

2015/16 Quality Improvement Plan for Long-Term Care Home "Improvement Targets and Initiatives"

THP The McCall Centre LTC interim Unit

AIM		MEASURE							CHANGE				
Quality dimension	Objective	Measure/Indicator	Unit/Population	Source / Period	Organization Id	Current performance	Target for 2015	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas (2015)	Comments
Safety	Reduce falls	Falls: Percentage of residents who had a recent fall (in the last 30 days) - Q2FY 2014/15, CCRS eReports-unadjusted	% / Residents	CCRS,CIHI (eReports) / Q2 FY 2014/15	THP - McCall Interim Unit 54760	8.11%	8.00%	top 10% provincial performance benchmark	1) Reassess Falling Star program	1) Review Falls policy with all direct care staff 2) Assess to identify residents at risk for falls 3) Educate direct care staff on Fall program 4) Audit and monitor progress to ensure implementation	# of residents who have a falls assessment completed on admission , # of residents who have a post fall assessment completed # of falls that resulted in ED visit	100% of admission falls assessments completed by December 31, 2015. 100% of post falls assessments completed. 0 falls resulting in ED visits.	
									2) Reassess interdisciplinary Falls Quality team	1) team to review all falls in previous month 2) Root cause analysis of all falls per unit 3) Review documentation for all residents at risk for falls to ensure completion 4) Review that physio and pharmacy referrals are completed for high risk residents	# of residents who have a falls assessment completed on admission , # of residents who have a post fall assessment completed # of falls that resulted in ED visits # high risk for falls residents with pharmacy and physio referrals	100% of admission falls assessments completed by December 31, 2015. 100% of post falls assessments completed. 0 falls resulting in ED visits 100% of high risk for falls residents referred for physio and pharmacy review	
	Reduce worsening of pressure ulcers	Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse - Q2FY 2014/15, CCRS eReports - unadjusted	% / Residents	CCRS,CIHI (eReports) / Q2 FY 2014/15	THP - McCall Interim Unit 54760			Maintain performance below provincial average					Facility performance below provincial benchmark. Continue to monitor. No specific change initiatives this year.

AIM		MEASURE							CHANGE				
Quality dimension	Objective	Measure/Indicator	Unit/Population	Source/Period	Organization Id	Current performance	Target for 2015	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas (2015)	Comments
	Reduce use of restraints	Restraints: Percentage of residents who were physically restrained (daily) - Q2 FY 2014/15 CCRS eReports - unadjusted	% /Residents	CCRS,CIHI (eReports) / Q2 FY 2014/15	THP - McCall Interim Unit 54760			Maintain current level of performance; strive for theoretical best					Facility performance below provincial benchmark. Continue to monitor. No specific change initiatives this year.
Effectiveness	Reduce worsening bladder control	Incontinence: Percentage of residents with worsening bladder control during a 90-day period - Q2 FY 2014/15 CCRS eReports-unadjusted	% /Residents	CCRS,CIHI (eReports) / Q2 FY 2014/15	THP - McCall Interim Unit 54760	39.30%	12.00%	Return to historical performance levels; provincial benchmark	1) Implement interdisciplinary Continence Quality Team	1) Team to review and analyze all residents who are not totally incontinent to ensure toileting plans are in place and individualized for residents not totally incontinent 3) Bladder assessment including 3 day voiding patterns completed on admission and with change in condition 4) Consult Pharmacy consultant for review of medications that impact continence	# of residents who have a urinary continence assessment completed on admission # of residents who have a continence assessment completed for change of condition # of voiding pattern assessments that were completed # of toileting plans in place and individualized in the care plan	100% of residents have a continence assessment on admission. 100% of residents whose condition changes have a continence reassessment completed. 100% of residents have a completed voiding pattern assessment record. 100% of residents have an individualized toileting care plan in place.	
									2) Education of PSW staff on correct coding of bladder control	1) Work with SCA to provide education on types of bladder control 2) Monitor that toileting routines are being followed as per care plan 3) Audit MDS coding and PSW documentation of continence 4) Education of Direct care staff on Continence policies	# of bladder control education sessions provided to PSW and Reg Staff # of completed individualized toileting plans # of times that level of continence incorrectly documented # of audits completed to review that toileting plans are being followed as per plan of care	Minimum of 2 bladder control education sessions provided to PSW and Reg Staff 100% of residents have completed individualized toileting plans 100% compliance and accuracy for level of continence documentation Quarterly MDS audits of toileting plan adherence are completed	

AIM		MEASURE							CHANGE				
Quality dimension	Objective	Measure/Indicator	Unit/Population	Source/Period	Organization Id	Current performance	Target for 2015	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas (2015)	Comments
	Reduce inappropriate antipsychotic use in LTC	Antipsychotic use: Percentage of residents on antipsychotics without a diagnosis of psychosis- Q2 FY 2014/15 CCRS eReports- unadjusted	% /Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	THP - McCall Interim Unit 54760	23.94%	<24%						Facility performance below provincial benchmark. Continue to monitor. No specific change initiatives this year.
Integrated	Reduce ED visits	ED visits: Number of ED visits for modified list of ambulatory care sensitive conditions (ACSC) per 100 long-term care residents CIHI NACRS, CIHI CCRS- MOHLTC provided data to organizations through Itchomes.net	% /Residents	CCRS, CIHI (eReports) / Q3 FY 2013/14 - Q2 FY 2014/15	THP - McCall Interim Unit 54760	16.22%	≤16%	Monitor and access baseline	1) Implement a formalized communication plan to alert and monitor resident status on a daily basis	1) Implement Morning meeting process to discuss 24 hr report and areas of concern 2) Review daily infection control surveillance 3) Discuss strategies with physio re: residents with worsening mid loss ADL (locomotion, transfer) 4) Refer high risk residents for falls to Fall team 5) Collaborate with NP	# of morning meetings held # of infections captured by daily infection control surveillance # of referrals to Falls team # of residents with decline in mid loss ADL	100% of morning meetings are held 100% of residents with infectious symptoms are captured in the daily infection control surveillance 100% of residents identified as high falls risk are referred to the Falls Team 100% of residents experiencing mid loss ADL function are discussed with physio and strategies identified	
									2) Develop a formalized tracking system to review high risk areas and ambulatory care sensitive conditions	1) Implement unit tracking tool 2) Educate staff on use of tracking tool 3) Educate staff on assessment and acute change in condition	unit tracking tool is implemented and being used # of residents sent to ED who had a change in condition documented on 24 hr report/progress notes upon transfer	Unit tracking tool is implemented and being routinely utilized by Dec 31, 2015 100% of residents sent to ED have a change of condition documented and acted upon at transfer	

AIM		MEASURE							CHANGE				
Quality dimension	Objective	Measure/Indicator	Unit/Population	Source / Period	Organization Id	Current performance	Target for 2015	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas (2015)	Comments
Resident- Centered	Receiving and utilizing feedback regarding resident experience and quality of life "Having a voice"	Percentage of residents responding positively to: "what number would you use to rate how well the staff listen to you?" (NHCAHPS) Reporting period April 2014- March 2015 (or most recent 12 month period). Data source: external or internal resident satisfaction survey	%/Residents	Internal Resident Satisfaction Survey	THP - McCall Interim Unit 54760								We have chosen to focus on the corresponding question from the alternative tool. No Specific change initiatives this year.
		Percentage of residents responding positively to: "I can express my opinion without fear of consequences" (InterRAI QoL) Reporting period April 2014- March 2015 (or most recent 12 month period). Data source: external or internal resident satisfaction survey	%/Residents	Internal Resident Satisfaction Survey	THP - McCall Interim Unit 54760								We have chosen to focus on the corresponding question from the alternative tool. No Specific change initiatives this year.
	Receiving and utilizing feedback regarding resident experience and quality of life "Overall satisfaction"	Percentage of residents responding positively to: "Would you recommend the nursing home to others?" (NHCAHPS) Reporting period April 2014- March 2015 (or most recent 12 month period) Data Source:external or internal resident satisfaction survey	%/Residents	Internal Resident Satisfaction Survey	THP - McCall Interim Unit 54760	100%	100%	Sustain theoretical best	1) Work with resident council to ensure engaged and effective in all aspects of care in home.	1) Educate staff on purpose & mandate of resident council 2) partner with OARC to provide support for resident council 3) Involve resident council in decision making in the home.	Staff education completed re: purpose and mandate of resident council Resident council meeting agendas include requests for feedback and engagement on decisions for the home	2 Education sessions held by Dec 31/2015 2 or more items put forward on resident council agendas for input/ consultation on decisions for the home	
		Percentage of residents responding positively to: "Would you recommend this site or organization to others?" (interRAI QoL) Reporting period April 2014- March 2015 (or most recent 12 month period) Data Source:external or internal resident satisfaction survey	%/Residents	Internal Resident Satisfaction Survey	THP - McCall Interim Unit 54760								