

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

"Improvement Targets and Initiatives"

Caressant Care on Bonnie Place 15 BONNIE PLACE

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 ar								
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	53331*	20.25	19.00
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	53331*	100	100.00
		Percentage of residents responding positively to: "I would recommend this site or organization to	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	53331*	71.43	85.00
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	53331*	70	85.00
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	53331*	CB	CB

		who have had their palliative care needs identified early through a comprehensive and					
Safe	Medication Administration	C	% / LTC home residents	EMR/Chart Review / January 2019-December 2019	53331*	24	12.00
	Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	CIHI portal / April 1, 2019-March 31, 2020	53331*	4.4	2.20

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

e working on)

The home saw a significant drop in 2018 in this indicator and we would like to		1)Nursing staff will continue to complete an accurate assessment of the residents status prior to transfer to the ED. Where possible and	Assess resident status and inform the physician of the results prior to transfer.
Continue with current processes to ensure all complaints are		1)ED Continue to review and acknowledge the complaint ASAP after receipt of complaint and full investigation is completed	All complaints will continue come to ED immediately upon receipt and ED will respond within 10 days as per current practice.
Although we exceeded this target in 2018 we still need to continue to		1)In 2019, if a resident answers anything but "always" or "most of the time" when asked this question, a follow up	Resident interviews. Review answers monthly at CQI meetings to look for common themes and areas for improvement. Residents will be consulted throughout the improvement process
Although our ultimate goal is 100% we will be proving education and implementing new strategies over the course of the year. Our goal is that by		1)The management and staff of the Home will continue to encourage a free exchange of information by engaging 2)Most of the residents who did not respond "always" or "most of the time" were younger mental with a mental health diagnosis.	Information gathering and exchange will be through annual resident surveys, direct conversation, monthly newsletters, posted material, monthly meetings such as resident council, admission and annual care conferences and monthly mailings. Through these means all staff can Resident interviews as part of resident satisfaction survey. Interviewers will record the residents who did not answer always or most of the time to this questions and re-ask the question again in 6 months. Also we will monitor this question each quarter and hope to see an
The ultimate target is to ensure 100% of residents with a life threatening		1)Provide opportunities for education of staff, residents and family/SD on palliative care and end-of-life care.	Education will be provided to registered staff upon hire and annually. The Palliative Care Team will provide education to resident and family council and upon request at the time of new resident admission. The PC Team will track progress on care planning details and

illness have their palliative care needs met.		2)Provide enhanced information to newly admitted residents/family concerning the distinction between Palliation and End	The Palliative/Pain Champion at a sister home is drafting a one page insert to be used in the Admission Package, and as a hand-out to review with those families/residents who have the beginnings of a change of status.
Medication incidents in the home will decrease by 50% in 2019		1)Medication incidents in the home will decrease by 50% this not only includes administration of medications but	Safety meetings with defined Terms of Reference will continue to be held with registered staff on a monthly basis. Follow up with the registered staff post medication incident will be completed by the RCC and/or DOC. The follow-up will include root cause
We will be working towards the target of cutting our restraint use in 1/2 over the next year. We feel this is an attainable goal		1)Monthly falls/restraint meetings will focus on the reduction of restraints rather than just reviewing residents who use	ED and DOC will attend 1st meeting to discuss focus of meetings going forward. DOC and RCC will then continue to attend meetings to ensure focus remains on restraint reduction.
		2)Staff, residents and families will be re-education on alternatives approaches to restraints and the risks involved with using	Inserts in new admission packages about use of restraints, development of a FAQ for families when deciding about the use of a restraint for their loved one. In-services for staff about alternative uses of restraints. Work with NP and Medical Director on education tools

Target for process measure		
Process measures	Target for process measure	Comments

Continued review of ED transfers for trends by the DOC.	A decrease by 1 in the number of unnecessary ED transfers in each quarter	
Complaints will be reviewed on a monthly basis at CQI meeting and timelines for acknowledgment will be reported back to committee. Complaints will also be trended on a monthly and quarterly basis	100% of complaints received by the home will be acknowledged to	We currently meet the target of 100% and anticipate this trend to
Monitor improvements to this question quarterly as feedback from the residents is implemented and results are available. Follow up with residents within 6 months who did not answer always or most of the time in their initial interview and re-ask the question again to solicit	By 3rd quarter of 2019-2020 the target for this metric will be met(85%) as a	
Monitor improvements to this question quarterly as feedback from the residents is implemented and results are available. Follow up with residents within 6 months who did not answer always or most of the time in their initial interview and re-ask the question again to solicit	85% of the respondents to the annual resident survey will confirm they can express	
number of resident who answer always or most of the time when asked this question will improve each quarter from 2nd quarter-4th quarter	By the end of 4th quarter the number of residents who respond positively	This indicator will improve over time. A change of culture and approach to
# of staff and applicable residents/SDM educated; % of residents whose care plan/documentation captures expressed wishes and goals of care to support palliative and end-of-life care.	75 % of staff and applicable residents/SDM will be educated by December 31, 201;	

Number of newly admitted residents/family who receive the enhanced information.	100% of newly admitted residents/family will receive a Palliative/End of	
Number of med incidents will be reviewed per month/quarter and action plans will be implemented as a result of the audits	Number of med incidents per quarter will decrease by 50% over the same	The home has started to implement some initiatives to help with this indicator
Number of restraints used on the home will decrease quarterly	number of restraints used in the home will decrease by 2 per quarter in	
Number of staff educated, number of FAQ's handed out to families. number of inserts in new resident packages	75% of staff educated, 100% of new admissions will have an insert about least	