



Interim Quality Improvement Plan (QIP)

Saint Luke's Place Long-Term Care Workplan

July 11, 2022



THEME I: Timely and Efficient Transitions- A high-quality health system manages transitions well, providing people with the care they need when and where they need it.

Indicator #1:

Potentially avoidable emergency department visits for long-term care residents	
Priority for: 2022/23	
Quality Dimension	Efficient
Direction of Improvement	Reduce (lower)
Type	Priority
Description	Number of ED visits for modified list of ambulatory care-sensitive condition per 114 LTC residents
Unit of Measurement	Rate per 114 residents
Calculation Methods	<p>Numerator: Total potentially ED avoidable transfers (exclusive of LTC residents admitted prior to age 65) x 114</p> <p>Denominator: Population of LTC residents (exclusive of LTC residents admitted prior to age 65)</p>
Risk Adjustment	None
Current performance reporting period	April 2021-March 2022
Current performance	39.6% Average of 3.3% per month

Target	14
Target Justification	A multiyear strategy will be utilized to reduce rate closer to current provincial average of 7.5
Data Source	Saint Luke's Place local data collection, CIHI for provincial average
Comments	This indicator supports the Health Quality Ontario priority area of reducing avoidable hospital transfers and the Ontario Health priority area of health system recovery
Change Idea #1: Increase nursing staff attendance for Advance Care Planning and Palliative Approach to Care education sessions	
Methods	Track frequency of education sessions and attendance of nursing staff
Target for Process Measure	We aim to have 5 education sessions throughout the year and 50% of nursing staff attending 1 or more sessions
Comments	Through education, we aim to build confidence in nursing staff to have advance care planning conversations with residents and their families and increase understanding of the palliative approach to care.
Change Idea #2: Health assessment education for registered staff	

Method	Track frequency of education sessions and attendance of registered staff
Target for Process Measure	We aim to have 100% of registered staff attend 1 or more health assessment education sessions throughout the year
Comments	Through education, we aim to maintain and improve health assessments skills of registered staff to reduce avoidable hospital transfers.
Change Idea #3: Registered staff to discuss goals of care with residents/SDM on re-admission from hospital	
Methods	An email through the re-admission distribution list will trigger a goals of care discussion with a registered staff upon discharge from hospital. Documentation of the conversation once it occurs.
Target for Process Measure	We aim to have 100% of residents who are re-admitted from hospital to have a goals of care discussion with a registered staff within 2 weeks
Comments	Re-admission from hospital is a good time to re-establish goals of care with residents and families. Clear understanding of goals contributes to reducing avoidable hospital transfers.

Theme II: Service Excellence- Better experience results in better outcomes. Tracking understanding experience is an important element of quality.

Indicator #2:

Resident Experience: Being able to speak up about the home	
Priority for: 2022/23	
Quality Dimension	Resident-centered
Direction of Improvement	Increase (higher)
Type	Priority
Description	The percentage of residents who responded positively to the following statement: <i>I can express my opinion without fear of consequences.</i>
Unit of Measurement	Percentage of respondents to the question on the annual survey
Calculation Methods	<p>Numerator: Number of LTC Residents/Families who responded either 'Agree', 'Somewhat agree' or 'Disagree' to question on annual survey</p> <p>Denominator: All LTC respondents of annual survey who answered question</p>

Risk Adjustment	None
Current performance reporting period	April 2021 annual survey results
Current performance	52.38% Strongly agree 36.51% Agree 7.94% Neither agree or disagree 3.17% Disagree
Target	100% agree
Target Justification	All residents at Saint Luke's Place have a right to express themselves, as per the Resident Bill of Rights. We aim for all residents to feel safe to do so.
Data Source	Saint Luke's Place annual resident/ family satisfaction survey
Comments	This indicator supports the Health Quality Ontario priority area of resident experience. Saint Luke's Place has developed a resident/family satisfaction survey and do not utilize the InterRAI QOL Survey or the NHCAHPS Long-Stay Resident Survey
Change Idea #1: Hold nursing staff education sessions for resident centered care	
Methods	Track frequency of education sessions and attendance of nursing staff
Target for Process Measure	We aim to have 4 different education sessions throughout the year and 50% of nursing staff attending 1 or more sessions

Comments	Through education, we aim to build capacity within the nursing staff to maintain a resident-centered care approach throughout their daily care
Change Idea #2: Hold registered staff education sessions for resident-centered care	
Method	Track frequency of education sessions and attendance of registered staff
Target for Process Measure	We aim to have 4 different education sessions throughout the year and 50% of registered staff attending 1 or more sessions
Comments	Through education, we aim to support understanding of resident-centered care approach so registered staff can lead by example throughout their daily care.

Theme II: Service Excellence- Better experience results in better outcomes. Tracking understanding experience is an important element of quality.

Indicator #3:

Resident Experience: Having a voice	
Priority for: 2022/23	
Quality Dimension	Resident-centered
Direction of Improvement	Increase (higher)

Type	Priority
Description	The percentage of residents who responded positively to the following statement: <i>I feel that I have an opportunity to be involved in decisions relating to my care</i>
Unit of Measurement	Percentage of respondents to the question on the annual survey
Calculation Methods	<p>Numerator: Number of LTC Residents/Families who responded either 'Agree', 'Somewhat agree' or 'Disagree' to question on annual survey</p> <p>Denominator: All LTC respondents of annual survey who answered question</p>
Risk Adjustment	None
Current performance reporting period	April 2021 annual survey results
Current performance	26.98% Strongly agree 31.75% Agree 34.92% Neither agree or disagree 3.17% Disagree 3.17% Strongly disagree
Target	100% stongly agree/ agree
Target Justification	All residents at Saint Luke's Place have a right to be fully involved in their plan of care, as per the Resident Bill of Rights. We aim to have 0% of residents disagree with the question

Data Source	Saint Luke's Place annual resident/ family satisfaction survey
Comments	This indicator supports the Health Quality Ontario priority area of resident experience. Saint Luke's Place has developed a resident/family satisfaction survey and do not utilize the InterRAI QOL Survey or the NHCAHPS Long-Stay Resident Survey. Our question on the Saint Luke's Place survey closely representing HQO priority indicator 'Do residents feel they have a voice and are listened to by staff?'
Change Idea #1: Review annual satisfaction survey question	
Method	Survey questions will be reviewed by the Long-Term Care Administrator and aligned with departmental key performance indicators, organizational strategic directions, and Health Quality Ontario priority areas.
Target for Process Measure	Resident council will be consulted at least once by the Long-Term Care Administrator as part of the review of questions. All questions in the survey will be reviewed 1 month prior to implementation in September 2022
Comments	Collaboration with resident council and alignment of annual survey questions with departmental, organizational, and health system priorities will strengthen the quality of the survey questions and subsequent overall results.

Change Idea #2: Include a question on the annual satisfaction survey that indicates if it is the resident or family member on the residents behalf completing the survey	
Methods	Include question on the 2022 survey that indicates, anonymously, who is completing the survey, the resident or family member on their behalf
Target for Process Measure	Include this question on the 2022 satisfaction survey. 100% of respondents indicate if it is the resident or the family member of a resident completing the survey
Comments	Determining the stakeholder group providing the feedback will help Saint Luke's Place understand the perspective and how best to approach the actions in response to the feedback.

Theme II: Service Excellence- Better experiences results in better outcomes. Tracking and understanding experience is an important element of quality.

Indicator #4

Resident Experience: Recommending Saint Luke's Place	
Priority for: 2022/23	
Quality Dimension	Resident-centered
Direction of Improvement	Increase (higher)

Type	Custom
Description	The percentage of residents who responded positively to the following statement: <i>I would recommend Saint Luke's Place to family and friends</i>
Unit of Measurement	Percentage of respondents to the question on the annual survey
Calculation Methods	<p>Numerator: Number of LTC Residents/Families who responded either 'Agree', 'Somewhat agree' or 'Disagree' to question on annual survey</p> <p>Denominator: All LTC respondents of annual survey who answered question</p>
Risk Adjustment	None
Current performance reporting period	April 2021 annual survey results
Current performance	61.90% Strongly agree 23.81% Agree 14.29% Neither agree or disagree 0% Disagree
Target	95% Agree & 0% Disagree
Target Justification	A high level of satisfaction in response to the question indicates how respondents would feel about their loved ones living at Saint Luke's Place. This question indicates Saint Luke's Place is a desirable place to live and is one measure that reflects future financial strength and sustainability of Saint Luke's Place, which is

	an organizational strategic direction. A target of 95% Agree is set to strive for improvement from the 2021 satisfaction survey results.
Data Source	Saint Luke's Place annual resident/ family satisfaction survey
Comments	This indicator supports the Health Quality Ontario priority area of resident experience.
Change Idea #1: Identify and include a resident, a family member, a PSW and a registered nurse/practical nurse on the CQI committee	
Method	Chair of CQI Committee to seek out members from Saint Luke's Place, approach with regards to joining the committee, educate about QI and communicate roles and responsibilities.
Target for Process Measure	100% attendance at all quarterly meetings in 22/23, Q2-Q4
Comments	Chair of CQI to request to attend resident and family council to present opportunities and seek involvement. Co-designing quality improvement recommendation with organizational stakeholders will enrich the quality improvement process with resident, family member, PSW and nursing perspectives with the goal of improving the quality of care and life for residents at Saint Luke's Place.
Change Idea #2: Increase Saint Luke's Place presence on social media	
Methods	Wellness Committee team will test different types of social media posts on Facebook, Twitter and Instagram and determine most

	effective types indicated by the number of likes, follows and re-shares the posts receives.
Target for Process Measure	Minimum 10 new followers each quarter in 22/23
Comments	Consistently promoting the good work being done at Saint Luke's Place will increase and maintain awareness and engagement of the home. Recognizing and telling stories of moments of joy at Saint Luke's Place will increase connection and pride in the home and therefore overall satisfaction with the home and services provided.

Theme III: Safe and Effective Care

Indicator #5

Percentage of long-term care home residents not living with psychosis who were given antipsychotic medications	
Priority for: 2022/23	
Quality Dimension	Safe
Direction of Improvement	Reduce (Lower)
Type	Priority

Description	This indicator measures the percentage of residents without psychosis who were given antipsychotic medication in the seven days preceding an assessment.
Unit of Measurement	Percentage
Calculation Methods	<p>Numerator: Number of LTC Residents who meet the inclusion criteria in each quarter or reporting period</p> <p>Denominator: Sum of the number of residents who meet exclusion criteria in each quarter of reporting period.</p>
Risk Adjustment	None
Current performance reporting period	April 2021- March 2022
Current performance	20.6%
Target	15%
Target Justification	Target reflects local LHIN data and is the lowest rate when comparing local LHIN with province of Ontario (19.3%) and Canadian average (22%)
Data Source	Saint Luke's Place local RAI-MDS data collection and CIHI for LHIN, Ontario and Canada averages
Comments	Inclusion and exclusion criteria set as per Ontario Health, based on RAI-MDS assessment information. Saint Luke's Place has consistently performed well-below the regional, provincial, and

	Canadian averages. This is a positive result and indicates the programs in place are effective to manage potentially inappropriate use of anti-psychotic medication. Data will continue to be tracked as per the Ontario Health priority area; however, no change ideas will be implemented as performance has exceeded expectations for more than 5 years.
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Theme III: Safe and Effective Care

Indicator #6

Potentially avoidable urine specimen collection for laboratory testing	
Priority for: 2022/23	
Quality Dimension	Safe
Direction of Improvement	Reduce (Lower)
Type	Custom
Description	Percentage of urine specimens collected and sent to laboratory due to suspected urinary track infections (UTI) that returned a report indicating no infection of the urinary track.
Unit of Measurement	Percentage of all urine specimens collected due to suspected UTI
Calculation Methods	Numerator: Urine specimens sent to laboratory and returned with no indication of UTI

	Denominator: All urine specimens sent to laboratory due
Risk Adjustment	None
Current performance reporting period	April 2021- March 2022
Current performance	33.6%
Target	25%
Target Justification	Balance reduction of potentially avoidable urine specimen collection sent for laboratory testing with potential risk of untreated urinary tract infections. 100% accuracy is not reasonable when erring on the side of caution when deciding to collect and send a urine specimen in a vulnerable population. A multi-year strategy will be implemented to allow for assessment of efficacy of change ideas prior to decreasing target.
Data Source	Saint Luke's Place local data tracking
Comments	Reduction of unnecessary laboratory use supports the Ontario Health priority of health system recovery. Reduction in the percentage of this indicator may also contribute towards reducing unnecessary use of antibiotics and subsequent antimicrobial drug resistance. A multi-year strategy will be implemented for this indicator to ensure change ideas do not have unintended consequences.

Change Idea #1: Implement UTI assessment tool in PCC	
Methods	Track use of the Assessment for UTI tool in Point Click Care (PCC) prior to collecting urine specimen when there is a resident with a suspected UTI
Target for Process Measure	100% of registered staff-initiated urine specimens collected will have completed Assessment for UTI in PCC, prior to collection, with an indication of the need for laboratory testing
Comments	Assessment for UTI tool is not used when MD order a urine specimen collection for laboratory testing. The tool is used when registered staff or PSW identify a suspicion of UTI, prior to specimen collection. The tool will indicate the next course of action.
Change Idea #2: provide education on aging urinary system physiology, continence care, signs & symptoms of UTI in older adults, and hydration maintenance	
Methods	Track frequency of education sessions and attendance of nursing staff
Target for Process Methods	We aim to have 5 education sessions throughout the year and 50% of nursing staff attending 1 or more sessions
Comments	Through education, we aim to improve the assessment process prior to urine specimen collection. More effective assessment shall contribute to the reduction of potentially unnecessary urine

	specimen sent to laboratory. In addition, through education, we aim to support excellent continence care and prevention of UTIs.
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Theme III: Safe and Effective Care

Indicator #7

N95 Mask-fit Testing for organizational employees	
Priority for: 2022/23	
Quality Dimension	Safe
Direction of Improvement	Increase (higher)
Type	Custom
Description	Percentage of employees who have a valid mask-fit test certification
Unit of Measurement	Percentage of all current and active employees
Calculation Methods	<p>Numerator: all current employees who are actively working at Saint Luke's Place with a valid mask-fit test certification</p> <p>Denominator: all current employees who are actively working at Saint Luke's Place</p>
Risk Adjustment	None

Current performance reporting period	April 2021- March 2022
Current performance	Q1:52% Q4: 78%
Target	100%
Target Justification	All employees shall have a valid mask-fit test certification for use in airborne illness isolation room and in the event of an airborne infectious disease outbreak in the home. Proper mask-fit use will decrease the risk of staff exposure and subsequent infection as well as reduce the risk of transmission to a resident, family or co-worker.
Data Source	Saint Luke's Place local data tracking
Comments	Due to the lack of availability of external mask-fit testing certification, Saint Luke's Place invested in necessary equipment that meets a high standard of efficacy for mask-fit test certification. Three employees were trained to be mask-fit testers to accelerate rate of staff members certified and to maintain the initiative on an ongoing basis
Change Idea #1: Conduct in-house mask-fit testing monthly to ensure valid certification of all new employees and those with expired certification	
Methods	In-house mask-fit testers perform certification once per month for all new and returning employees and those with

	expired/expiring certification. Data tracking supported by human resources.
Target for Process Measure	100% of active employees mask-fit certified
Comments	Mask-fit testing clinics to be held monthly by IPAC lead. Every effort will be made to consolidate all employees required to mask-fit testing for the month onto one clinic day. However, at times there are employees who will not be scheduled to work on mask-fit testing clinic days and accommodations will need to be made.
Change Idea #2: Tracking employee's model type of N95 mask they are certified for and ensure stock of adequate supply	
Methods	Cross reference N95 supply tracking lists with employee mask-fit test certification model specifications lists to ensure adequate supply of appropriate mask types in the event of an airborne infectious disease outbreak occurs.
Target for Process Methods	Maintain a 1-week supply of N95 mask model type for employees fit to each model type.
Comments	If a model of N95 mask is no longer available from suppliers, employee mask model type specification list will need to be reviewed and re-testing for a new model type may be required.