We have adopted a 3-year cycle for our QIP, recognizing that a phased approach to change will increase the likelihood of sustained improvement. We anticipate meaningful improvement will be achieved and maintained in each priority area by 2018/19. Our 3-year targets are to be at, or better than the provincial average in all priority indicators.

## QI Achievements from the Past Year

In 2015/16 Perley Rideau developed and implemented its first comprehensive, organization wide Quality Improvement Plan. It was an exciting, and foundation building year in quality improvement! An inter-professional team, including point of care staff, leaders and quality improvement support was established for each priority area. Each team is using *The Model for Improvement* as a framework to guide quality improvement and has received targeted education in quality improvement methods. Data and run/control charts are used to understand performance and measure changes. Opportunities are identified through consultation with staff, residents, and families and in the literature. Change ideas are tested with the involvement of those impacted, before implementation and spread.

### Model for improvement



Each quality improvement team is at a different stage in their improvement plan. Highlights from 2015/16 include:

**Continued reduction in the use of restraints**

The percentage of residents in daily restraints has fallen from 20.6% in Q2 2013/14 to 5.8% in Q2 2015/16. The current provincial average is 6.7%.

**Sustained reduction in the use of antipsychotics**

As of Q2 2015/16, 9.3% of Perley Rideau residents are receiving antipsychotics without a diagnosis of psychosis, compared to a provincial average of 25%.

**Implementation of the InterRAI Resident Quality of Life Survey**

This standardized, evidence based survey will enhance Perley Rideau's understanding of resident experience and perception and enable us to benchmark performance with other participating long-term care homes.

**An intensive improvement event (known as a Kaizen) to reduce resident falls**

During the 2-day Kaizen event, an inter-professional team coined the "Fall Busting Investigators":

- Analyzed current performance
- Mapped the current process
- Reviewed best practice guidelines
- Identified and prioritized opportunities for improvement
- Designed a desired future state process
- Designed and tested change ideas through iterative plan, do, study, act cycles
- Established a measurement plan
- Developed an implementation plan

The team is now proceeding with refining and implementing changes to the fall assessment/screening tool and process; the post fall huddle; care planning meetings and resident and family engagement in fall prevention.

## **Integration and Continuity of Care**

Perley Rideau's strategic plan, entitled "Creating a Seniors' Village" calls for new models of care and collaboration across the continuum to provide residents, clients, tenants and the broader community with high quality, cost effective care and services. We are working with numerous partners to advance integration and continuity of care. Highlights include:

**Partnership between The Perley Rideau Veterans' Health Centre, The Ottawa Hospital and the Champlain CCAC to establish a Sub-Acute unit for care of the Frail Elderly (SAFE collaborative)**

S.A.F.E is focused on providing restorative, frailty informed care to seniors following an acute hospital stay to enable their timely and safe return to the community. The proposed program

includes intense collaboration between an acute care hospital and long-term care home, with the hospital providing enhanced diagnostic (lab and medical imaging) and physician support in a long-term care setting. These supports would be available to both short-stay sub-acute patients and long-stay residents, with a focus on building capacity and improving continuity of care for frail seniors. If successful, this initiative will minimize the risk of hospital-acquired complications for residents, improve resident quality of life, decrease ED wait times and provide cost savings for the health care system and residents/families.

### **Palliative and Therapeutic Harmonization (PATH)**

PATH is a process that helps older people and their families understand their health status and guides them through the process of making health care decisions that protect their best interests and quality of life. It is a frailty-informed model of care that can be used across the healthcare continuum. Perley Rideau is working to implement PATH in 2016/17.

### **Expansion of the Seniors' Village**

The Seniors' Village at Perley Rideau continues to grow and evolve with a goal of integrated services for seniors that will meet the majority of their health and social needs. In 2015, several primary care physicians working in the long-term care home began offering house call medical services to tenants on our campus. A dermatology clinic also opened. In 2016, Perley Rideau is planning to open a comprehensive primary care clinic, in partnership with the University of Ottawa Health Service, to meet the needs of both our Seniors' Village residents and members of the broader community.

### **Seniors' Quality Leap Initiative**

The Seniors' Quality Leap Initiative is a collaborative of 14 leading long-term care and seniors' care organizations across North America who are committed to improving quality through benchmarking, common improvement initiatives, sharing and learning. SQLI members are focused on improving pain management and resident quality of life in 2016/17.

## **Engagement of Clinicians and Leadership**

Clinicians, leaders and staff have been engaged throughout the development of the QIP and continue to be engaged in its implementation. QIP teams are comprised of inter-professional staff working at the point of care, with support from leaders and a quality improvement consultant. Performance data and improvement work are regularly shared during town halls, staff meetings for both registered and non-registered staff, Medical Advisory Committee, working committees, and leadership meetings. Performance data are also posted on resident care units and updates provided in our newsletter *Between Us Briefly*.

During the development of the QIP, staff and leaders were asked to identify priorities for improvement and feedback was solicited regarding proposed change ideas. QIP teams with support from leadership, set targets based on a review of internal and provincial data, benchmarks (if available), and an understanding of the potential for improvement (based on current practice and best practice).

The entire management team and Board of Directors reviews quality performance quarterly, including the status of key QI initiatives. Each QIP team presents an in-depth review of their work annually to the Board of Directors Quality and Safety Committee.

Quality improvement goals are aligned with leaders' annual performance objectives, cascading from the CEO to supervisory staff. Quality improvement is the CEO's highest priority objective.

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

Perley Rideau has three active councils focused on resident and family experience - the Veteran Residents Council, the Community Residents Council, and the Family and Friends Council (FFC). The councils are a valuable forum for collaboration and engagement. The leadership team and councils enjoy a positive and productive relationship. Members of the Management team are invited to, and attend, all council meetings. In addition, at least one Executive leader attends all meetings of the FFC Executive. The Chair of the FFC is a member of the Board Quality and Safety Committee. The Chair of the Veteran Residents Council is a member of the Veteran Liaison Committee.

The Management team routinely seeks feedback and involvement from the councils regarding various aspects of the Perley Rideau's operations such as the annual resident/family experience surveys, annual budget, operating plan and quality improvement priorities. A draft of the QIP was brought forward to the FFC as well as the Veteran and Community Residents Councils for discussion and review. Feedback from was very positive, and members' priorities for improvement are reflected in the final QIP, particularly regarding resident and family experience. Co-design methods have been used, particularly for designing communication tools.

## **Sign-off**

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair \_\_\_\_\_ (signature)

Quality Committee Chair \_\_\_\_\_ (signature)

CEO/Executive Director \_\_\_\_\_ (signature)