

## 2016/17 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"

Trillium Health Partners - McCall Centre 21 Bed Long-Term Care (LTC) Interim Unit

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
Safe	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2015/16	THP - McCall Interim LTC Unit	10.80%	9%	To reach Health Quality Ontario's Benchmark	1. Participation in RNAO's Community of Practice	1. (a) Continually assessing all residents for falls risk (b) Develop a fishbone to determine why residents fall	1. # of community of practice meetings attended	Attend 100% of community of practice meetings
									2. Implement post-fall huddles	2. (a) Review possible causes of falls (b) evaluate existing interventions c) implement new interventions	2. % of post fall huddles held after each resident who falls	Conduct huddles following 100% of falls
	To Reduce worsening stage 2-4 pressure ulcers	Percentage of residents experiencing worsening stage 2-4 pressure ulcers	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2015/16	THP - McCall Interim LTC Unit	2.90%	1.24%	To reach Extencicare's Marker of Excellence	1. Education of PSW staff on pressure ulcer identification	1. (a) Provide classroom and online educational opportunities for all staff regarding identification (b) Provide classroom and online educational opportunities regarding the importance of PSW-RPN-RN communication c) Create opportunities for PSW's to communicate concerns to RN's	1. (a) # of staff that participate in education sessions (b) # of stage 1 wounds reported	100% of full-time staff who have participated in education
									2. Education for residents and families regarding the importance of repositioning and skin integrity	2. Develop education for families to be presented at quarterly family night events	2. # of family members/residents that attend family education nights	50% of residents /families represented at education nights
									3. Ensure residents who have a PURS >4 have preventative skin measures in place	3. Review diets, medications and vitamin supplements with regards to skin integrity at RAP meetings and Skin & Wound Committee meetings	3. # of residents who have a PURS >4 who have preventative skin measures discussed at RAP meetings and documented in the care plan	100% of residents with PURS>4 will have preventative skin measures in place
	Maintain a policy of zero restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2015/16	THP - McCall Interim LTC Unit	0%	0%	Sustain Theoretical Best	1. Continue education for families at time of admission	1. RN meets with family on the day of admission to discuss our least restraint policy and documents the conversation.	1. # of documented conversations regarding restraints	100% of family conversations result in zero new restraints
									2. Continue conversations with CCAC prior to admission to ensure family understands our least restraint policy	2. DOC to discuss with CCAC Care Coordinator our policy of least restraints	2. # of documented conversations regarding restraints	100% of CCAC conversations result in zero new restraints

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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
Effective	<b>Potentially Inappropriate Antipsychotic Use</b>	Percentage of residents receiving antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2015/16	THP - McCall Interim LTC Unit	15.70%	12.50%	Reach Extencare's Circle of Excellence	1. Conduct Quarterly focussed medication reviews	1. Physician, DOC, Charge Nurse and Pharmacist to meet quarterly to determine if alternatives to antipsychotics are available for residents without a diagnosis of psychosis	1. # of inappropriate prescriptions	Complete 100% of Quarterly Med reviews with interdisciplinary team.
	<b>Worsened Bladder Control</b>	Percentage of residents with worsenin baldder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2015/16	THP - McCall Interim LTC Unit	16.20%	12.00%	To reach Extencare's Marker of Excellence	1. Continued Education of PSW staff on correct coding of bladder control	1. (a) Work with Tena to provide education on types of bladder control (b) Audit MDS coding and PSW Documentation (c) Education of Direct Care staff on continence policies (d) Review PSW documentation at RAP meeting	1. (a) # of bladder control education sessions provided to PSW and Registered staff (b) # of RAP meetings where continence is discussed	100% of full time staff attend continence education
	<b>To Reduce Potentially Avoidable Emergency Department Visits</b>	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 2014/2015 - Q2 2015/16	THP - McCall Interim LTC Unit	25.00%	6.80%	Achieve rate below MHLHIN average	1. Implement use of Hospital Transfer Summary Report Tool	1. Review all ED transfers at Continuous Quality Improvement Meetings	1. # of ED transfers reviewed	Ensure all ED transfers are recorded on surveillence tool
Resident-Centred	<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 / Fall 2015	THP - McCall Interim LTC Unit	100%	100%	Sustain Theoretical Best	1. Continue address resident concerns in a timley manner	1. Review all complaints at our Continuous Quality Improvement meetings to ensure that all concerns are dealt with immediately and resolutions are communicated to the complaintants	1. # of complaints resolved and resolutions communicated	100% of all complaints resolved and resolutions communicated