

Let's Make Healthy  
Change Happen.



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



**3/12/2018**

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)

## Overview

Dom Lipa point of care staff and management are committed to continuously improving the quality and safety of the care and services we deliver to our residents. Our Quality Improvement Plan (QIP) is an important element in supporting the 2016-2019 Mississauga Halton Integrated Health Service Plan "Partnering for a Healthy Community".

Our chosen QIP indicators are aligned with our Long Term Care Services Accountability Agreement (L-SAA), and reflect Dom Lipa's responsibility to identify areas and processes in which we have the potential to achieve a substantial improvement in our work and care practices.

For the 2018-2019 QIP, Dom Lipa will focus on the following quality indicators:

- \* minimizing unnecessary and potentially avoidable emergency department visits
- \* minimizing inappropriate use of psychotropic drugs in the Long Term Care Home
- \* improving the resident experience and monitoring their overall satisfaction

## Describe your organization's greatest QI achievements from the past year

Dom Lipa's best quality improvement in the past year was continuing our focus on reducing the use of anti-psychotic medications in residents without a diagnosis of psychosis. For some residents anti-psychotic medications improve quality of life and reduce suffering while for other residents without a true diagnosis of psychosis these drugs may bring more risks than benefits. Through collaboration with our physicians, pharmacist, point of care staff, families and residents we were able to maintain our 2017/18 performance level and currently we are at of 23.08%. BSO team has significantly assisted the home with helping to minimize the risks associated with using anti-psychotics in the elderly.

## Resident, Patient, Client Engagement

The resident and family involvement is a critical component of an effective health system design. For the resident-centered care approach the residents, families, caregivers and community need the opportunity to provide meaningful input into the way the care and services are delivered in our Home. Through our annual Resident and Family satisfaction survey and monthly Resident and Family Council meetings, we aim to provide a valuable forum to hear from all of our stakeholders.

## Collaboration and Integration

Dom Lipa has incorporated the Ministry of Health and Long Term Care priorities of integration and continuity by designing improvement strategies which demonstrate Dom Lipa's commitment to work with system partners to achieve improved quality, both within and beyond our homes walls. For example, partnering with MHLHIN, NPSTAT program, BSO, Public Health, LEAP, CAMH to name a few.

## Engagement of Clinicians, Leadership & Staff

Dom Lipa is committed to quality improvement at all levels within the organization. Our governance structure ensures that quality improvement discussions occur with representation from all our clinicians and administration. Our Continuous Quality Improvement Committee (CQI) enables broad consultation and engagement from across the organization for input into a coordinated quality agenda. These discussions are reported to our Board of Directors and Professional Advisory Committee (PAC).

## Population Health and Equity Considerations

Dom Lipa is an ethno-specific Long Term Care home that caters to the Slovenian residents.

We are fortunate to be able to communicate to our residents in their native Slovenian language, both written and orally. Keeping our Slovenian language and heritage at the forefront is essential to address the needs of this unique population.

We have found that communicating in Slovenian greatly benefits our residents living with dementia. We have experienced reduced responsive behaviours, which in turn reduces injuries to our residents and staff and results in creating a safer workplace and home for all.

Work will continue on incorporating basic Slovenian language modules into orientation and training materials in order to provide staff with a resource that will enhance their communications skills with residents.

### **Access to the Right Level of Care - Addressing ALC**

Our Home is small, but our hearts are big and when the Home begins the redevelopment of our "C" beds, it will have an opportunity to discuss bariatric clients in the mix which will help address the ALC issues with the sector.

### **Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder**

Dom Lipa incorporates priorities of the Ministry of Health and Long Term Care, such as the Ontario Narcotic Strategy, by designing strategies within the Home to achieve quality improvements.

Dom Lipa recognizes opioids use may have potential negative impact on the residents' overall health.

We are committed to minimize residents' opioids use through collaborative work across the home and through partnership with outside resource teams (Pain Management Consultants, CAMH, Palliative Care teams and Physiotherapy services). We are committed to provide the best pharmacological treatment options available within the home and to manage symptoms through non pharmacological therapies and approaches.

### **Workplace Violence Prevention**

Our focus is to provide a safe work and living environment for all our employees, volunteers and residents. Our Behavioural Support Staff (BSO) funded by the MHLHIN continue to train and support direct care staff to identify and respond to residents with dementia who have the potential to cause harm to staff, volunteers and residents.

All our staff are provided with training upon orientation and annually on responsive behaviours and the Joint Health & Safety Committee tracks and discusses incidents as an ongoing tool to aid in the development of strategies to prevent and or reduce workplace violence throughout the Home.

Our updated Workplace Violence and Harassment Prevention Policy addresses all aspects of safety and prevention of harm.

### **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 / Licensee or delegate \_\_\_\_\_ (signature)

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

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