

2016/17 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"

Nithview
Community

Division of
Tri-County Mennonite Homes

NITHVIEW HOME 200 BOULLEE STREET

Partnership in Service

		Measure						
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Effective	To Reduce Potentially Avoidable Emergency Department Visits for LTC Residents	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	% / Residents	Ministry of Health Portal / Oct 2014 – Sept 2015	51926*	10.1	10.00	We will remain below the provincial average for Emergency Department visits.
	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions.	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51926*	19.05	16.00	Our vision is to decrease anti-psychotic medication, for residents without a diagnosis of psychosis, in an effort to improve quality of life and to decrease incidence of falls.

	To Reduce Worsening Bladder Control	Percentage of residents with worsening bladder control	% / Residents	CCRS, CIHI (eReports) / September - December 2015	51926*	22	20.00	Reduce current performance level and to establish pattern of change.
Resident-Centred	Domain 1: "Having a voice" and being able to speak up about the home.	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)	% / Residents	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period)	51926*	79	85.00	Want to ensure that residents have a voice

	Domain 2: "Overall satisfaction" (choose A or B).	A: Percentage of residents who responded positively to the question: "Would you	% / Residents	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period).	51926*	92	95.00	
Safe	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51926*	26	24.00	Bring current performance closer to benchmark

Change				
Planned improvement initiatives (Change Ideas)			Goal for change ideas	
Methods	Process measures	Comments		
1)Provide information and/or education to families, in regards to the services and supports that can be provided at Nithview,	Will develop information about the ways Nithview can provide supports, at Nithview, potentially reducing unnecessary transfer to hospital. Information will be provided to Family Council annually regarding the efforts to reduce Emergency Department visits. Will	Will request opportunity to address the issue with Family Council. Will track data on Emergency Department visits on a quarterly basis.	Will request opportunity to address the issue with Family Council. Will track	
2)Provide education and information to Registered staff regarding the opportunities to avoid Emergency Department	Provide information about Emergency Department visits, and evaluate ways in which a visit could have or might have been avoided. Help staff differentiate between unnecessary and necessary.	Review data quarterly on Emergency Department visits. Review all transfer notes, and previous nursing notes, by nursing management team. Review ER transfers at quarterly PAC meetings. All ER transfers will be reviewed for need, prevention and determine if it could	Reduction in the number of unnecessary Emergency Department visits;	
1)Education and resources are being provided to staff, to assist in the adoption of best practices.	Offer dementia awareness training for staff, and provide opportunities for staff to attend training available in the community.	Number of staff attending training opportunities	65% of staff will attend at least one training opportunity offered.	
2)Pharmacy will provide monthly data on residents that are on an atypical antipsychotic medication.	Monthly data on individual resident usage will be tracked and reported.	Number of residents; types of antipsychotic medication used; frequency of use	Will receive a monthly report, inclusive of 100% of residents on an antipsychotic	
3)Residents being considered for antipsychotic use will be considered for alternate therapies, activities or diversion	Will consider options such as Java Music, horticultural activities, Music in Memories program, baby dolls for cuddling, art projects, laundry folding, and Snoezelen Room.	Residents who have alternate therapies, activities or diversion resources as part of their care plan	80% of residents on antipsychotics, without a diagnosis of psychosis, will have alternate	

4)The BSO Team will conduct multi-disciplinary rounds, in regards to residents who have been referred to the BSO Team	The BSO Team will schedule monthly meetings and/or huddles, to review interventions specific to a resident, identifying what is effective and what strategies would benefit from modifications.	Number of residents reviewed by BSO team at monthly meetings or huddles	Contribute to the reduction of antipsychotic use by BSO residents; % of residents	
5)Monitoring of antipsychotic use in an effort to identify trends and opportunity for change.	Data regarding antipsychotic use will be reviewed at monthly Registered staff medication meetings, PAC and Quality and Risk Management meetings.	This will be on the agenda of all scheduled meetings of the groups listed.	100% of strategies suggested will be further investigated for potential change.	
1)Re-establish continence care team identifying residents who would benefit from prompted voiding schedule.	Review residents with worsening bladder control, and develop a plan to improve bladder control. Refer residents to the Continence Team who will review residents at monthly meetings.	Review data for residents with bladder control issues; number of residents reviewed at meetings; number of plans implemented	10% of residents show improvement within the quarter; 10% of residents sustain	
2)Education for PSW's and Reg Staff on coding of continence	Staff will receive education at front line and communication meetings, as well as at huddles on the floor.	% of staff educated on coding of continence, and consistency of staff coding the continence	80% staff educated on coding; 70% of staff, this year, on consistence of coding	This year, Nithview is introducing POC, thus there will be a learning curve
3)Implementation of revised continence assessments for all residents.	Will implement a computerized tracking and assessment system in conjunction with TENA representative.	All residents will have an assessment on file. Going forward an assessment will be completed on admission and as needed with change in condition.	100 % of residents will have an assessment on file by December 2016	
1)Mission, vision, and purpose statements will be reviewed, with consultation from board, staff, residents, family and constituents.	Will hold community forums and invite feedback to proposed changes	All feedback received will be reviewed by board committee and changes made as determined as part of the process. Staff will be educated regarding the revised Mission Statement. Mission Statement will be vetted through Residents' Council, inviting suggestions for	80% of staff attend education; minutes will reflect review by Residents' Council;	
2)Residents will receive information and education in regards to Residents' Rights.	Residents Rights will be reviewed at Residents' Council meetings. Information regarding Residents' Rights will be included in Admission Package. A poster regarding Residents' Rights will be put in conspicuous locations throughout the home. The Resident Life Coordinator	Minutes of Residents' Council where Residents' Rights are discussed. Review of resident concerns, at quarterly POC and Quality and Risk Management Committee meetings, for results of satisfaction survey, noting trends and themes, and identifying opportunities for	75% of cognitive residents are aware of their right to voice their concerns.	
3)Staff will be re-educated in regards to Residents' Rights, and respect residents' ability to voice their needs.	Residents' Rights will be addressed at annual mandatory education and with individual staff, when issues or concerns arise. We will seek out additional education opportunities for staff, to strengthen their understanding and knowledge around Residents' Rights	Number of staff attending training and/or educational opportunities - both internal or external of organization	100% of full-time staff, 95% of part-time staff and 90% of casual staff will receive training in	

1) Evaluate falls' data for trends and patterns, root causes, and to identify who is falling, in order to identify strategies for reduction of	Review reporting capabilities of Point Click Care for falls, to analyze trend data, and determine root cause of residents falls. Trends will be reviewed at monthly falls meeting. The Quality and Risk Management Committee and POC will review at quarterly meetings.	Number of residents reviewed at fall's meeting	80% of recommendations out of meeting suggestions will be considered with	
2) Improve team member awareness of individualized falls, risks and prevention strategies	Annual mandatory training for all staff in falls prevention, utilizing various strategies including classroom format, demonstrations and source out possibly electronic learning modules	Number of staff who have completed mandatory training	80% of staff will complete training on falls, risks and prevention strategies	
3) More timely initiatives and strategies that identify and respond to residents at risk for falls	Implement coloured symbols, identifying residents' risk for falls. Documentation on care plan, in regards to use of strategies such as high-low beds, chair alarms or floor mats. Falls assessments conducted upon admission, when there is a change of condition, and post fall.	Number of strategies used, such as chair alarms in use and/or floor mats in use; number of falls that required Emergency Department visit; number of falls that had no injuries. Number of residents attending exercise program; number of residents involved with	80% of residents who have fallen are injury free, 90% are assessed by physio post fall,	