

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

"Improvement Targets and Initiatives"



Nithview Home 200 BOULLEE STREET

AIM		Measure								Change				
Quality Dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current Performance	Target	Target Justification	Planned Improvement Initiatives (Change Ideas)	Methods	Process Measures	Target For Process Measure	Comments
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 menu if you are not working on this indicator) C = custom (add any other indicators you are working on)														
Effective	Effective Transitions	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2016 - September 2017	51926*	5.47	5.00	Sustain or improve	1) Continue to hold special care conferences as needed when residents experience a significant change and require the multidisciplinary care expectations to be reset.	Admission, annual, palliative and special care conferences are tracked by the RLC. Progress notes are maintained to outline issues addressed and identify those who participated in the decision making. Advance care planning, collaboration with the community and multidisciplinary team regarding goals of care.	Number of special conferences held that result in a revised care plan. Track the number of palliative /end of life PCC referrals.	90% of residents with significant change will have revised advanced directives.	
										2) Reduce falls with injury.	Root cause analysis completed monthly. Specific interventions to be established and trialed as a component of high risk rounds.	Number of residents that fall is reduced by 10%.	Each Home area will identify residents at high risk for falls, interventions to be discussed at high risk rounds. Monthly tacking and trending will be shared with front line staff. Track ED visits and hospital admissions related to falls with injury.	
	Wound 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	A	% / LTC home residents	CIHI CCRS / July - September 2017	51926*	6.49	5.50	Based on current in house trends	1) Wound care champion two days per week to assess and follow up with staff in order to reduce the number of wound.	Monthly ET nurse rounds, monthly tracking tool to be used by the Champion in consultation with the ET nurse and DOC, new referral process directly to the wound champion.	Decrease the total number of residents with wounds by 1.5%.	Track total number of worsening wounds monthly. Track acquired versus inherited wounds to determine root cause of wounds.	Many of our current wounds are externally acquired.

										2) Partner with 3M Wound Care to enhance knowledge and skill of staff related to wounds.	Champion is attending a 2 day workshop and on-line 3M training. Seven staff to attend a 2 day in house education forum on assessment and the use of 3M products. The #M clinicians will perform on-site training for front line staff.	Track the number of staff trained in wound management. In House physio provider has completed a wound certification course and will coach staff to apply the best practice techniques related to equipment use an positioning.	80% of staff to be trained in skin and wound management.	ET nurse is on site once per month and on an on-call basis.
Patient-centred	Person experience	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / April 2017 - March 2018	51926*	94.12	94.12	Sustain or improve	1) Continue to provide staff training on the essential value of customer service.	A component of the annual Surge learning and test.	100 % staff complete and score 100%	Maintain current performance.	
		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 2017 - March 2018	51926*	91.18	90.00	Sustain or improve	1) Continue to be visible and engage residents and their families in decision making.	Maintain open lines of communication and follow up quickly on expressed concerns.	Complete annual staff education on abuse, duty to report, and fear of reprisal.	Maintain or improve current performance on satisfaction survey responses.	Maintain positive resident and family interactions and follow up in a timely manner.
	Resident experience: "Overall satisfaction"	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 2017 - March 2018	51926*	97.06	100.00	Sustain or improve	1) Continue to foster a positive and responsive home for our residents.	Respond to concerns quickly and seek resident centered outcomes that are reached collaboratively with the resident and family.	Track and respond efficiently to complaints. Create an action plan to address concerns related to resident or family council and satisfaction survey outcomes.	Less than five concerns per month, satisfaction scores exceed 85%.	We will continue to maintain open lines of communication and relationships with our residents.
		Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS)	P	% / LTC home residents	In house data, NHCAHPS survey / April 2017 - March 2018	51926*	87.88	90.00	Sustain or improve	1) Promote collaboration with residents, their family and our multidisciplinary team to promote resident choices and dignity.	Involve residents and family in investigations to concerns, conduct a follow up disclosure meeting to resolve the concern.	Concerns are addressed with the resident or family within 48 hours, disclosure meetings are held with family to resolve/conclude their concerns. Staff development is determined based on the outcomes of the investigation.	Resident concerns are addressed within 48 hours, number of written concerns received by the home is less than 5 per month, number of letters sent to CIATT.	Improve satisfaction by listening and responding in a timely manner.
										2) Maintain positive Resident and Family Council relationship that enables them to give input to the operation.	Attend Monthly meetings and provide updates and opportunities for them to be engaged in planning and developing projects and new initiatives.	Each set of minutes for the councils demonstrates the interactive collaboration.	100% of resident and Family council meetings have correspondence regarding the interactions.	

Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the seven days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / July - September 2017	51926*	27.91	25.00	Most current data is at 29.5% therefore this target is what we feel is achievable	1) Planned antipsychotic reduction meetings with MD, Pharmacy and Nursing to review appropriate use of medications.	Quarterly meetings with multidisciplinary team aimed at appropriate diagnosis and trial of non pharmacological interventions using in-house BSO.	Reduce antipsychotic medication use each quarter for overall population	CIHI data collection and analysis. Pharmacy review of appropriate medication alternatives, discussions in house with MD and psychogeriatrician on current medication profile.	
	Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	51926*	23.69	22.00	Former achievable target	1) New staff to resident assignments are being developed to improve accountability and outcomes for residents.	Staff forums conducted to determine weighted assignments of residents to staff, new job routine, monthly root cause analysis of all falls.	Reduce monthly falls by six per month. Reduce the number of falls by a specific resident by two per month.	Each month the number of falls shall be reduced by six overall and residents who historically have multiple falls per month will be reduced by two. These monthly statistics will be tracked and trended with action items per month.	ADOC will establish daily tracking and improved communication to front line staff on interventions and outcomes. Will be added to weekly high risk rounds for multidisciplinary review.
										2) Create a Falls champion to assess falls, determine effectiveness of the intervention, implement improvements, evaluate education needs of staff.	ADOC will collect daily data and interventions. Champion will assess each fall, follow up with front line staff on effectiveness of interventions, determine revisions to the interventions, and track change progress for effectiveness.	To reduce falls by six per month and two per resident.	Falls are reduced month over month and annually.	
		Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	51926*	13.65	11.00	Based on a bedrail reduction program in place	1) Bed Entrapment and Bed rail elimination plan is in place.	Target a designated number of beds per month to undertake the elimination plan, discuss with families, undertake trial and communicate outcomes.	Reduce the number of bed rails in use in the home by two per month.	Reduced number of restraints used in the home by 7.5%.	