

2018/19 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"



Caressant Care Woodstock Nursing Home 81 FYFE AVENUE

AIM		Measure						
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down)

Effective	Effective Transitions	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2016 - September 2017	52623*	32.52	20.00
	Wound Care	Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer	A	% / LTC home residents	CIHI CCRS / July - September 2017	52623*	5.73	3.50
Patient-centred	Person experience	Percentage of complaints received by a long-term care home that were acknowledged to the	A	% / LTC home residents	Local data collection / Most recent 12 month period	52623*	CB	100.00
		Percentage of residents who responded positively to the statement: "I can express my	P	% / LTC home residents	In house data, interRAI survey / April 2017 - March 2018	52623*	92	92.00
	Resident experience: "Overall satisfaction"	Percentage of residents responding positively to: "I would recommend this site or organization to	P	% / LTC home residents	In house data, interRAI survey / April 2017 - March 2018	52623*	73.2	80.00

Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7	P	% / LTC home residents	CIHI CCRS / July - September 2017	52623*	30.34	25.00
	Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	52623*	19.43	14.00
		Percentage of residents who were physically restrained every day during the 7 days preceding their	A	% / LTC home residents	CIHI CCRS / July - September 2017	52623*	2.85	0.00

Change				
Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure

/n menu if you are not working on this indicator) C = custom (add any other indicators you are working on

To decrease number of ED visits	1)To reduce avoidable transfers to Emergency Department for residents.	Educate families on Advance Directives to assist them in making informed choices. Enhanced assessments conducted by staff to identify acute episodic situations earlier and consult with physician for early treatment and interventions. Engage physician in identifying	Analyze transfers each quarter at CQI committee and Professional Advisory Committee.	Reduce potentially avoidable ED visits to 20 or less over a one year period.
To decrease percentage of new and/or worsened pressure ulcers.	1)Improved assessment and documentation of wounds by Registered Staff. Implementation of Skin & Wound lead to monitor,	Continued education of assessment and intervention by Registered Staff; ensure appropriate documentation and usage of Skin & Wound assessment in Point Click Care. This was replaced with the Pixelaire program that was previously being used. Continued engagement of RNAO	Review of data quarterly at CQI committee meetings. Ensure Dietitian and Dietary staff are engaged in achieving enhanced wound healing goals for Residents. Review data quarterly at CQI Committee meetings	Prevention of ulcers and reduction of healing times for existing ulcers.
We are very pleased with our process of addressing complaints and	1)Continue to be responsive and resident centered by responding and following up on complaints in a timely manner.	Continue to follow up and address complaints in the same manner to maintain 100%	Quarterly analysis to identify trends. Results discussed each quarter at CQI committee and Professional Advisory Committee.	To maintain 100%
We are very pleased with initial results and strive to maintain and/or	1)Continue using interRAI Quality of Life Resident and Family survey tool in 2018.	Continue using interRAI Quality of Life for residents ensuring they are not being completed by staff, but by residents with staff assistance.	Track and review progress each quarter at CQI committee meetings.	Engage Residents to feel comfortable expressing concerns and focus more on Resident.
We are pleased with initial results but strive to make improvements in	1)To maintain and/or increase resident satisfaction.	Continue using interRAI Quality of Life Resident and Family survey tool in 2018.	Track and review progress quarterly at CQI committee meetings.	Engage residents to feel comfortable expressing concerns and focus more on residents.

To work towards provincial average	1)Pharmacist will review all residents quarterly and makes recommendations	Pharmacist visits 2 to 3 times monthly and reviews charts while she is here. A report will be sent to the DOC. the DOC will meet monthly with the resident care team. the resident care team (DOC, RCC's, charge nurse, registered staff, BSO & PSW) to review and make	To target 2 residents monthly to review medications.	1% of residents with psychotropic medications will be reduced each quarter.
Striving to achieve provincial average	1)Implementation of multidisciplinary post fall huddles	Staff attending a code care will remain to discuss incident and ways to mitigate further incidents and decrease risk.	RCC's reviews and analyze falls documented in risk management daily to allow implementation of enhanced safety measures.	To decrease falls and improve safety by 10%
Strive to be restraint free.	1)Continue strategies already implemented in 2017 by multidisciplinary team, including elimination	Continue strategies already implemented in 2017 with multidisciplinary team, including elimination of bed rails and implementation of mobility assist rails as appropriate. Continue to educate families and POA's. Monitor and post performance quarterly.	Internal data reviewed monthly with ultimate goals to maintain or reduce to zero. All restraints reviewed by DOC for appropriateness, education and documentation.	Reduce and maintain the use of restraints to zero by March 2019.

Comments

--

Continue to conduct root cause analysis of pressure ulcers and collaborate

--

Continue with process with focus on education and implementation.

--

Antipsychotic
med classification
is used other than
for a diagnosis of
psychosis.

Below provincial
average with goal
to reduce or
maintain.