

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for St. Joseph's Continuing Care Centre of Sudbury



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 HQO (if required) in the format described herein.

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Overview

St. Joseph's Continuing Care Centre (SJCCC) is a 64-bed class E and G rehabilitative care hospital, committed to delivering exceptional health care every day, with an emphasis on providing specialized care and services to adults requiring low intensity rehabilitative and/or supportive care to maximize their functional potential. Our focus on rehabilitative care encompasses participation in daily functional activities which are individualized to meet each patient's unique needs. This can include participation in a daily exercise program and use of the therapeutic gym; therapy which focuses on restoring independence for basic care needs such as dressing and grooming; use of therapy amenities (e.g., stairs, kitchen, laundry) to enable independence with higher level tasks. Patients will receive customized discharge planning for the opportunity for a successful community reintegration.

Guided by our core values of service, integrity, dignity and excellence, our approach to holistic care respects the unique needs and fosters the spiritual, physical, and emotional well-being of our patients, staff and volunteers. These values are reflected in the manner in which our staff and volunteers care for our patients.

Our 2019-2024 Strategic Directions

We have five strategic directions, each of which is rooted in our core values.

- Focus on Customer Care
- Lead in Quality Care & Safety
- Inspire & Value Our People
- Optimize Resources
- Partner With Purpose

Our Annual Quality Improvement Work Plan

Each year, we develop a Quality Improvement Plan (QIP) that builds on the momentum of our improvement efforts to date. The plan includes challenging but realistic targets for improvement, identifies the initiatives that we have planned to help us achieve those targets and, outlines how executive compensation is linked to the achievement of the targets that we have set. Our initiatives and targets are chosen based on the needs of SJCCC and its patients and are influenced by a number of resources including CARF's Medical Rehabilitation Accreditation standards, results from our post discharge surveys, and Staff Satisfaction surveys, our operational plans, and critical incident and reportable incident data.

*CARF is a private, non-profit organization that accredits health and human services across the lifespan and continuum of care.

For 2020/21, we aim to:

- 1. Focus on the following indicators suggested by HQO utilizing our own in house data:**
 - a. Patient Experience: *"Did you receive enough information from staff about what to do to manage your condition after leaving our facility?"*
 - b. Patient Experience: *"I would feel comfortable recommending St. Joseph's Continuing Care Centre to friends or family"*
 - c. Alternate Level of Care: *% of days in the facility at all levels of care designated ALC*
 - d. Workplace violence: *number of incidents reported*
 - e. Smooth transition at discharge: *Discharge summary sent from hospital to community care provider within 48 hours of planned discharge*
- 2. Improve patient and staff safety** by improving performance related to staff immunization levels and compliance with our internal immunization policy; and, increasing the percent of staff with a current mask fit-test on file.

3. **Optimize our organizational effectiveness** by addressing challenges related to staff attendance; improving staff satisfaction; and effective utilization of resources.
4. **Promote an integrated and patient-centred approach to care** by continuing to educate our staff about ethical decision making; continuing to provide spiritual and religious care services and programming; monitoring patient experience using surveys and Patient Rounding sessions; and, strengthening our community partnerships.

QI Achievements from the Past Year

Rehabilitation (Class E) Designation

In January 2019, SJCCC received confirmation from the Ministry of Health (MoH) that 48 of our 64 beds were converted to a rehabilitation designation. Value stream mapping was completed to map out the process for implementing the National Rehab Reporting System (NRS), as well as the Bedded Levels of Care from the Definitions Framework developed by the Rehabilitative Care Alliance. This has been a tremendous stepping stone for SJCCC towards achieving our goal of become Sudbury's designated rehabilitation hospital.

Accreditation

St. Joseph's Continuing Care Centre has earned a Three-Year Accreditation through CARF. This is the 3rd time the hospital has been accredited through CARF. Demonstrated areas of strength include:

- The Board of governance and senior leadership have created a visionary strategic plan that has been collaborative at all levels of persons served.
- Senior leadership keeps an open line of communication with the board of governance. The board members maintain a presence at the organization and contribute discussions around strengths, weaknesses, and opportunities to move SJCCC to its next initiative.
- The mission, vision, and values are well imbued throughout the organization and serve as the core for its delivery of care.
- The executive leadership demonstrates an energetic enthusiasm for caring for the health needs of underserved and vulnerable populations of the Greater Sudbury community. This enthusiasm ignites the entire senior team, as evidenced by the multiple committees its members serve on under the Ontario Ministry of Health.
- The finance department and senior leadership are commended for the work they are doing to evaluate opportunities for cost savings by centralizing services within their organization and engaging with corporate buying groups and co-ops that have provided cost savings without impacting the quality of the service they desire.
- The organization has integrated training, education, and mentoring to provide for succession planning, utilizing its Caring Beyond the Moment Program.
- The architectural design has provided for spacious rooms with an inviting view to enhance the patient's comfort and provide for a healing environment.
- Patients report a high level of satisfaction with their care, including medical, nursing, and therapy. In particular, they note the dedication of staff members who are attentive/responsive to their needs and the comforts of the hospital, especially the good food.
- The customizable patient goals in the electronic medical record are brand new to the organization but a commendable addition that highlights the organization's dedication to patient-centered care.
- The staff's dedication and energy are strengths of the organization, and so is its enthusiasm for new initiatives, most notably the Dementia Strategy project.

Collaboration & Integration

SJCCC's inter-professional team collaborates with its community partners to identify and resolve challenges within the health care system. Our partners include:

- Ministry of Health
- Ministry of Long Term Care
- Ontario Health
- Northeast Local Health Integration Network (NE LHIN)
- Ontario Hospital Association
- Health Sciences North (HSN)
- Northeast Specialized Geriatric Centre (NE SGC)
- Extendicare York – Convalescent Care Program (CCP)
- Providence Health Care
- Independence Centre and Network (ICAN)
- Toronto Rehabilitation Institute
- Alzheimer Society
- Public Health Sudbury & Districts
- Northern Ontario School of Medicine (NOSM)
- Post-Secondary Institutions including: Laurentian University, Cambrian College, Collège Boréal

As a result of these collaborations, SJCCC continues to play a vital role in the health care system through our rehabilitative care programs, one which develop individual goals for discharge, provide support during medical recovery and provide rehabilitative care to transition patients back to independent living or to a lower level of care. This rehabilitative care:

- Improves the flow of patients through the system;
- Decreases the number of ALC patients in the system;
- Decreases number of clients awaiting long-term care; and
- Decreases length of stay in acute care.

In 2020/21, we will continue to work with our partners to enhance inter-organizational relationships and services within the regional continuum of care.

Ontario Health Teams

St. Joseph's Continuing Care Centre was one of 37 organizations in the Sudbury area that endorsed a readiness self-assessment to complete a full application for an Ontario Health Team (OHT). The Ministry of Health invited the Sudbury OHT (ESSDHT) to submit a full application by October 9th 2019. In order to ensure a foundation built on partnership and collaboration, the contributing organizations determined that more time was required and opted to submit a full application on December 19, 2019. The process for developing the full application included leaders and expert resources from across St. Joseph's Continuing Care Centre programs and services.

In year one the ESSDHT will focus on improving support for persons living with dementia (PLwD) and a significant comorbidity. The number of persons living with dementia in the Sudbury District is estimated to be approximately 1,655 individuals, plus their caregivers. This population was chosen because of the high degree of complexity inherent in the dynamics of a diagnosis of dementia and the impact of that care journey on one's family and loved ones. There is a recognition that there is a demographic imperative for improving "senior friendly care" strategies across our system and ensuring older adults are able to age in their place of choice for as long as they choose. In addition, PLwD was identified as the Year 1 focus because we are confident about our ability to develop system improvements to better support improved outcomes and the experience of care for individuals, their families, and health care providers.

In the first year of the ESSDHT, collaborating organizations have committed to developing a common Quality Improvement Plan for our OHT. The collaborating organizations will participate in the development of a data governance model and evaluation framework that will support partners to collect, analyze and share data, as well as communicate agreed upon performance outcomes. The OHT members will identify shared resources and expertise that will leverage the strengths of all organizations, such as data analytics, decision-support and reporting.

The table below identifies the priorities and outcomes in improving the care for persons living with dementia.

Priority	Outcomes
Improved transitions	All OHT patients will experience more successful and streamlined transitions across all care services and service providers, leading to patients receiving care at the right time, and in the more appropriate setting
Timely Access to Care	Patients will receive timely access to the right care in the right place, promoting optimal outcomes
Care Coordination, Dedicated Resources, Leverage Best Practice and Learning	There will be dedicated care coordination resources that use best practice guidelines and learnings to provide care coordination that benefits the providers as well as the patients and caregivers
Patient and Family Engagement	Patients and families will be engaged throughout health care planning, delivery and throughout their care journey as an equal member of the care team (involved in all levels of OHT as partner)

Access to the Right Level of Care – Addressing ALC Issues

- Work is underway with system partners to align the bedded levels of rehabilitative care with the Bedded Levels of Care Framework from the Rehabilitative Care Alliance. This will ensure that all patients with modifiable functional decline are offered an appropriate level of rehabilitative care.
- An ALC escalation process is in place to ensure ALC designation is only used as a last resort. Prior to designating a patient ALC-LTC, the interprofessional team, including the Care Coordinator, provides education to the patient and family regarding the process for applying for long-term care, the waitlist process, and the benefits of selecting more than one home.
- SJCCC is a new member of the NE LHIN Repatriation Committee, which will assist in streamlining the process for repatriating our patients back to their home hospital following their rehabilitation.
- The SJCCC Patient Flow Coordinator works closely with the inpatient teams and the Bed Utilization Department at HSN to identify potential patients for rehabilitative care, visit the patients on-site to complete the admission assessment, and provide on-the-spot education about our programs, restorative potential, and rehabilitation.
- 1.6 FTE Care Coordinators from Home and Community Care are embedded in our organization to assist with arranging services in the community in preparation for discharge.
- A Geriatrician is available on consult, a Care of the Elderly Physician is the Most Responsible Physician for an 8-bed assignment, and a Psychiatry referral process is in place with Providence Healthcare in Toronto. This access to specialist services will assist in addressing patient needs in a more timely manner, potentially decreasing length of stay.
- 2 full time Social Workers are in place at SJCCC.
- VP Clinical Services sits on the Sudbury Right Place of Care Committee to discuss system solutions to ALC challenges
- Staff from SJCCC collaborated with system partners to complete the ALC avoidance framework for post-acute care and address the identified gaps

Patient Engagement

The organization actively engages patients and families and utilizes feedback provided to assist in the development of the QIP change ideas. We gather information and implement changes based directly on the results of our Patient Discharge Survey, Family Discharge Survey, Barthel Post-Discharge Survey, one-to-one discussions with patients via Patient Rounding and by inviting patients and/or families to share their experiences with the Board of Directors.

Virtual Care

The Ontario Telemedicine Network is used routinely to access off-site specialists in our community and in Southern Ontario.

Workplace Violence Prevention

The organization is committed to the prevention of workplace violence and to providing a working environment free from violence. Our Workplace Violence Prevention policy identifies the definitions of workplace violence and the roles and responsibilities of each employee and each level of management in the organization for prevention and corrective action. Workplace Violence incidents are reviewed by Administration at the Quality Committee of the facility and the Joint Occupational Health and Safety (JOHS) Committee as they occur. These incidents are also reviewed by the Senior Leadership Team for discussion of risk, or recommendations regarding further steps in resolution and prevention. Information from the Quality Committee is reviewed quarterly at the Quality Committee of the Board to make the Board aware of the items being addressed by the Quality Committee of the facility.

In 2019, the Workplace Violence policy was amended to reflect the need to complete the Violence Assessment Tool (VAT) for every new admission, quarterly, and with significant change. The introduction of the VAT, and the accompanying signage, is in alignment with the guidance document on workplace violence released by the Public Services Health & Safety Association, and has been endorsed by the Ministry of Labour, the Ministry of Health and the Ministry of Long-Term Care.

The Management Team understands the need for its commitment and assures that it will make every reasonable effort to provide a safe and healthy work environment that meets or exceeds the legislative guidelines.

In addition:

- Workplace Violence policies and education are reviewed and completed annually;
- GPA (Gentle Persuasive Approach) training is provided 9 months out of the year and as part of the general orientation process for new hires;
- A Workplace Violence survey is completed annually;
- Whistleblower Protection policy/procedure is reviewed annually;
- Workplace Violence reports reviewed at the JOHS meetings; and
- Any safety concerns can be brought forward to any JOHS member and/or the committee.

Contact Information

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Performance Based Compensation

Our Pay for Performance Compensation policy outlines how our executives are held accountable for achieving the targets set in our Quality Improvement Plan. The executives who are accountable for our performance are the:

- Chief Executive Officer;
- Vice President Corporate Services/Chief Financial Officer;
- Vice President Clinical Services/Chief Nursing Officer; and,
- Chief of Staff.

10% of each executive's compensation is linked to performance as follows:

Quality Dimension	Quality Indicator	Weighting
Effectiveness	Total Margin (consolidated)	2%
Patient-centered	Patient Experience: Percent of Patients who would recommend the facility to others	2%
	Patient Experience: "Did you receive enough information from staff about what to do to manage your condition after leaving our facility?"	2%
Safety	Hand hygiene compliance before patient contact	2%
Timely	Discharge summary sent from hospital to community care provider within 48 hours of planned discharge	2%
Total		10%

Achievement of all targets would result in 100% payout. Attainment below 100% will result in payout as outlined in our Pay for Performance Compensation policy.

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

André Durette



Quality Committee Chair

Marion Briggs



Chief Executive Office

Jo-Anne Palkovits


