

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

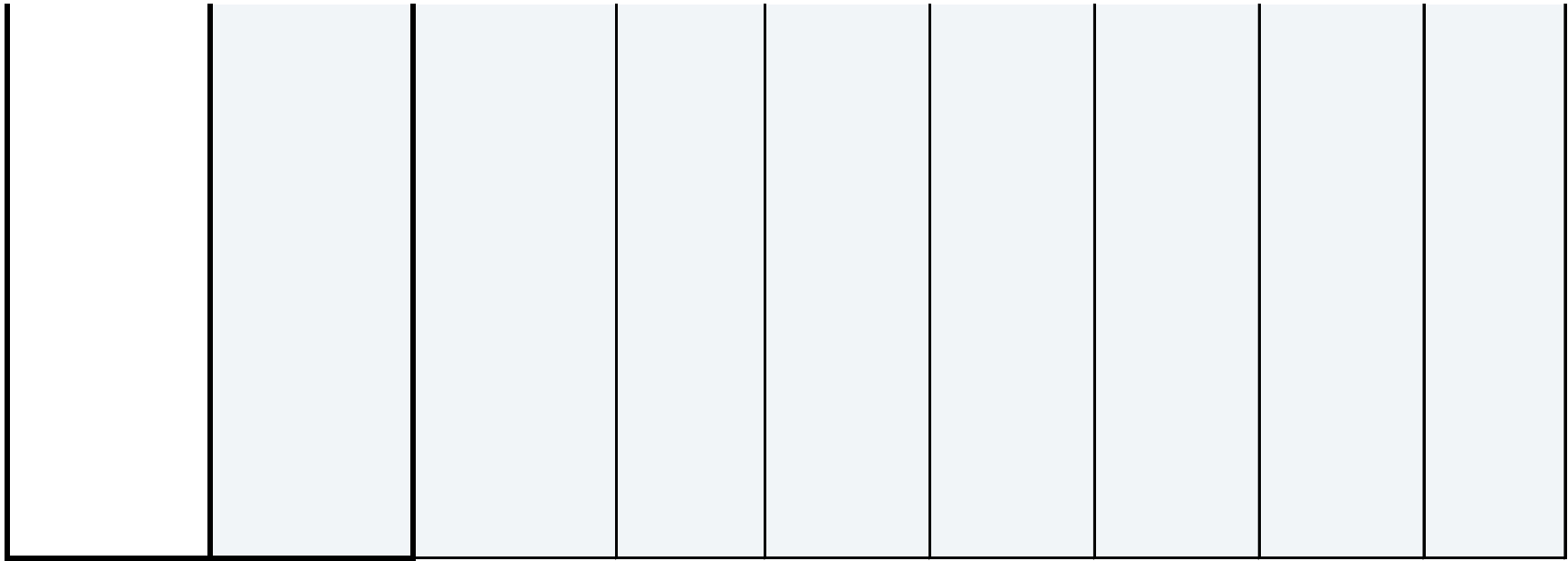
"Improvement Targets and Initiatives"

Nithview Home 200 BOULLEE STREET

AIM		Measure						
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target
Theme III: Safe and Effective Care	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	51926*	CB	25.00

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)

Safe	To provide dietary interventions according resident's identified needs.	C	Number / All patients	In-home audit / April 1, 2019- March 31, 2020	51926*	CB	



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

e working on)

		1)To improve communication to all departments to ensure everyone is informed that a resident has been identified as end of life.	At daily management huddle, to review change in status and ensure that all departments been notified. Discuss the care that each department will be required to provide as resident is end of life. Build an end of life distribution list to be used electronically by the schedulers who will also print off the notification for the departmental communication books. Education to all
		2)To implement the reporting requirements requested by the Waterloo Wellington LHIN as per 2019/2020 L-SAA.	Education to the registered staff on how to develop plan of care- how to choose focus of care need, what is goal, individualized interventions. Education sessions to be divided into shorter more frequent sessions where staff can work through actual resident plan of care to ensure they are accurate and concise. Education to the PSW and Recreation staff on the use of the plan of care- how to find resident information required for care. To review plan of care at weekly RAPS meetings to identify if care needs are identified related to medical needs.

		<p>3)Advancing care planning to be documented in the individualized plan of care for resident.</p>	<p>On admission, registered staff will reviewed advance care planning with new resident and family to obtain advance care plan decisions. Discussion to be documented in PCC and in the plan of care for the resident. RAI Coordinator to gather the CHES scores monthly from RAI-MDS outcome score reports to be reviewed at the Monthly Resident Safety rounds. If any resident has a CHES score of 3 or higher, to add advance care planning to resident's plan of care.</p>
		<p>4)To provide education to residents, family and staff on Advance Care planning and the role of the Substitute Decision maker in advance care planning.</p>	<p>To provide education to registered staff on the process for discussion Advance Care Planning with residents and families. To access an external resource such as Pain and Symptom Management resource to provide education to residents and families on Advance Care planning. To provide literature within the home for residents, families and staff to access providing resources on Advance Care Planning.</p>
		<p>1)To ensure residents are receiving the correct dietary interventions identified in their plan of care.</p>	<p>Director of Nutrition Services to fully implement the Synergy program for all residents. All staff involved in meal service to be educated on the use of the Synergy-People Service reports which explain the dietary interventions for each resident. Weekly audit to ensure that the People Service Reports are present on the snack carts and in dining room at point of service.</p>

		<p>2)To develop a Dining Focus Group to increase staff knowledge related to Ministry of Health Inspection Protocol and the importance of following policies to promote safe meals for residents.</p>	<p>To develop a dining audit to be used weekly where 3 residents are assessed to ensure correct diet texture is served with any adaptive utensils as well as interviewing the resident for feedback on the meal. Education to staff on the MOH inspection protocols related to meals and snacks. Notices to be posted to invite staff to participate in this meeting- will need representatives from dietary, nursing, and recreation.</p>
		<p>3)To review process for snack delivery to the residents on all units, especially at the hs snack pass.</p>	<p>To complete a dietary review to determine who has an order for a dietitian order for a labelled snack versus ease of service for snack. To review with the nursing staff which residents like to go to bed early who may refuse hs snack. Dietitian to review these residents to assess nutrition risk and need for alternative snack. Education to front line staff of the importance of providing ordered snacks to residents. To develop a tracking tool where dietary can track number of hs snacks are wasted as not given.</p>

Process measures	Target for process measure	Comments

Number of residents each month deemed end of life. Number of notifications sent to departments each month.	100% of residents deemed end of life will have notifications sent to all departments by October 2019.	
# of registered staff educated on plan of care; # of care plans audited each month for accuracy; # of reports completed for Waterloo Wellington LHIN by March 31, 2020.	To have 50% of registered staff educated on care plan development by August 31, 2019. To audit 50% of resident's plan of care for accuracy by October 31, 2019.	

<p># of residents admitted each month. # of residents with advance care planning identified in the plan of care with initial care plan. # of residents with a CHES score higher than 3 each month. # of residents with advance care planning identified in the plan of care who have a CHES score of 3 or higher.</p>	<p>100% of residents of who are admitted will have advance care planning identified on individual plan of care by October 2019. 100% of residents who have a CHES score will have advance care planning identified on the individual plan of care by March 2010.</p>	
<p># of residents and family members who attended education session on advance care planning; # of staff educated on advance care planning.</p>	<p>25% of residents and family members attend education session on advance care planning by March 2020. 75% of staff to be educated on advance care planning by March 2020.</p>	
<p># of staff trained monthly. # of weekly audits completed. # of times the People Service reports were not present.</p>	<p>50% of staff to be trained by June 30, 2019. 100% of staff to be trained by October 31, 2019.</p>	

<p># of team meetings quarterly; # of Ministry of Health visits and reports related to dietary concerns; # of dietary issues identified monthly from weekly audits.</p>	<p>Dining Focus Group to be developed by June 30, 2019. Dining Audit to be developed and implemented by June 30, 2019.</p>	
<p># of residents receiving labelled snacks at hs daily. # of residents ordered labelled snack who refuse daily. # of snacks wasted daily.</p>	<p>95% of residents who have a labelled snack at hs will receive the snack daily.</p>	