

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

"Improvement Targets and Initiatives"



Caressant Care Fergus Nursing Home 450 QUEEN STREET EAST

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	51939*	23.08	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	51939*	3.62	3.00
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	51939*	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	51939*	73.17	80.00
	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	51939*	74.36	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	51939*	17.91	15.00
	Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	51939*	14.75	12.00

Target justification	Change			Target for process measure
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

Continued collaboration and involvement with NP involvement will	1)Support expanded scope of NP to enable suturing, etc. onsite and reduce transfers to Emergency Department.	Provide supplies on site to enable appropriate levels of care such as suturing and fluid management as identified.	Continue to monitor and review ED transfers on a quarterly basis and discuss at CQI committee meetings.	To achieve less than 20% by end of March 2019.
Aim to achieve the provincial average of 2.7 - 3.0	1)Decrease the percentage of new or worsened pressure ulcers experienced by residents.	Improved assessment and documentation of wounds by registered staff. Provide continued skin integrity and skin assessment education to PSWs. Designate consistent wound care champion to facilitate weekly monitoring review. Ensure Dietitian is engaged in	We implemented the skin and wound care assessment module in Point Click Care in the Fall of 2017 and will continue education of assessment and intervention and monitoring by registered staff.	Demonstrate a reduction of new and worsening pressure ulcers by end of March 2019.
Responsiveness and followup to complaints within 6-10 days is essential.	1)Continue to respond to complaints and provide followup within 6-10 day timeframe.	Continue current logging, tracking and followup of all complaints. Maintain open door policy for residents and/or families to speak with management team about their concerns.	The number of complaints responded to and resolved within 6-10 business days.	100% of complaints will be followed up on within 6-10 day timeframe.
Focus on ensuring residents feel comfortable and supported to	1)Emphasize the importance of feedback from our residents to maximize QI opportunities.	Provide additional education and information to staff on the importance of resident feedback. Provide additional encouragement and support through Resident Council emphasizing our desire to hear feedback from our residents.	Ensure Executive Director is aware of situations when a resident does not feel comfortable to express their opinion.	Increase the percentage of residents responding positively to this
It is important to us that residents are proud of their Home.	1)Promote awareness of staff of results of this survey question to date and explore ideas to increase additional feedback in the	Provide and discuss survey information results with staff. Engage Resident Council to explore recommendations to increase the results in a positive manner for this question.	Executive Director to be kept informed of residents that would not recommend site and explore potential for additional conversation to better understand why and potential recommendations.	80% of residents surveyed will indicate they recommend this site, by end of

To continue to decrease the percentage of residents receiving	1)Continue to review high alert residents and medication use with Medical Pharmacy, Medical Director, Nurse Practitioner,	Multi-disciplinary review and exploration of alternatives while monitoring physician orders, change in resident status and or annual care conference discussions.	Track, review and discuss data at CQI meetings at least quarterly.	Achieve a continued reduction in use of antipsychotics by end of March 2019.
Demonstrate improvement from last year.	1)Conduct review of current Falls Program and implement update and changes as required.	Education sessions and ongoing review for staff of revised Falls Program policy and procedure and use of tools. Ensure care plans effectively identify falls risk and good communication amongst team members of strategies in place for each resident.	The Director of Care (or delegate) will be the lead for the Falls Program and will track Falls on a monthly basis and ensure information is reviewed and discussed with staff and at CQI committee meetings for ongoing updates, revision and changes as required in order to	Our aim is to achieve an overall fall rate of 12 or less by end of March 2019.

Comments

Review best practice standards
Quarterly review of the results of interRAI survey details will support ongoing

