

# 2015/16 Quality Improvement Plan for Ontario Long Term Care Homes

## "Improvement Targets and Initiatives"



WILLIAM A. BILL GEORGE EXTENDED CARE FACILITY 75 FIFTH AVENUE

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Safety	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53643*	15.71	9	Although our performance target is 9, it should be noted that the current Provincial average is 14.2.	1)To increase staff awareness of at risk residents' movement when not under direct supervision. 2)To increase staff's usage of alternative falls prevention strategies.	We have increase the number of bed with chaparine systems (bed alarm) and updated the thoses beds we already have. Review the alternatives to restraints during bed rail assessment process.	Every year we will order a bed with the chapaorne/bed alarm system through the capital request process 100% of current resident and new admissions were assessed using the side rail decision form.	To aim for 40% to 60% of all beds to have chaparone/bed alarms 80% of residents that require alternate safety devices will have them	We currently have 25% of our beds with the chaparone/bed alarm system. We currently have a falls prevention program (Senior Friendly)
	To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53643*	0	0	Maintain our current performance of having no current incidents of pressure ulcers.	1)Staff are educated and aware of preventative and early intervention methods of wound prevention and management.	Residents are reviewed weekly and those at risk are identified and reviewed with the team including the Nurse Practitioner.	100% of Braeden assessment completed upon admission and quarterly. 100% of all wounds > stage 1 are reviewed by the RN or NP	0% of residents develop a pressure ulcer in ECU	Currently exceed benchmark and provincial average an plan to maintain status
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53643*	8.96	8	See comments.	1)We have a "least restraint" policy at our home which is supported by the team, including the physicians. Our goal is to continue to promote this policy with the residents and families.	chart audits	number of completed policy reviews documented at admission	100% compliance	Currently 15% or 3 residents use full side rails which are considered a restraint. It should be noted that all 3 residents are
Effectiveness	To Reduce Worsening Bladder Control	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53643*	X	12	Target performance aligns with Provincial benchmark.	1)100 % of resident have a continence assessment completed upon admission and an appropriate plan of care developed	Our continence program includes toileting program that encourages continence, and appropriate use continence products.	The number of continence care plans reviewed each monthly audit	100% of residents will be reassessed quarterly and their individualized care plan updated as needed	According to our publically reported rates we have been below the provincial average for the past 2 years and below the benchmark for the past year.

	<b>To Reduce the Inappropriate Use of Anti psychotics in LTC</b>	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53643*	40.91	30	would bring us down to the provincial average	1)To utilize the local Behavioral Supports Ontario outreach program in the home.	A referral will be made on all clients who exhibit an unexplained increase in responsive behaviors that are proving to be an increase challenge for staff and family	80% of resident that ar placed on an antipsychotic medication will have been referred to the BSO program or have an appropriate diagnosis made by their MRP.	100% of the residents will have their medications reviewed quarterly.	Our rate of 46.9% is the same as the provincial average
<b>Resident-Centred</b>	<b>Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".</b>	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 2014 - Mar 2015 (or most recent 12mos).	53643*	CB	75	internal progressive improvement	1)Ensure that our survey captures the information requested in this question	This years's survey will be sent out to residents, their family and significant other in March 2015	80% of returned surveys will indicate that residentand family feel they "have a voice"	Survey to be completed annually in March and be available upon request of resident or family	Due to small number of residents the survey's will be collected by Quality and Risk staff to ensure confidentiality for those who request it.
		Percentage of residents responding positively to: "I can express my opinion without fear of consequences." (InterRAI QoL)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12 mos).	53643*	CB	75	progressive internal improvement	1)Ensure that our survey captures the information requested in this question	This years's survey will be sent out to residents, their family and significant other in March 2015	80% of returned surveys will indicate that residentand family feel they express their opinion without fear of consequences	Survey to be completed annually in March and be available upon request of resident or family	Due to small number of residents the survey's will be collected by Quality and Risk staff to ensure confidentiality for those who request it.
	<b>Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction"</b>	Percentage of residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos)	53643*	CB	75	progressive internal improvement	1)Ensure that our survey captures the information requested in this question	This years's survey will be sent out to residents, their family and significant other in March 2015	80% of returned surveys will indicate that residentand family feel they would recommend this nursing home to others	Survey to be completed annually in March and be available upon request of resident or family	Due to small number of residents the survey's will be collected by Quality and Risk staff to ensure confidentiality for those who request it.
		Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12 mos)	53643*	CB	75	progressive internal improvement	1)Ensure that our survey captures the information requested in this question	This years's survey will be sent out to residents, their family and significant other in March 2015	80% of returned surveys will indicate that residentand family feel they would recommend this site or organization to others	Survey to be completed annually in March and be available upon request of resident or family	Due to small number of residents the survey's will be collected by Quality and Risk staff to ensure confidentiality for those who request it.

Integrated	To Reduce Potentially Avoidable Emergency Department Visits	Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents	% / Residents	Ministry of Health Portal / Q3 FY 2013/14 - Q2 FY 2014/15	53643*	20	0	Continue to work at reducing performance to 0.	1)To ensure that the team, including the resident and family are involved in the plan of care, including the decision to send or not send resident to the ER	Add this issue to the annual case conference to be discussed	80% of residents who have recurrent treatable in home conditions will have an agreed (MRP, NP, Resident/family and the home team) plan of care in their chart.	100% of residents will be transferred to the ER only for conditions that can not be managed in the home	In 2014 we had 10 residents transferred to ER and all were admitted except for 1 who was assessed and returned to ECU
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