

## SLMHC - Excellent Care for All

### Quality Improvement Plans 23/24 (QIP): Progress Report on the 2022/23 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.

Ontario Health (OH) 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 2022/2023	Org Id	Current Performance as stated on QIP 2022/2023	Target as stated on QIP 2022/2023	Current Performance 2023	Comments
1	The number of ED visits for the modified list of ambulatory care– sensitive conditions* per 100 long-term care residents.	53643*	<5	<5 To maintain the current level	<5	There is a lot of progress in this area. We hope to keep improving. One of the main reasons ED visits were less was due to nursing staff, RN and LTC Mds advocating to initiate some of the complex treatments at ECU. A good example was during the Covid 19 outbreak. 18 residents were affected over a period of 4 weeks. A good number needed IV antiviral treatment. MDs and RN opted to carry out these treatments at ECU instead of transferring to ED.

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 Year's QIP (QIP 2022/2023)	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?
1) Initially consult with the home physician in the Long Term Care regarding patients compliance (i.e., identified for potential ED visits) before visiting the ED first	Y	

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2	The number of individuals for whom the emergency department was the first point of contact for mental health and addiction care per 100 population aged 0 to 105 years with an incident MHA-related ED visit.	964	29.91			Baseline collection under process

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3	Percentage of inpatient days with an alternate level of care designation: where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.	964*	42%	16% Working towards the provincial average	42%	

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Any patient with a L.A.C.E score of 12 or greater will have a complex discharge care plan initiated.		

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4	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.		CB	CB	CB	

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Need to identify the current process for submitting the discharge plan to the primary physicians.		

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5	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	53643*	66.67%	85%		This was hugely affected and influenced by Covid 19 protocols put in place. It was hard for some residents and family members to understand and comprehend why the protocols and restrictions were put in place. Even with all the explanations and reasoning behind the protocols, residents and families still felt isolated and not listened to. An example was when visitors were restricted or had to visit by appointment. During the year our regular interpreter also retired, so there were times we had to do without an interpreter. This affected the continuity of communication.

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	intended? (Y/N button)	What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Regular rounding on residents in the home by the Director of Patient Care (all residents rounded monthly)		

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6	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	53643*	88.89%	95%		During this period relied heavily on Agency staff especially. These were unfamiliar to our residents, culture, and our environment

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Continue to engage residents and their family members in the established Residents Council. (Meeting scheduled quarterly basis)		

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7	Percentage of respondents who responded “completely” to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	964*	64.74%	80%		

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Complete PDSA cycles for updated discharge care plan to ensure all necessary elements are captured. As well as ensure that care plan is sent to the nursing stations.	No	The tool is being used more consistently more education to nursing is required due to the extreme turnover rate in nursing

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8	Percentage of Hospital Inpatients responding, “Definitely yes” to the question "Would you recommend this hospital to your friends and family Based on the quality of care provided?" (Inpatient care)-(The number of respondents who responded 'Definitely Yes' to the question)	964*	81.5%	85% Provincial benchmark by MOH (81.8%)		

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1) Increase the number of surveys completed for inpatients by improving access to surveys.	N	Decrease in satisfaction survey numbers
2) Implementation of Leader Rounding on Patients	Y	Provided in the beginning and its almost none now
		Manager position empty for over 1-year directors filling in as best as possible

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9	Percentage of Hospital patients responding "Definitely yes" to the question "Would you recommend this Emergency Department to friends and family based on the quality of care provided?" (The number of respondents who responded 'Definitely Yes' to the question)	964*	40%	70%		

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2) Implementation of Leader Rounding on Patients		

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10	Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL) "The number of Long Term Care patients who responded 'Definitely Yes' to the question"	53643*	75%	85%		Lost our regular FT Interpreter due to retirement. We still have not been able to secure an FT regular interpreter. This is very important for the residents to be able to voice their concerns to someone they see regularly and can trust and build rapport.

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Regular rounding on residents in the home by the Director of Patient Care (all residents rounded monthly)		

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11	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.	964*	Collecting Baseline	Collecting Baseline		

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1) Continue to include medication reconciliation information to staff at orientation.	Y	
2) Specific Phased approach to improve medication reconciliation process in three key areas/ specialties - Surgical, Acute care, Maternity & IPP	N	Continue with the plan no manager for 1 year

3)Ensure all potential deficiencies or limitations of the system are known to all users.	N	Continue with the plan no manager for 1 year
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12	The number of workplace violence incidents reported by hospital workers (as defined by OHSa) within a 12-month period.	964*	21	0		

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1)Implementation of a Screening tool to identify patients with behavioural or physical risk tendencies.	Y	
2)All staff will attend the Healthcare Aggression Response Training, Code White, and Pinel Restraint Certification	Ongoing	

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13	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7					2021-2022 was higher than the Provincial target. The RN, Team Leader and LTC Medical director will work

<p>days preceding their resident assessment</p>			<p>collaboratively to pull information from Med-e-Care and analyze each case. There is potential and room for improvement.</p>
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14	<p>The number of workplace violence incidents reported by Long Term care workers (as by defined by OHSa) within a 12-month period.</p>					<p>The staff has been actually been encouraged to report cases, thus the high uptake. More training has been offered to staff including the mandatory GPA. The subject of violence has been regularly been brought up for discussion during huddles to bring awareness. Acting out behavior policy is now in place.</p>

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15	Staff and Physicians will comply with all moments of hand hygiene					

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16	"Were you or your caregiver asked what your NEEDS or CULTURAL values are when making decisions about your care? (Your unique needs, customs, beliefs, rituals, traditions, such as any or all of the following: accessibility needs; dietary restrictions such as gluten-free, vegetarian etc.; interpreter assistance for all languages; family members or close friends present; visits by clergy members, elders, or spiritual leaders; visits to the multi-	964	65%	80%	78.39%	Extreme turnover, not enough space for all at once need more courses

denominational chapel; access to the traditional ceremonial room; traditional healing options; sacraments or sacred rituals; who you would like to make decisions about your care if not you; etc.) (Percentage of Hospital Inpatients responding ""Strongly Agree"" Top- Box)"

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Providing cultural training for physicians	N	
Providing cultural training for staff	N	enforce staff participation do audits and preschedule staff

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17	"Were you or your caregiver asked what your NEEDS or CULTURAL values are when making decisions about your care? (Your unique needs, customs, beliefs, rituals, traditions, such as any or all of the following: accessibility needs; dietary restrictions such as gluten-free, vegetarian etc.; interpreter assistance for all languages; family members or close friends present; visits by clergy members, elders, or	53643	88.89%	90%	89%	Progressing well so far. We also have a new Team Leader/RAI coordinator who is working very well in putting informed Care Plans together.

spiritual leaders; visits to the multi-denominational chapel; access to the traditional ceremonial room; traditional healing options; sacraments or sacred rituals; who you would like to make decisions about your care if not you; etc.) (Percentage of Hospital Inpatients responding ""Strongly Agree"" Top- Box)"					
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