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Change Happen.



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



**Yee Hong Centre
For Geriatric Care**

頤康中心

Date Submission: March 2018

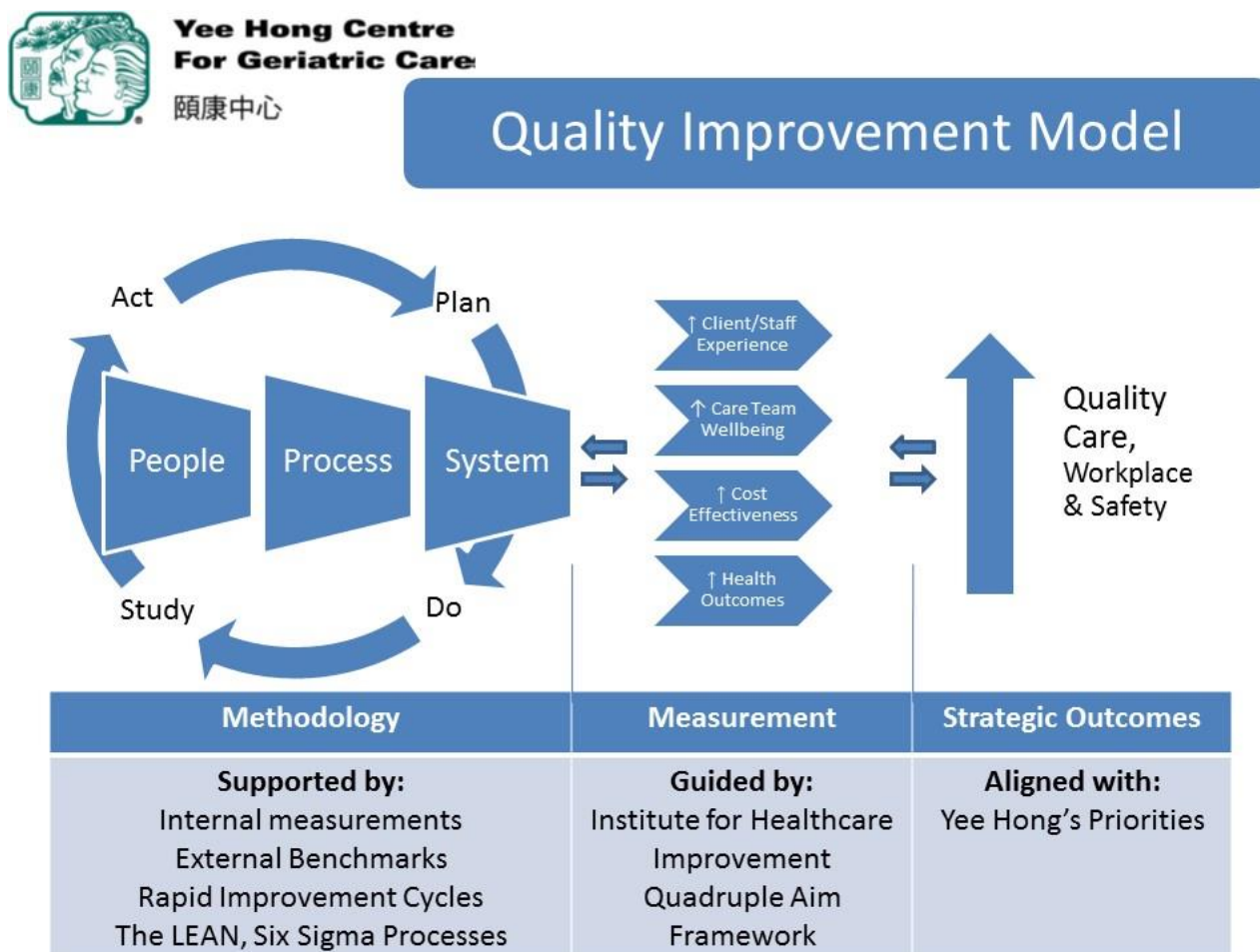
This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with 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.

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Overview of Our Organization’s Quality Improvement Plan (QIP)

Overview:

Yee Hong's vision is to be the model of excellence in culturally appropriate seniors' care. A Quality Improvement (QI) Model has been developed to guide Yee Hong's quality improvement and client safety planning and initiatives. The QI model is based on four principles: evidence-based, client-centered, provider-informed and corporately aligned. Supported by analytical processes and using 2017 surveys results, Yee Hong has determined a strong association between (a) employee engagement and employee satisfaction; and (b) employee satisfaction and resident/family satisfaction. Furthermore, Yee Hong has identified key factors that could predict the level of job satisfaction for various groups of employees. Guided by these findings, Yee Hong incorporates the well-established Institute for Healthcare Improvement QI processes and the Quadruple Aim Framework to ensure that Yee Hong's quality improvement, client safety and employee engagement initiatives will positively realize health outcomes, client experience, cost effectiveness and care team well-being. The model depicts quality improvement as an integrated and continuous process that will be adjusted according to outcomes meaningful to Yee Hong's strategic directions and goals. The following diagram provides a visual depiction of the model and its components.



QI Achievement from the Past Year:

Subsequent to being recognized by Accreditation Canada with exemplary standing in November 2016 and in pursuit of excellence, the Quality Committee of the Board inaugurated the initial phase of a client engagement journey in February 2017. Over the four quarterly meetings, the Board Quality Committee convened a meeting at each of the four sites and extended invitation to the Resident and Family Council Chairs to engage them in open dialogues about quality improvement. These have proven to be an invaluable experience for all involved. In 2018, the Board Quality Committee will embark in phase two of the client engagement journey.

Yee Hong's 2017 resident satisfaction surveys yielded excellent results in the following areas: over 94%% of residents would recommend our homes; 97.5% felt they could express their opinion without fear and 99.2% felt staff treated them with respect and dignity. Similarly, we received very encouraging results in the 2017 family satisfaction surveys with 99.3%% of family

members stating they would recommend our homes to others. We are very proud of these results. We will continue to ensure our residents feel that they have a voice and feel that our staff listen well to them.

Last year, Yee Hong has established four divisional quality improvement plans for the 4 Long Term Care Homes to reduce the occurrences of (1) falls, (2) worsening of pressure ulcers, (3) use of restraints, (4) use of antipsychotic drugs, (5) worsening bladder control, (6) potentially avoidable Emergency Room visits, and to enhance client and family engagement. Instead of using the more common provincial averages as targets, we aimed to meet the available HQO benchmarks on clinical outcomes. Each home has implemented specific actions according to the work plan. Implementations were supervised by the divisional management teams and quarterly progress reports were presented to the Corporate Quality Council. Current clinical outcome indicator results showed that Yee Hong continues to perform better than the provincial averages and around the HQO benchmarks. In particular, the use of physical restraints and the avoidable transfer to hospital emergency departments were substantively better than HQO benchmark and/or Ontario average.

In terms of resident/client and family engagement, due to the lack of baseline data from HQO or provincial averages, we are collecting our own data to determine our performance. For the Social Service Division, Yee Hong has also adopted the same QIP framework to develop a quality improvement work plan for the community and home support services to monitor the clients' cognitive functions, moods, caregiving competency and safety. The 2017 Employee Engagement Composite Score (based on 6 dimensions) was 66% versus 58% amongst average healthcare organizations. Yet, over 86% of the employee recognized Yee Hong as great place to work compared with 77% amongst average healthcare organizations. Similarly, in the 2017 satisfaction surveys, nearly 99% of both the residents and families would recommend Yee Hong to others.

In April 2017, a Yee Hong poster entitled "Leveraging Pallium Canada's LEAP (Learning Essential Approaches to Palliative Care) LTC Course to Catalyze Commitment to Change and to Drive Improvement at the Yee Hong Centre for Geriatric Care through Supportive Leadership" was presented at the Hospice Palliative Care Ontario Annual Conference.

On October 24th, 2017 at the annual Health Quality Transformation Conference, Yee Hong was one of the eight teams recognized for the 2017 Minister's Medal Team Honour Roll. With over 100 submissions across Ontario, two of Yee Hong's Abstracts have been accepted for podium presentation at the AdvantAge Ontario Annual Convention, in April 2018. These presentations are entitled: (a) Utilizing the National Health Service (NHS) Sustainability Model to Build and Sustain Change in the Behavioural Supports Ontario (BSO) Central East Local Health Integration Network (LHIN) Program; and (b) How to maximize the value of Resident/Family/Employee surveys by design.

Alternate Level of Care:

We have adopted an upstream approach to reduce the number of avoidable hospital transfers. We collaborated with the Nurse Practitioners as early as possible to manage clinical problems that may lead to hospitalization. We have adopted an interprofessional collaboration approach in our care programs to ensure our residents are cared for in the most appropriate and effective manner to reduce avoidable emergency department transfer and hospitalization. The end of life care program aims to promote optimal symptom and pain management to reduce suffering and to improve communication with residents and family members in accordance with the goals of care so they will not request last minute hospital transfers. We have service contracts with specialists so problems can be managed early to avoid complications. We collaborate with the Home and Community Care of the LHINs to admit appropriate residents to our home when beds become available. In the community, our home support program provide prompt services to clients discharged from hospital within 24 hours to reduce readmissions due to lack of support. The caregiver support program aims to educate family caregivers in the successful caring of the seniors in the community and to provide group support to them to prevent their burnt out.

In October 2017, the Yee Hong Board has approved to establish a residential hospice care facility at the Scarborough Finch location. The facility is expected to operate in March 2019. With this new program, Yee Hong will be able to provide more service across the care continuum for the Scarborough Community.

Yee Hong is committed to making a meaningful contribution to the healthcare system at large. Our overall avoidable emergency room visits were substantively better than the HQO benchmark and/or Ontario average.

Engagement of Clinicians, Leadership, and Staff:

Everyone at Yee Hong is a quality and safety champion. Yee Hong has put in dedicated efforts to develop frontline staff, supervisors, managers and senior executives. Supervisors, managers and senior executives are offered and encouraged to enroll in the *OHA Harvard ManageMentor eLearning Program* so they can participate in self-learning. We continue to apply the "Just Culture" framework to ensure a systemic approach in the understanding of adverse events, consistently consoling and coaching staff and fairly applying corrective discipline when indicated. From the 2017 Client/Family Centred Care and Safety Culture Survey, the Just Culture composite index has improved by 51% from 23.8% in 2015 to 35.9% in 2017. Nevertheless, 88% of the employee responded that "after a serious error has occurred, we think about how it came about and how to prevent the same mistake in the future". Similarly, comparing the 2017 and 2015 Employee Engagement Survey, the Employee Engagement composite index has improved 14% from 57.8% to 65.9%; though, 79.5% and 95.3% of the employee rated YH as a place to work and would recommend YH to their friends and families who require long-term care.

Workshops on topics such as safe and correct use of lifting devices, patient assessment, medication safety, gentle persuasive approach, infection prevention & control, as well as, health & safety were provided on a regular basis to ensure our staff at all levels are equipped with appropriate skills and knowledge to do their jobs safely, effectively and efficiently.

Considerable efforts have been made and will continue at all long term care sites in leading clinicians – physicians, nurses, dieticians and pharmacists –to stop using unacceptable abbreviations to prevent resident adverse events.

Yee Hong has begun to embark on a major change in the use of bedrails. Guided by the “Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospital, Long Term Care Facilities, and Home Care Settings” developed by the Hospital Bed Safety Workgroup in 2003, staff received training to assess all 805 current and future residents to reduce risks related to bedrails.

Continued education of our staff is one of our many strategies to safeguard our resident care and to ensure that our services are of high quality. Our staff is engaged in various ways; sometimes through the frontline managers and other times through project work or committee involvement. Staff champions are in place for hand hygiene, end-of-life care, behaviour support, continence care and fall prevention. The Interprofessional Collaborative Council along with the Medical Practice Committee continued to provide oversight to clinical practices and to support clinician collaboration.

The FCH and MSS sites had successfully applied funding from the Ministry to train a total of seven PSWs to be trainers to train up to 75% other PSWs on topics related to person centred care.

As suggested by the Staff Advisory Committee, the theme of 2017 Annual Staff Training “Better Communication – Safe Care” was conceived. Training sessions were scheduled and delivered at all four sites between July and September 2017. A number of media, e.g. videos, self-reading materials, question & answer fact sheets, booth displays, were used to facilitate staff training/learning of both mandatory and non-mandatory topics. The “Five Wanted and Five Unwanted Staff Behaviours” were highlighted and presented through 10 video clips. These videos were the products of effort amongst staff, family members and residents with an objective to improve the staff’s verbal and non-verbal communication and heighten the importance of sensitivity. It was a highly successful initiative.

Population health and Equity:

“With strong roots in Chinese Canadian community, Yee Hong enables Chinese-Canadian and other seniors to live their lives to the fullest – healthy, independent and dignified. “ We provide a continuum of excellent culturally appropriate care to our residents with an average age of 88 in 2017. To better serve the growing number of seniors in our community, we continue to implement actions according to our strategic directions: broadening our range of services, improving the client experience, putting our knowledge to work and maintaining financial sustainability. We have collaborated with our partners in the community to strengthen our palliative and end of life care program to ensure that our residents receive active compassionate care aimed at improving or sustaining their comfort and quality of life in accordance to the goals of care. We started the development of hospice care for end-of-life individuals in the community. We have educated the seniors as well as their family caregivers in the community on the importance of illness prevention and self-management of chronic health conditions and advance care planning. They are encouraged to share their wishes and values with families to avoid issues at end of life due to uncertainties. We continue to provide community and home support services to ensure our seniors age well at home as long as possible.

Providing culturally appropriate care and services to our seniors is Yee Hong’s mission. All along and as much as possible, we translate our informational materials and newsletters in languages appropriate to our residents and clients and we hired staff with the appropriate languages to provide the services. We provide culturally appropriate food and activities to our Chinese, Japanese and South Asian residents. We adopt a person-centered care philosophy in our care to ensure our resident’s preferences are respected. We have service contracts established to provide regular visual, hearing and dental screening to our residents and chiropody services so they will not be disadvantaged by their functional and sensory limitations. Last year, we started to monitor our ability in providing culturally appropriate care through the annual resident, family and client satisfaction surveys. The 2017 resident and family satisfaction surveys informed us that nearly, 80% of the residents and 89% of the family were satisfied with Yee Hong’s ability to provide culturally appropriate services respectively.

Yee Hong also has a Health Equity Committee and policy to guide the development and provision of services. Yee Hong recognizes staff, residents, clients and volunteers may have different opinions or experiences on the use of Traditional Chinese Medicine (TCM). A survey was administered in June/July 2017 to gain insights from these individuals. With over 800 responses, this initial exploratory survey has afforded Yee Hong the ability to gain better understanding of the participants’ attitudes towards TCM.

Patient / Resident Engagement and Relations:

Guided by the Residents/Clients and Family Care Approach recommended by Accreditation Canada, we foster respectful, compassionate, culturally appropriate and competent care that reflects the resident/client’s care needs, values, beliefs and preferences. We meet regularly with them via meeting opportunities such as Resident and Family Councils at each LTC home

and Quality Committee and Focus Groups at the Social Service Division. We conduct resident, family and client satisfaction surveys every year to seek their feedback on our performance. We develop and implement actions according to the survey results. We regularly share care program materials with representatives of the Resident and Family Councils so they can provide feedback and suggestions for improvement. The same materials are shared with the frontline staff so they can reinforce the information if necessary.

We use different approaches to engage our resident/client and families, e.g. informing them how they can be involved in the resident's care, inviting them to participate in our strategic planning, consulting them on the care program development, and seeking their input on relevant care policies. We also monitor their concerns and compliments to evaluate our partnership with them. In 2017, we monitored the following indicators on a quarterly basis to understand our work in person-centered care, timeliness, and equity: (1) number of compliments, (2) number of concerns/complaints, (3) average wait time from application to LTC home admission for non-crisis residents, (4) % 24-Hour care plan completed within 24 hours of admission, (5) % user defined assessments completed within 24 hours of admission, (5) % home support clients who receive services within 24 hours of hospital discharge, (6) % home support clients who received services within 7 days of admission to the program, and (7) % customers who choose Yee Hong due to cultural needs and their satisfaction levels on Yee Hong's ability to provide culturally appropriate care and services.

In the case of the End-of-Life Care Program, two of the four sites to continue benefiting from the invaluable contributions from a member of the Family Council on the Committee. As well, during the individualized resident assessment process to reduce risks related to bedrails, YH engages the resident and members of the family in gaining an understanding and a sense of appreciation of this preventative risk management approach.

Collaboration and Integration

Yee Hong offers a continuum of care to meet the varied needs of seniors. We have a very robust community and home support program which focuses on prevention and maintenance. Staff in the Long Term Care homes adopt an interprofessional collaboration practice to ensure our residents can receive the most appropriate and effective care and services.

The Care Learning website for our clients and families was well utilized by many. A bereavement support group was launched to support the caregivers. Other programs such as chronic disease management programs, active seniors outreach, adult day program, congregate dining, etc. have supported the seniors to age well in the community. Our long-term care homes provide 24hours of medical and nursing care for frail seniors whose complex care needs cannot be met in the community.

On a regular basis, we collaborate with system and community partners to make improvements in client/resident care. Examples of our system and community partners are:

- Behaviour Support Ontario (BSO) teams for residents with responsive behaviours
- Nurse Practitioners (NPs) from the NPSTAT programs or Nurse Led Outreach Teams for the early detection and management of clinical problems to avoid unnecessary emergency room transfers
- Residents First programs to improve continence care, falls and wound care
- Resident Quality Inspection Program to ensure every aspect of care is provided per guidelines of the Ministry of Health and LTC
- Nearby hospitals e.g. The Scarborough and Rouge Hospital, Markham Stouffville Hospital, Credit Valley Hospitals for specialist consultations and referrals.
- Co-leading the ED / LTC Transitions Working Group with the Scarborough and Rouge Hospital in identifying mechanisms to support LTC homes to improve capacity and to reduce avoidable ED transfer
- Public Health to ensure health and safety of the residents as per guidelines and protocols of infection prevention and control
- Working with the U of T Factor-Inwentash Faculty of Social Work in developing the Play Intervention for Dementia model to work more effectively with seniors with dementia and its family members.
- Social Services Division staff participated in the sub-region development process in various LHINs
- Social Services Division worked with academic staff of U of T in research projects on senior services and to deliver guest lectures to the students on a regular basis
- Working with the Hong Kong Polytechnic University, a few Social Services staff contributed a chapter to a text book published in July 2017 to articulate Yee Hong's Continuum of Care model.
- Social Services Division offering practicum placements for Universities in Hong Kong and locally to train social work students
- Social Services Division offering study tours opportunities to Universities and service organizations on senior services
- Social Services of Yee Hong is one of the co-chairs and founders of Chinese Caregiver Network to serve family caregivers of the community. This network advocates changes in policy to support family caregivers
- Social Services Division staff serving different Advisory Committee in various LHINs. For example, Advisory Committee for Chronic Disease Self-Management at Central East LHIN and Advisory Committee for Dementia Strategy at Central LHIN
- Social Services Division staff participated in the Mental Health Initiatives at York Region. Through collaborating with the participating agencies to organize conference and trainings;
- Social Services Division staff participated in the Health Links in various LHINs;

- Partnering with Sinai Health System to support the various training program of the Wellness Centre

Opioids prescribing for the treatment of pain and opioid use disorder:

Yee Hong has completed the review of opioid utilization data from 2015 to 2017. Results suggested that YH is using less opioids than over 100 other long-term care homes serviced by the Yee Hong pharmacy service provider. The recent risk adjusted assessment trends indicated that Yee Hong is performing better than the HQO benchmarks in managing residents’ pain with “Has Pain” indicator at 0.9% and “Worsened Pain” indicator at 4.6%.

Yee Hong’s next step is to conduct chart reviews to determine effectiveness of pain management and the appropriate use of opioid and other analgesics.

Workplace Violence Prevention:

Semi-annually, Yee Hong reports Enterprise Risk Management (ERM) Dashboard to the Board of Directors. As well, Yee Hong has a documented and coordinated approach to monitor, reduce and prevent workplace violence. Steps/measures include:

- Workplace violence prevention program and policy plus supporting policies such as *Respect in the Workplace, Code White, Incident/Injury Investigation, Risk Management, Joint Health and Safety Committee*. The policy includes classifications and strategies for addressing workplace violence, roles and responsibilities, reporting procedures and education and training
- Zero tolerance communications across all divisions
- Risk assessments have been conducted within each division to ascertain the risk of workplace violence
- Process for team members to confidentially report incidents of workplace violence; and investigate and respond to incidents of workplace violence
- Regular reporting to the organization's leaders related to incidents of workplace violence, and actions to improve safety and reduce incidents of violence
- Information and training is provided to employees on the prevention of workplace violence :
 - Corporate orientation and annual training
 - Code white drills are regularly practiced at all Yee Hong Centre sites.
 - Code white awareness has been incorporated into mandatory annual corporate training
 - CPI crisis prevention training
- Code white response teams are in place at Long Term Care Homes; Incident response strategy suited for Social Services is also in place
- Bill 132 – Ontario’s New Sexual Violence and Harassment Legislation – has been incorporated into the Workplace Violence Prevention policy and addressed in the annual staff training
- 2017 Employee Engagement Survey included a related survey question: *My organization takes effective action to prevent violence in the workplace.*



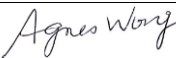

Contact information:

Ivan Ip, Executive Director, McNicoll Centre. Email: ivan.ip@yeehong.com. Phone: 416-412-4571 Ext 2100.

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

Title	Name	Signature
Board Chair	Corinne Wong	
Quality Council Co-Chair	Ivan Ip	
Chief of Staff/Clinician Lead	Agnes Wong	
CEO/Executive Director/Admin. Lead	Eugene Kam	
Other Leadership as appropriate		

References: All Instructions

Overview

Please use the Overview to provide HQO and the public with contextual information about your QIP, including information about broader organizational strategy, key considerations, significant challenges that might influence your QIP. The Overview should also include information about how progress to date, strategic documents (e.g. strategic plan, SAAs), patient/client/resident feedback, and other important inputs have come together to inform this year's QIP priorities, targets, and activities. Put another way, the Overview should help your patients/clients/residents, staff members, and members of the public understand the goals and objectives of your QIP.

Describe your organization's greatest QI achievement from the past year.

Think of this as an opportunity to tell a story about a specific achievement that your organization is proud of - for example, last year we heard from a long-term care home who got their local community to assist with developing a music program for their residents. It should also not be merely a reiteration of the indicators you chose in your quality improvement plan - try to think of it as a "bright spot" that can be shared with other organizations. Consider including information about how patients/clients/residents were engaged or were impacted by this achievement. Have any of these focused on equity, mental health and addictions, palliative care, or mental health? Please provide as much detail as possible to help us understand the significance of this achievement to your organization and the patients/clients/residents you serve. For more ideas about stories, go to the [Query QIPs](#) to read examples from other organization's achievement section. Please also visit the QIP Navigator site to learn about other tools that may help.

Alternate Level of Care (ALC)

Alternate Level of Care (ALC) refers to patients who no longer need treatment in a hospital, but who continue to occupy hospital beds as they wait to be discharged or transferred to another care environment. While the QIP has traditionally included an indicator related to this issue for the hospital sector, ALC is truly a cross-sector challenge. To reflect this and to learn more about what organizations across the system are doing to address ALC, please describe the work that your organization is doing to support ALC initiatives in your region and to ensure that patients have access to the right level of care.

Engagement of Clinicians, Leadership and Staff

Please describe how your organization is engaging your leadership, clinicians, and staff in your QIP. How does staff/clinician experience impact your quality improvement initiatives?

Population Health and Equity Considerations

How has your organization addressed/recognized the needs of unique populations in its quality improvement efforts including, for example, indigenous and francophone communities? How has your organization worked to promote health equity through your quality improvement initiatives?

Patient / Resident Engagement and Relations

There is a spectrum of approaches for engaging patients / clients / residents, including sharing, consulting, deliberating, and collaborating with advisors.

Describe how your organization has engaged your patients / clients / residents in the development and implementation of your Quality Improvement Plan and quality improvement activities over the past year. What do you have planned for the year ahead?

Collaboration and Integration

Many of the indicators in the QIPs can only achieve large-scale improvement with collaboration with other partners. In this section, please describe who your organization is working with to improve integration and continuity of care as your patients move across the system. (For example, how you're working with other sectors to support transitions in care.) If you are part of a Health Link, consider describing how this fits into your quality improvement initiatives related to integration and continuity of care, specifically how you are supporting complex patients as they move across the system. Please provide information about specific partnerships and how they support your QIP and QI initiatives, as well as any successes that you attribute to these partnerships.

Opioids prescribing for the treatment of pain and opioid use disorder

Describe what steps your organization is taking to support the effective treatment of pain, including reviewing opioid prescribing practices and promoting alternatives to opioids. Think about access to addiction services, social services, (sub) populations, etc.

Workplace Violence Prevention

Please describe how workplace violence prevention is a strategic priority for your organization. For example, is it included in your strategic plan, or do you report on it to your board?