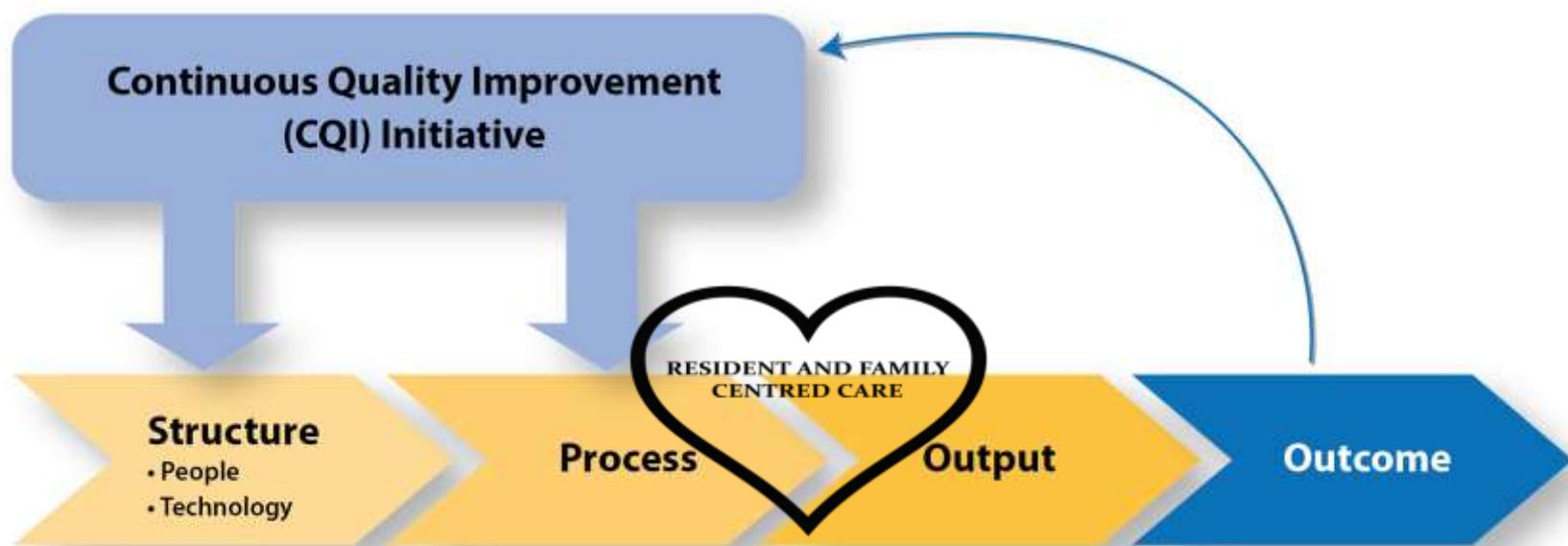


Part I - Integrated Quality Management Framework -2017

The Canterbury Foundation Quality Management Framework is based on the Continuous Quality Improvement Model (CQI): structure, process, outputs and outcomes. At the heart of the quality management framework is resident and family centred care as depicted in the model below.



Part II - Development of the Quality Improvement Plan (QIP)

Quality improvement plans are the key to driving quality in an organization where health care and residential services are provided to seniors. A QIP provides the means to communicate to residents, families, staff and the public about the commitment of Canterbury leadership to quality improvement. It also gives leadership the opportunity to clearly communicate their promise to provide person and family centred high quality care in a safe environment.

In developing the QIP, several questions were addressed:

1. What are we trying to accomplish from a system perspective at Canterbury Foundation? Within the larger Alberta continuing care system?
2. Where are opportunities for improvement in our processes and what gaps exist?
3. How will we know a change is an improvement?
4. What can we do that would result in an improvement?

In developing the 2017 Quality Improvement Plan, we also considered:

- Learnings from the 2016 Quality Improvement Plan including its strengths, weaknesses and findings
- Involving the whole team across the organization in quality and safety
- Setting goals that were clear, measurable and in the case of clinical goals, linked to resident safety
- Addressing our commitment to resident and family centred care
- Ensuring that staff safety efforts are an important component of the QIP
- Using available data, developing other sources and monitoring and fine tuning data
- Including both leading and lagging indicators to facilitate a more effective QIP
- Ensuring that the QIP includes regular reporting to our stakeholders

With this in mind the following goal statements, measure and targets for 2017 were developed and approved by management:

Resident and Staff Safety Goals, Measures and Targets for 2017

Goal 1: Our QI goal is to reduce the number of falls by 40% from the number of falls experienced by residents for the year ending December 31, 2016 compared to the number of falls in the year ending December 31, 2017, in total and by living option. (The baseline is the total number of falls in 2016). A Falls Prevention Strategy was developed and implemented in late 2016 which can now guide our efforts in 2017.

Goal 1 (a) Our QI goal is to reduce the number of falls with injuries or potential injuries that result in transition to an acute care hospital or Emergency Department by 20% by December 31, 2017. This will be compared to the annual number of transitions to the ER or an acute care hospital due to a fall with injury or potential for injury that occurred in 2016. The Senior Care database will be the source of information for falls resulting in injury or potential for injury and resulting in transfer to hospital/ER.

Goal 1(b): As part of our Falls Prevention Strategy, our QI goal is to continue with a falls risk assessment on 100% of new admissions in addition to 100% of those residents identified as high risk for falls (defined as those having 2 or more falls in a month) with an associated intervention. Once assessed, appropriate intervention strategies can be implemented for these residents

Goal 2: Our QI goal is to reduce the number of medication safety incidents by 50% by Dec. 31, 2017. The Senior Care data base and the information it provides to the dashboard will be used to monitor progress to the goal target - monthly and quarterly. Medication safety incidents (including near misses) will be reported on a monthly basis to the Executive Director and Dashboard with quarterly monitoring to the QIC and Board Quality Committee to determine progress to the target. The World Health Organization established a goal in March 2017 to decrease serious medication errors globally by 50%.

Goal 2 (a): Our QI goal is to carry out medication reconciliation on 100% of new Canterbury residents within 24 hours of admission to Canterbury Foundation by December 31, 2017. As part of the review of all medication policies a medication reconciliation policy and process has been established, albeit with considerable external challenges. Enhanced training of all nursing department staff in medication reconciliation procedures will continue throughout 2017.

Goal 2(b): Our QI goal is to complete medication reconciliation on 100% of all Canterbury Foundation residents on AHS homecare medication assistance program using contracted pharmacy (Pharmacare) upon initiation of Pharmacare services and at all points of transition of care. Focusing on Pharmacare clients will enable the pharmacist who has access to Alberta Netcare and physician information to carry out a BPMH using the most accurate information available.

Goal 3: Beginning July 1, 2017, our QI goal is to reduce by 75% the number of residents on antipsychotic medications without an appropriate diagnosis and who are Pharmacare clients. Focusing on Pharmacare clients will facilitate the development of a list of residents using antipsychotic medications each month who can then be reviewed for appropriate diagnosis. A baseline will be established by the end of the second quarter to enable monitoring of this target.

Goal 4: Our QI goal to increase the percentage of residents with a vaccination against both influenza and pneumococcal disease documented in their medical record from 75% to 90% by December 31, 2017. An Outbreak Guideline specific for Canterbury Foundation which aligns with AHS and provides specific action steps in the event of an Outbreak at Canterbury has been developed. The timely efforts of the Director of

Health Services, the nursing department and the pharmacist (including rapid deployment of Tamiflu), the herd effect from the October flu clinic and the exceptional efforts of the housekeeping and dietary departments successfully contained an Influenza outbreak in late February to early

Goal 5: Our QI is to increase the level of hand hygiene compliance by staff from the baseline of 63 % to 75%, approximately a 20% increase, by December 31, 2017. The hand hygiene review/audits will take place on a regular basis throughout 2017. The initial hand hygiene review was carried out in December 2016. To ensure that all members of hand hygiene review committee/team observe and record hand hygiene compliance in the same way, training was provided to the staff members by the Alberta Health Services IPC Team utilizing the provincial hand hygiene “Clean Hands Protocol”. Between Dec. 5 and Dec. 9, seven members of the Canterbury Foundation IPC sub-committee team conducted a hand hygiene review with a target of 50 observations. Compliance was captured by recording all instances when hand hygiene was or was not performed by the health care provider but was required in accordance with the 4 moments of hand hygiene. The analysis of the compliance rates by moments and by health care provider category provided data for developing targeted and appropriate interventions to improve compliance.

Goal 5a) our goal is to complete 3 hand hygiene reviews on a regular basis by December 31, 2017 using the same methodology and tool that was used to establish a hand hygiene compliance baseline in 2016. It is anticipated that these reviews will be carried out in each quarter of 2017 beginning with the second quarter if possible.

- Hand hygiene among staff with proper hand washing technique is the most effective way to reduce the spread of illness within a facility.
- Educational and hand hygiene resources have been dedicated to Infection prevention and control (IPC).
- Isolation carts have been inspected/inventoried and improved with appropriate supplies on the carts.
- Policies and procedures are being updated in compliance with AHS and Qmentum IPC guidelines

Staff Safety Goal, Measures and Target

Goal 6: Our QI goal for staff safety is twofold: a) to decrease lost time measured in days as a result of WCB claims by 25% in December 31, 2017 compared to 2016. (the new HR Director will provide the baseline information comprising days lost due to WCB claims in 2016) ; and b) to decrease the number of staff safety incidents that resulted in WCB claims (and lost work days) from 8 in 2016 to 6 in 2017, approximately a 25% decrease. The data will comprise information collected by the Director of Human Resources with respect to WCB claims and lost time measured in days as a result of WCB claims due to injury sustained in the workplace. The Dashboard is the repository for this

information. Canterbury has implemented programs related to health, safety and wellness and is providing education to staff on health and safety issues particularly those relating to a safe workplace.

Resident and Family Centred Care (Person and Family Centred Care PFCC) Goal, Measure and Target

Goal 7: Our QI goal is to achieve a minimum of one (1) PFCC conference each month of the year in 2017. The data base will be the information provided by Department of Health Services. Resident (person) Family Centred Care is essential to the mission, vision and values of Canterbury Foundation. Resident and Family Centred Care conferences have been initiated by the Social Worker in collaboration with the Director of Health Services. These will continue with increased frequency in 2017 with participation of a diverse range of staff including dietary and housekeeping, facility maintenance, activities and nursing.

Canterbury Foundation also exemplifies its commitment to Resident or Person Family Centred Care by ensuring that Residents are key members of the Quality Improvement Committee, Ethics Committee, and Board Quality Committee. Residents have actively participated throughout 2016 providing valuable feedback. This will continue in 2017.

Goal 8: Our QI goal is to increase by 20% resident satisfaction with meals and the overall dining experience at Canterbury including taste, healthy choices, food temperature, and presentation. The large response of residents in the 2016 resident experience survey (76% in the Manor and 50% in the Court) yielded much useful information through a myriad of helpful resident comments. In response to the 2016 survey, major changes were made in the Food Services Department and a registered dietician was consulted to work with the Executive Chef to implement the suggestions of the residents in accordance with the Canada Food Guide. To measure the results of these changes to the extent possible, a mini survey with respect to Food Services and dining will be implemented in September 2017, approximately 6 months from the implementation of the new menu.

Looking Forward: From June 5-8, 2017 Canterbury Foundation will be participating in an Accreditation Canada survey. Accreditation helps health care organizations improve quality and safety by shining a light on processes that work well, and those that need more attention. The result? Reduced risk and higher quality of care. The Quality Improvement Plan is an important aspect of our efforts to improve the quality and safety of our services and care. However, it does not stop there. We will continue to improve the quality and safety of our care and services for residents and ensure that our staff work in a safe environment. In four more years Accreditation Canada will be back on site, Canterbury Foundation is optimistic that we will demonstrate to the surveyors that we have both sustained our best efforts and continued to improve overall.

APPENDIX A

Quality Improvement Plan Goals in 2017 compared to 2016 Goals

Goal Statement in 2017	Goal Statement in 2016	How the Goal Changed
Goal Statement 1: To reduce the number of falls by 40% in 2017 compared to 2016 in total and by living option	To reduce the number of falls by 50% comparing Dec. 2016 to Dec 2015 in total and by living option.	In 2017 the QIP goal compares whole year 2017 to the whole year 2016 rather than comparing one month in 2016 to one month in 2015. Changed the target to 40% decrease in 2017 from 50% in 2016. (CPSI)
Goal 1 a) To reduce the number of falls by 20% that result in injury or potential injury with transfer to ER/hospital.	No goal on reducing falls with injuries in 2016	New goal or data collection for the Dashboard in 2017
Goal 1 b) To complete falls risk assessment (FRAT) on 100% of new admissions & residents identified at high risk for falls residents. (Defined as 2 or more falls/month).	Complete FRAT on 100% of new admissions or on readmission from other care levels within 72 hours.	To continue with the FRAT on new residents AND add residents that are identified as at high risk for falls. (Recommendation for both is within 24 hrs if possible) with associated intervention.
Goal 2: To reduce medication incidents by 50% by Dec. 31, 2017.	To reduce medication incidents by 100%.	In keeping with the WHO global initiative change to 50% reduction. Both the term errors and incidents are used.
Goal 2a): To carry out medication reconciliation on 100% of new residents within 24 hours of admission.	To carry out medication reconciliation on 100% of new residents or on readmission from other care levels within 72 hours of admission to Canterbury Foundation	Limit goal and goal measurement to new admissions only rather than transitions in care due to data collection challenges with discharge planning documents/acute care.
Goal 2b): To complete medication reconciliation on 100% of CF residents on AHS home care MAP using Pharmacare upon initiation of services and at all transitions of care.		New Goal – more accurate information is available on residents using Pharmacare services.

Goal 3: To reduce by 75% the number of residents on antipsychotics without an appropriate diagnosis using Pharmacare services	To reduce the number of residents on antipsychotic medication without an appropriate diagnosis by 75%.	Limited to Pharmacare clients due to lack of diagnostic and other information on non-Pharmacare clients.
Goal 4: To increase to 90% (from 75-76%, the number of residents with both Influenza & pneumococcal immunization with documentation in Senior Care.	Same goal	No significant change
Goal 5. To increase the level of hand hygiene compliance by staff from 63% to 75% by Dec 31, 2017.	To increase the level of hand hygiene compliance from the baseline to 75% by Dec. 31, 2016	No Significant change other than a slight variation in target. Baseline was established in Dec 2016.
Goal 5 a) to complete 3 hand hygiene reviews by Dec. 31, 2017.		New Goal
Goal 6: a) To decrease in 2017 by 25%, lost time measured in days as a result of workplace injuries resulting in WCB claims and b) to decrease the number of incidents resulting in WCB claims and lost work days by 25%, compared to 2016 (from 8 to 6)	To decrease the number of lost time WCB claims by 25% comparing 2016 to 2015.	Various suggestions have been made regarding the target including reducing claims and targets by 100% to 0. Specific target determined for 2017 is 25% as a stretch target but possibly achievable.
Goal 7: To achieve a minimum of one (1) Person and Family Centred Care Conference (PFCC) per month in 2017.	Goal 7 in 2016 was providing at least 90% of our staff with one in-service training session on PFCC.	New Goal
Goal 8: To increase resident satisfaction for the meals and overall dining experience at Canterbury Foundation by 20% using the July 2016 resident experience survey as the baseline.	To determine if there was a discernable increase in the meals & dining experience and establish a baseline.	20% increase from the 2016 baseline.