2017/18 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Caressant Care Marmora 58 BURSTHALL STREET

AIM		Measure							
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Effective	**Effective Transitions**	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2015 - September 2016	53301*	16.8	15.00	In collaboration with our system partners we will monitor to identify efficiencies for reducing transfers to ED for care we can safely and effectively provide in the Home.
Patient-centred	**Person experience**	Percentage of residents responding positively to: "What number would you use to rate how well	% / LTC home residents	In house data, NHCAHPS survey / April 2016 - March 2017	53301*	CB	CB	we will begin to collect data in 2017 from the current resident survey

		Percentage of residents who responded positively to the statement: "I can express my	% / LTC home residents	In house data, interRAI survey / April 2016 - March 2017	53301*	80	80.00	We strive to achieve 80% satisfaction in residents being able to speak up
		Percentage of residents experiencing worsening pain	% / LTC home residents	CIHI CCRS / January to December 2017	53301*	CB	CB	We have residents with pain in the facility and creating a baseline of who, why, how often will assist in formalizing this indicator
	Resident experience: "Overall satisfaction"	Percentage of residents who responded positively to the question: "Would you	% / LTC home residents	In house data, InterRAI survey, NHCAHPS survey / April 2016 - March 2017	53301*	CB	CB	We strive to achieve and maintain an 80% satisfaction.
Safe	**Medication safety**	Percentage of residents who were given antipsychotic medication without psychosis in the 7	% / LTC home residents	CIHI CCRS / July - September 2016	53301*	21.83	20.00	We have significantly improved this indicator over the past year and
	Safe care	Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment	% / LTC home residents	CIHI CCRS / July - September 2016	53301*	X	6.00	Continued sustainment of lower rate of pressure ulcers.
		Percentage of residents who fell during the 30 days preceding their resident assessment	% / LTC home residents	CIHI CCRS / July - September 2016	53301*	18.18	18.18	This provincial average for this indicator appears to be rising. We strive to

		Percentage of residents who were physically restrained every day during the 7 days preceding their	% / LTC home residents	CIHI CCRS / July - September 2016	53301*	3.69	3.69	Continue to strive to be restraint free.

Change				
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
1)Introduce the CCAC Nurse Practitioner with focus to assess residents when physician not available prior to sending to hospital.	Educate staff on role Nurse Practitioner has in assessment of Residents when condition necessitates primary care intervention. Also confirm role of PSW in observing and reporting change in resident condition.	To monitor the number of residents transported to ED without NP or physician assessment.	Identify residents transported to hospital each quarter in 2017 for opportunities to	Success will be surrounded by registered staff assessment. It will also be
2)Introduce Mobile Xray into facility	DON to monitor on database xrays completed in the home that prevented transport to hospital	Monitor the number of residents that were transported to hospital and returned post XRAY	To reduce number of residents transported to hospital for xray	
3)Ensure safety strategies in place to reduce falls. Educate staff on assessment, IV maintenance and CADD pump in home	Monitor in house risk management for falls and track database for effective strategies	To reduce the number of falls when resident trying to go to the bathroom on their own	To educate the PSW on strategies to implement in the resident room to help reduce the	It is a delicate balance between supporting self mobilization and minimizing risks
4)Ensure early communication with resident and POA on advanced directive planning	Initiate advanced care planning on admission. At 6 week family meeting the doctor to engage in discussions of plan of care and resident outcomes.	To reduce the number of residents transported to hospital as requested by families by ensuring early discussions on plan of care and when resident becomes palliative what that looks like and the goals of care at end of life.	Track residents internally each quarter to determine root cause of transfer to	Success will be determined by doctor engagement. Currently we do
1)Compete the staff performance appraisal check-sheet at resident conferences	To be completed by survey at the conclusion of the care conference	To monitor the % of residents rating by number system to rate how well the staff listen to them?	To create a baseline for the number the resident would use to rate how well	Consistent completion of the survey will be required.

1)Complete the resident/family interRAI survey at care conferences	To be completed online using survey monkey at the conclusion of care conference	To monitor the % of residents that will not speak up in the home with fear of consequences and to understand why in order to define opportunities for improvement.	To maintain an 80% satisfaction rate.	Consistent completion of the survey will be required.
1)To reduce pain in residents	Create database and identify residents that require > 3 pain PRN meds per day over 3 days. Create working committee to discuss pain and opportunities and development of a pain tool for staff to better identify pain in the resident for cognitive and non cognitive	Review the data quarterly at CQI and PAC meetings to create an interdisciplinary approach to care.	To measure the number of residents receiving PRNS above the 3Ps approach	Success will be dependent on staff collecting data on a usable pain tool for both
2)Create a collaborative working team to create opportunities to reduce pain in chronic and palliative residents.	Identify team and include NP, CCAC pain specialist, and inter-facility representation to review case base scenarios	Monitor the meetings and identify those that are having pain at quarterly review. Review CIHI data quarterly.	Identify residents that are palliative and require pain management and/or chronic	This committee will apply best practice to the management of pain in the
1)1)Complete interRAI family/resident satisfaction survey at care conferences	To be completed online using survey monkey .	To monitor % of residents who would not recommend the nursing home to others and engage them to understand why and help us define opportunities for improvement.	To maintain greater than 80% satisfaction.	consistent completion by resident and family at care conferences
1)1)Database to be maintained monthly and reviewed by pharmacy, behavioural team and physicians, consider	Print database and place in physician, pharmacist mailbox and welcome feedback. Following best practice recommendations for maintaining and reducing antipsychotics in the facility	CIHI data quarterly and internal database monthly	Ensure the resident is receiving the right medication to manage behaviours of psychosis.	This indicator has been reduced in the facility. There are residents that do require
1)1)PSW to receive education on redness that doesn't resolve with pressure change	Educate staff to monitor redness that doesn't resolve with pressure change. Create signage as a prompt . Educate staff to create alert for registered staff	Maintain current numbers in the facility as below provincial average.	PCC and Pixilere, CIHI data	residents from home and or hospital on admission to home will
2)Ensure residents with pressure ulcers have an assessment by the Dietitian	Dietitian to assess residents with pressure ulcers to ensure adequate nutrition and hydration to promote healing Engage the dietary staff in enhancing wound healing for residents to maintain an interdisciplinary approach.	Maintain current numbers in the facility as below provincial average.	Review data quarterly at CQI and PAC meetings	Completion of the wound tracking sheet is vital in success ensuring
1)1)Review resident medication list for use of antihypertensives and anticholinergics and antipsychotics in residents	DON to monitor internal database for antihypertensives, anticholinergics and antipsychotics in the facility monthly and report to physician. Explore method of flagging higher risk residents to all staff.Staff to receive education on the 4P's of care prior to leaving room (do	Reduction in serious falls for this higher risk population of residents	To be measured monthly	Dementia residents that are ambulatory create the higher incident of

1)1)Continue to educate staff and families on the risks of using of restraints	Algorithim developed and implement and posted to make quick reference visual and easy to access. Utilize Quality Statement #8 in Quality Standards Behavioural symptoms to help families understand negative impact of restraints for residents with dementia.	Continue to monitor rationale for any restraints.	No increase in restraints unless family request and after education by DON	families will request restraint of tabletop and seatbelts to prevent falls.