

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; October 2016 - September 2017; CIHI CCRS, CIHI NACRS)	51926	5.47	5.00	10.24	

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Continue to hold special care conferences as needed when residents experience a significant change and require the multidisciplinary care expectations to be reset. reduce falls with injury.		

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4	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 (%; LTC home residents; July - September 2017; CIHI CCRS)	51926	6.49	5.50	6.10	In November a full time ADOC was hired to focus on all quality indicators, including skin and wound. We believe that a full time staff member provides better accountability.

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Wound care champion 2 days per week to assess and follow up with staff in order to reduce the number of wound	Yes	In November a full time ADOC was hired to focus on all quality indicators, including skin and wound.
Partner with 3M Wound Care to enhance knowledge and skill of staff related to wounds.	Yes	
Additional RN funding was used to hire an Assistant Director of Care - Quality Lead to focus on all quality indicators.	Yes	

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5	Percentage of residents who fell during the 30 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	51926	23.69	22.00	28.00	We did not achieve our target, but many of the falls were due to changes in our resident population.

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New staff to resident assignments are being developed to improve accountability and outcomes for residents.

Yes

Create a Falls champion to assess falls, determine effectiveness of the intervention, implement improvements, evaluate education needs of staff.

Yes

The Falls Champion, working with our physio team, provided excellent analysis of our falls, including interventions to reduce overall falls.

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8	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	51926	27.91	25.00	21.10	There was a coordinated effort with our MD to reduce medications and the target was surpassed.

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Planned antipsychotic reduction meetings with MD, Pharmacy and Nursing to review appropriate use of medications.	Yes	

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9	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	51926	13.65	11.00	3.80	There was a great deal of effort to educate our staff, families and residents about the benefits of lessening physical restraints which paid off in a major reduction much better than our target.

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Bed Entrapment and Bed rail elimination plan is in place. Yes

