

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"

Caressant Care Harriston 24 LOUISE STREET

AIM		Measure						
Issue	Quality dimension	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) C = custom (add any other indicators you are)

Theme I: Timely and Efficient Transitions	Efficient	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 2017 – September 2018	51953*	34.95	25.00
		Percentage of residents who were given antipsychotic medication without psychosis in the 7	C	% / LTC home residents	CIHI CCRS / Q3 2017- Q2 2018	51953*	19.5	19.50
	Timely	Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer.	C	% / LTC home residents	CIHI CCRS / Q3 2017 to Q2 2018	51953*	3.7	3.35
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTCH that were acknowledged to the individual who made	P	% / LTC home residents	Local data collection / Most recent 12-month period	51953*	100	100.00
		Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	51953*	63.33	75.00

		Percentage of residents who responded positively to the statement: "I can express my	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	51953*	82.76	90.00
Theme III: Safe and Effective Care	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	51953*	CB	0.00
	Safe	Percentage of residents that fell during the 30 days preceding their resident assessment	C	% / LTC home residents	CIHI CCRS / Q3 2017 - Q2 2018	51953*	19.6	17.50
		Percentage of residents who were physically restrained everyday during the seven days preceding.	C	% / LTC home residents	CIHI CCRS / Q 3 2017 - Q 2 2018	51953*	0.31	0.00

		Change	
Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods

e working on)

We have increased in the number of ED transfers due to new challenges	Nurse Led Outreach Team (NLOT), Medical Pharmacy, StL Diagnostic Imaging	1)To reduce avoidable transfers to Emergency Departments.	Educate family on advanced care planning. Educate registered staff about potentially avoidable ED transfers and about conditions that do not necessarily require ED transfers. Continue to utilize outside resources such as NLOT (Nurse Led Outreach Team), Medical Pharmacy
We would like to maintain our performance in this area as this is a realistic goal	Medical Pharmacy	1)We will continue to attempt to taper stable residents off of antipsychotics. On admission we will review	RAI to continue to complete monthly audits to ensure accuracy of coding. NP to review medications upon admission.
We decreased by 9% from last year and we will continue to decrease by	3M Advanced Wound Care	1)Continue to reduce the percentage of residents who develop a stage 2 to 4 pressure ulcer or had a pressure ulcer by 10%.	Wound champ reinforces the use of 3M wound algorithm for treating skin and wound issues. Direct Care staff to utilize the 3M cavilon skin maintenance products to prevent skin breakdown and development of pressure injuries. Implement pressure relieving
To continue to be a complaint free facility.		1)To continue to strive to address concerns in a timely fashion before they become a formal complaint.	1. All managers to continue the practice of using the open door policy. 2. Executive Director to be available for all Resident and Family Council meetings when requested. 3. Managers to complete daily rounds and provide opportunities for discussion with residents and
In 2018 the home struggled with PSW staffing which had an impact on the residents. We have implemented an action plan with positive results	Ontario Association of Resident Councils	1)Continue to increase communication with the Residents, Families and Staff through different venues <u>about the Home's successes.</u> 2)Bring awareness and education to Residents and staff about the Residents' Bill of Rights.	1. The home is providing at each meeting, Quality Reports to Resident, Family and Staff Councils that identifies quality improvements in all areas of the home including accommodation, care, services, programs and <u>equipment/supplies.</u> 2. <u>Executive Director continues to</u> The home had started the program last year and the Resident Lead, left and the home was unable to find another interested resident. The home now has a Resident who is willing. The home will utilize the OARC Through Our Eyes resources to support education to

The Resident Council and the home are engaging in opportunities for		1)Continue with education to Residents, Families and Staff on the Residents' Bill of Rights and Whistle Blowing Protection.	Educator to create a learning plan for Staff utilizing the "Through Our Eyes" program and the Activity Coordinator to work with Resident and Family Council. The home is now including a few Residents' Bill of Rights in all staff meetings as it provides an opportunity for
The ultimate target is to ensure 100% of residents with a life threatening	Waterloo Wellington Hospice Palliative Care, Ontario Palliative Care Network	1)We currently use the PPS (Palliative Performance Scale), we will plan to use the ESAS (Edmonton Symptom Assessment Scale)	Palliative performance scores done quarterly and when needed prompting discussion about End of Life Care.
Last year we aimed to reduce falls by 14% and we slightly exceeded this	Lifemark Physiotherapy, Medical Pharmacy	1)We will continue to review medication that may increase fall risks.	NP and Pharmacist will review medication and discontinue if fall risks outweigh benefits of medication.
We are a restraint free facility. The only time we use a PASD - personal		1)We continue to strive to be a restraint free facility minimizing the use of a PASD - personal assistive safety device,that is not	Continue to collaborate with Physiotherapist, Occupational therapist ,NP/MD to implement alternative interventions that will eliminate the use of restraints.

Process measures	Target for process measure	Comments

Continue to analyze ED transfers each quarter at CQI and monthly falls committee meetings and follow up review and education with registered staff.	Reduce the potentially avoidable ED visits to 25% December 31, 2019.	Despite our education, some family will still insist on sending residents to a
Continue to track and review data at PAC meetings and in our multidisciplinary committee meetings. Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding the resident assessment.	Reduce the use of antipsychotic medication by 10% by December 31, 2019.	Although we have not eliminated the use of antipsychotics in some residents,
Review skin/wound numbers and Pressure Ulcer Risk Score that are triggered by MDS at our monthly skin and wound committee meetings.	To reduce the number of newly occurring or worsening pressure injuries by 10% by	Continue to collaborate with NP, ET referrals
Number of concerns that are brought forward and addressed before becoming a formal complaint.	Address all concerns before they become a formal complaint.	
Number of residents who respond positively to the interRAI survey question "I would recommend this site or organization to others."	75% of the residents will respond positively to the 2019 interRAI survey	
Review quarterly the number of Staff that have participated in the "Through Our Eyes" program.	100% participation of all staff of at least one module of the Through Our Eyes program by	

Number of Residents, Families and Staff educated annually.	90% of residents will respond positively to the 2019 interRAI survey question "I	
RAI initiate a significant change in resident status and repeat PPS.	We would like to double our performance in this area while acknowledging that	The anecdotal feedback we have received from families indicate that our palliative
The interdisciplinary team will review our high risk residents monthly at our falls committee meeting, two or more falls and bathroom related falls.	Reduce the number of falls by 10% by December 31, 2019.	In our population some falls are inevitable, we continue to have safety falls
Continue to use alternative interventions to be restraint free.	To continue to be a restraint free facility and to use a PASD only in limited	Our facility promotes quality of life in a safe manner.