

Let's Make Healthy  
Change Happen.



# 2018/19 Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



**Trillium  
Health Partners**  
**Better Together**

March 31, 2018

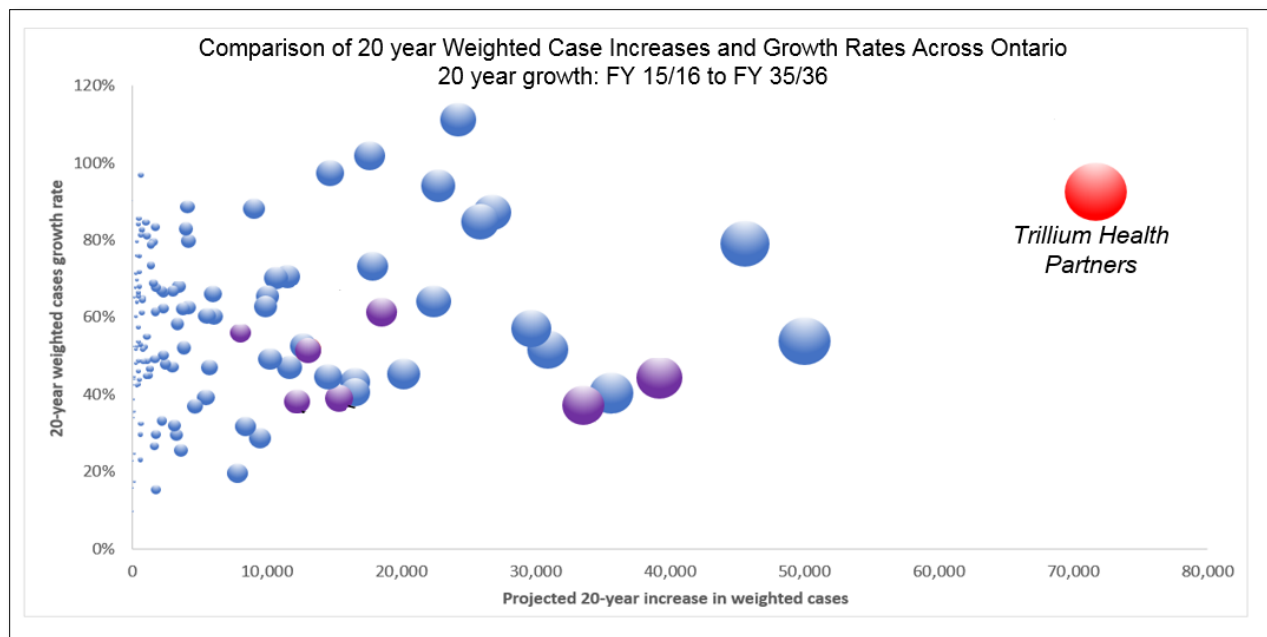
This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

## Overview

As an organization entrusted with providing health care services to our community, Trillium Health Partners (THP) is continuously seeking new ways to improve and deliver high quality, safe, efficient, patient-centred care. Our Quality and Patient Safety Program aligns with our foundational goals of Quality, Access, and Sustainability, and to the strategic priority of ensuring an exceptional experience that is responsive to our patients' needs, preferences, values, and goals. The Quality Improvement Plan (QIP) represents one key component of this program.

This year's QIP builds on the improvement efforts we have made in our first five years as a merged organization, and sets the foundation for the transformational work to come in the next five years. One key area of focus is on our capacity to meet the increasing care needs of our community. This is not a new challenge for THP, but is currently our principle concern, as demand for services reaches a historic high and will continue to grow. No hospital in Ontario will experience higher growth in demand than THP. Each year until the 2026/27 new build, this community needs to manage demand that will increase by 112 new beds per year. THP feels this pressure every day, and has utilized an 88% increase in surge spaces since 2015/2016 to manage this growth in demand for services.






As depicted below, THP (red dot) will experience the most significant growth rates in the province as compared to all other Ontario hospitals (blue and purple dots) over the next twenty years.



Our goal in this challenging environment is to manage this constant tension between quality and access to ensure that we keep patients, long term care residents and families at the heart of everything we do. We are working every day to address this challenge, combining long-term, mid-term, and daily mitigation strategies.

We present below a Quality Improvement Plan (QIP) that balances these tensions and inspires improvement in our organization from leadership to front-line. The targets we have set ourselves reflect our commitment to continuous improvement, and we anticipate that some may take several years to achieve. We believe that maintaining this steady focus on aspects of patient care will transform the health care experience is the right thing to do.




## Acute Care at Trillium Health Partners

THP Strategic Plan Goal	HQO Quality Dimension	Goal	2018/19 Priority Indicator		Target
Quality	Patient-Centered	We will improve the experience of patients and families who trust us with their care		Patient Survey Results - "Would you recommend this hospital to your friends and family?"	≥80%
	Effective	We will optimize capacity within our hospital through delivering the right care in the most appropriate clinical setting, addressing our capacity challenges while maintaining high quality of care for patients		Emergency Department Admission Rates	≤11%
				LOS Index <sup>1</sup>	≤1
	Safe	We will focus on the safety of our staff through continued engagement and awareness of a healthy and respectful workplace  We will continue to improve the safety of care we provide by focusing on three core clinical practices: injurious falls, pressure ulcers, and medication reconciliation on discharge		Increase the reporting of Workplace Violence Incidents	≥744
People Engagement				≥65.5%	
Access	Timely	We will sustain access to our services by managing emergency department wait times for patients		Pressure Ulcers	≤4.8%
				Injurious Falls	≤1.6%
				Medication Reconciliation at Discharge	≥85%
Sustainability	Efficient	We will maintain our sustainability through achieving a balanced budget		Hospital Total Margin (GAAP) <sup>2</sup>	≥-0.4

<sup>1</sup> LOS Index is defined as the actual acute length of stay (LOS) divided by expected acute HIG LOS for typical cases. Exclusions include deaths, sign-outs, transfers, neonates and patients in mental health beds. (Source: CIHI DAD)

<sup>2</sup> Hospital Funding for 2018/2019 had not been confirmed at the printing of this document

### Long Term Care at Trillium Health Partners<sup>3</sup>

THP Strategic Plan Goal	HQO Quality Dimension	Goal	2018/19 Priority Indicator		Target
Quality	Resident Centered	To Increase overall satisfaction		Resident Survey Results – “I would recommend this site or organization to others”	100%
		To increase the number of residents who feel listened to		Resident Survey Results - “How well do the staff listen to you?”	≥80%
		To increase the number of residents who feel able to speak up about the Home		Resident Survey Results - “I can express my opinion without fear of consequences”	≥90%
	Effective	To reduce potentially avoidable ED visits		Number of Emergency Department (ED) visits for modified list of ambulatory care sensitive conditions per 100 long-term care residents	≤12%
	Safe	We will reduce the number of falls for our residents		Percentage of residents who had a recent fall (in the last 30 days)	≤9%
		To decrease potentially inappropriate antipsychotic medication use		Percentage of residents receiving antipsychotics without a diagnosis of psychosis.	≤8.8%
		To decrease the occurrence of pressure ulcers		Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment	≤4.8%

<sup>3</sup> There are 21 Long Term Care (LTC) beds at Trillium Health Partners which are located at the McCall Centre of the Queensway Health Centre site.

## Quality Improvement Achievements from the Past Year

As our community grows, capacity continues to be one of our greatest challenges. Trillium Health Partners (THP) receives over 270,000 visits every year at our Emergency Departments (ED) and Urgent Care Centre (UCC), more than any other hospital in Ontario. The commitment of our staff, physicians, volunteers and students to quality improvement is evident in each and every one of our patient care interactions, including the 1.6 million ambulatory patient visits that occur annually.

In November 2017, THP was awarded an Exemplary Standing by Accreditation Canada, the highest level of survey performance possible. Of the 2,563 standards assessed we met 2,559 which yielded an unprecedented result of 99.84%. During this survey, six external surveyors from Accreditation Canada visited all of our programs and sites, and spoke with staff, physicians, volunteers, learners, and our patients and their families. Particular strengths noted by the surveyors were our culture, leadership, patient and family centred care and the hard-wiring of quality and patient safety in everything we do. Our Medical Device Reprocessing service was one of our programs that was acclaimed as a leading practice.

Also in late 2017, THP achieved two additional best practice awards. Through the quality leadership of our Women's and Children's program, we became only the 7<sup>th</sup> hospital in Canada to achieve the *National Baby Friendly Initiative Designation*, awarded by the World Health Organization and UNICEF. And, through the vision and commitment of our Inpatient Medicine program and Intensive Care Unit (ICU), we received the prestigious Trillium Gift of Life *Provincial Conversion Rate Award*, recognizing our success in meeting the target of 58% of patients who went on to become actual donors posthumously.

Quality and exceptional patient experience go hand in hand. This year, we unveiled the new **Michele S. Darling Women's Imaging and Assessment Center**, and, expanded Brachytherapy services to Prostate Cancer patients, both at the Credit Valley Hospital (CVH). We opened the new **Moir Family Centre for Complex Continuing Care** and developed joint quality initiatives with Extencicare at our McCall Centre for Continuing Care, both at the Queensway Health Centre (QHC). Monthly meetings with physicians, pharmacists, dietitians, nursing leaders, and administrative leaders are held to review best practice adherence, for example, appropriate use of antipsychotics among all our McCall long-term care residents. These checks and balances have resulted in a significant decrease in the use of antipsychotics on the unit, resulting in safer care for our residents.

As an organization, we are in the final stages of selecting a new Health Information System (HIS). This will be used by our interdisciplinary health care teams across all sites, to effect efficient communication between seamless transfer of patients' health information and standardized and efficient processes to organize treatment delivery.

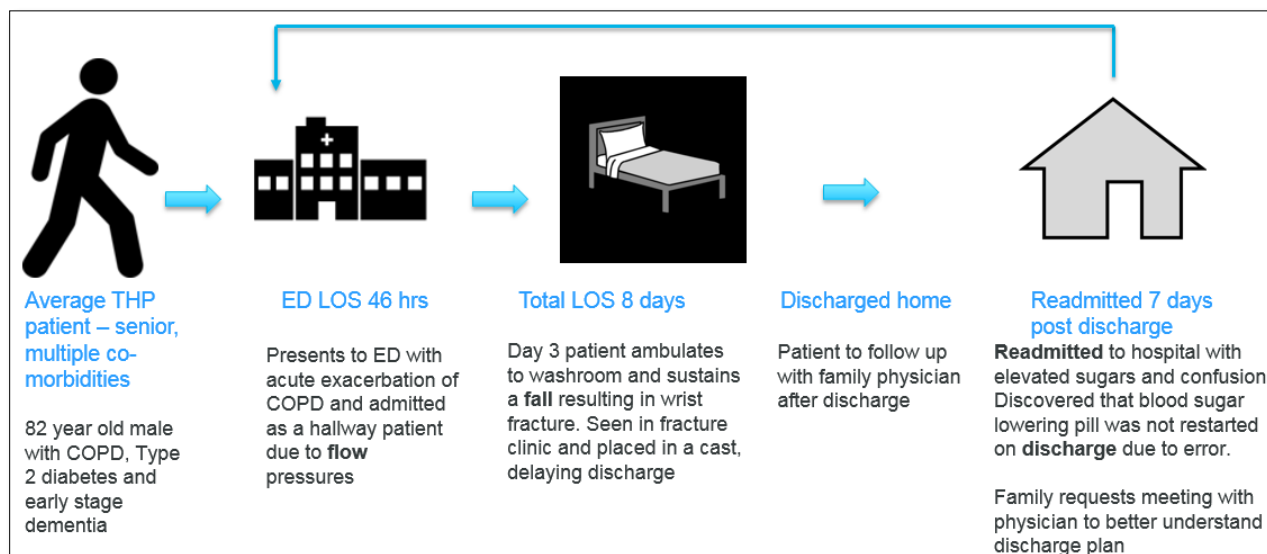
Finally, THP received a \$2.8 million investment under the Ontario's Hospital Renewal Infrastructure Fund to undertake capital improvement and upgrades. Such work included: updating nurse call buttons, improving electric infrastructure, upgrading hot water system delivery and modernizing elevators.

Ontario’s Hospital Energy Efficiency Program is further supporting keys projects that will encourage the use of more renewable energy technologies within our organization and generate future energy-related savings.

These accomplishments would not have been possible without our strong local partnerships, and the deep commitment of our staff and physicians in continuous quality improvement.

## Reflecting the Patient Experience in our Quality Improvement Plan (QIP)

For 2018-19, THP has developed a Quality Improvement Plan (QIP) that focuses our improvement efforts on the most critical elements of the patient experience in the face of the pressures that we are currently managing with capacity. The selected indicators in our QIP are targeted to make improvements and enhance patient care. This is an illustration of how our indicators can be used to make improvements and enhance our patients’ experience:



Many of our patients are older and coping with multiple co-morbidities. They arrive in our Emergency rooms with acute exacerbation of symptoms, often requiring admission. At times such as flu season, when we have severe patient flow and capacity pressures, patients can sometimes wait in the ED, or be placed briefly in unconventional spaces such as hallways, prior to admission to a bed in a clinical program. Measuring how long this wait takes is an important issue that we regularly monitor and drive continuous improvement around.

Early ambulation helps admitted patients recover more quickly but can increase the risk of falls in older patients. Measuring our fall rate is a way to ensure we are implementing best practices to take care of patients and balancing early ambulation against the risk of injury from falls with no delay in expected length of stay.

Transition from home to a patient’s destination of choice is an important part of the patient journey, and making sure they have all the information they need, including a plan of care with medications, will help ensure a successful transition/discharge. Measuring medication reconciliation on discharge is one measure that will ensure we are focusing on this important transition of care.

Using patient experiences such as these to determine QIP metric selection is one way to continually engage our organization in driving improvement activities around issues that are highly relevant to our capacity pressures.

## Community Health

As a member of the Healthy City Stewardship Centre (HCSC), THP works closely with the City of Mississauga and the Region of Peel to advance a common vision of improving the overall health of the community, including physical, mental, social and environmental health. In 2017, the Peel Regional Council unanimously passed a motion to endorse the Better Health Matters Insight Report that showcased key findings and a declaration of what the community believes together we are capable of achieving.

THP has partnered with the Mississauga Halton Local Health Integration Network (MHLHIN) and the provincial government to develop regional strategies for community care addressing the increased demand for services.

THP has expanded its Medical Psychiatry Alliance (MPA) partnership with The Centre for Addiction and Mental Health (CAMH), Sick Kids, and the University of Toronto. This collaboration seeks to transform the delivery of mental health services for patients with co-occurring mental and physical illnesses, as well as teach current and future health professionals how to prevent, diagnose, and treat mental and physical illnesses holistically.

To improve and maintain the health of children in our community, THP’s KidFit program provides a unique multi-disciplinary approach that addresses the many dimensions contributing to a child’s weight challenge. Through group, individual, and family-based treatment, KidFit provides a comprehensive plan to ensure that we are all working together to help children and their families live healthier lifestyles.

## Equity

Trillium is committed to providing high-quality, accessible, and, equitable health services. Through telephone town halls and in-person focus groups, we have engaged 180,000 members of our community to ensure we are meeting their diverse needs. Our goal is an inter-connected system of care that is easier to navigate, and which eliminates barriers to care for our patients, families, and, residents.



We have been providing access to language interpreters, sign language interpreters as well as telecommunications devices for the hearing impaired. Our annual report and community newsletter are translated into the languages most commonly spoken in the communities we serve. Our corporate website, which includes our Quality Improvement Plan, features translation into over 100 languages.

In partnership with Mississauga Halton LHIN, we are pleased to introduce an online 8-week Indigenous Cultural Safety Training Opportunity for non-Indigenous professionals. This training will improve understanding about the ways assumptions and stereotypes affect levels of care within our healthcare setting and encourage the building of collaborative relationships with Indigenous populations.

## Integration and Continuity of Care

In partnership with other health care providers in our region, we are working toward developing a more integrated health system to improve patient transitions across the care continuum.

Our award-winning PPATH initiative – Putting Patients at the Heart, a Seamless Journey for Cardiac Surgery – is now in its third year of operation. Trillium and Saint Elizabeth Health Care redesigned the cardiac surgery model of care around the needs of the patient through standardized, integrated, post-operative care pathways. This integrated approach, focused on the seamless transition of cardiac surgery patients from hospital to home, has reduced both acute length of stay and hospital readmissions post: it has reduced the average length of stay by two (2) days and reduced the percentage of average ED visits and readmissions within 30 days of stay, thus increasing capacity. Patient satisfaction has been rated at 98%.

Since 2014, THP has had a partnership with Runnymede Healthcare Centre (RHC) that provides THP access to thirty-three (33) protected CCC beds for patients requiring low-tolerance long-duration (LTLD) rehabilitation care. Since inception, this partnership has served approximately 170 patients per year, while achieving patient satisfaction levels of 86%. For 2017/18, almost 230 patients are expected to receive their rehabilitation at Runnymede through the partnership. This integrated approach to delivering specialized services across the continuum of care continues to provide access to the highest quality of care, while improving patient flow and bed capacity for THP, including access for an additional 270 patients each year who are able to receive high intensity inpatient rehab at our THP sites.

In addition to the above, THP recently entered into a partnership with West Park Health Centre (WPHC) to provide services that help patients requiring chronic ventilation transition from acute care into a more appropriate care setting, whether that is WPHC's complex continuing care environment or their homes in the community. This partnership model has provided an opportunity for our long-stay ICU patients at THP to begin improve their quality of life. Since November 2017, THP has transitioned five (5) long-stay patients to West Park Healthcare Centre, one of whom has actually been able to fully wean off mechanical ventilation and now may have the possibility of transitioning from West Park Health Centre to his home – an option that didn't seem possible while he was in acute care. These patients represent approximately

3587 patient days and approximately \$12M in care costs. This increase in capacity will allow for up to an additional 1,000 patients annually to receive ICU level of care when needed most.

## Access to the Right Level of Care: Post-Acute Care

Post-acute care refers to ongoing bedded services that a patient requires after they are medically stable and thus no longer require acute care. These services include rehabilitation, Complex Continuing Care (CCC), and palliative care. Last year, THP opened a 20,000 square foot, 39 bed, post-acute inpatient unit for Complex Continuing Care (CCC) patients at the Queensway Health Centre (QHC). This home-like environment comes with a large space for family gatherings and events with artwork in every room, selected in consultation with patients and their loved ones. THP is pleased to recognize and honour Bill Moir and the Moir family by naming this space The Moir Family Centre for Complex Continuing Care.

Alternate Level of Care (ALC) refers to patients who are waiting in the hospital for a more appropriate level of care. ALC is a significant contributor to THP's current hospital capacity challenges. Although THP is pursuing multiple strategies to reduce the number of ALC and create capacity, it is projected that demand for hospital care will continue to outpace this work. Through a generous provincial government commitment, we have been invited to submit proposals to the Ministry of Health and Long-Term Care (MOHLTC) for two major construction projects that will add 548 new beds and replace 566 outdated beds to the Mississauga Hospital site and Queensway Health Centre sites over the next ten years. Planning to manage the demand for service in the short, medium and long-term will allow THP to be better equipped to meet the health care needs of the next generation.

## Staff Safety and Workplace Violence

THP is committed to cultivating and fostering a safe and healthy environment for all patients, residents, visitors, staff and professional staff where everyone feels supported and respected. We know that the health, safety and engagement of our people is the key to creating a positive patient and family experience.

Last year, we established a frontline inter-professional working group to create a framework to promote a healthy, safe, respectful and healing culture at THP. Together we have successfully implemented an organization-wide Workplace Violence Prevention Policy and Declaration of Respect. These documents provide clear expectations and standards, as well as a process by which incidents or threats of workplace violence can be prevented, reported and addressed.

Reporting of workplace violence, workplace sexual harassment, or workplace harassment incidents through our electronic incident management system is embedded in our practices and we are committed to encouraging staff to report such incidents. Over the next year, through policies and education we anticipate that staff will become more aware of the importance of reporting workplace violence. Workplace violence reports are reviewed and analyzed on a consistent basis to ensure that the appropriate level of support is provided, and that the right level of action is taken to address the situation and prevent similar

incidents from happening again. Over time, this will mean a decrease in the number of incidents that are occurring.

## **Engagement of Clinicians, Leadership and Staff**

Clinicians, leadership, and staff are engaged in the implementation of our QIP through our Corporate Quality Committee, Patient Services Committee, Medical Advisory Committee, and Executive Planning Committee. The QIP is embedded from the Board level to the front line, through the use of Quality Boards, which are found on all units across our hospital sites. Teams across the hospital huddle daily to monitor and discuss how they are doing with respect to key quality improvement metrics, which directly or indirectly impact the organization's performance on the QIP indicators.

## **Resident and Patient Engagement**

Patient representatives play key roles on our Board and Corporate Quality Committees by assisting in the development and advancement of our quality goals. Moreover, patients and their families contribute their recommendations on hospital-wide policy and organizational concerns such as quality and patient experience through Patient and Family Partnership Councils and Clinical Program Committees. We currently have almost 100 Patient and Family Advisors providing guidance from the corporate to clinical program level. Similarly, in our long-term care unit, a Resident Council is engaged on the care and experience issues that matter most to residents.

Councils are engaged on service and planning across the hospital. We also engage patients, residents and their families on how their care is managed and delivered through methods such as patient rounding, and asking for their feedback through patient and resident surveys. THP hosts regular community tele-town halls where senior executives dialogue directly with over twenty thousand community members on the current and future state of health care in Ontario, the Mississauga Halton LHIN and at our Hospital.

## **Performance Based Compensation**

All executives and leaders at THP have a portion of Performance Based Pay tied to the acute care priority indicators outlined in the QIP. Their compensation is not tied to the long-term care indicators at this time. With oversight from the Board of Directors, the leadership team is held accountable for the overall performance of the organization through quarterly reviews of these acute care priority targets.

## Sign-off

I have reviewed and approved our organization's 2018/19 Quality Improvement Plan



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Mr. Wayne Bossert  
*Board Chair*

Mr. Nick Zelenczuk  
*Quality Committee Chair*



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Ms. Michelle DiEmanuele  
*Chief Executive Officer*



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Dr. Dante Morra  
*Chief of Staff*



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Ms. Kathryn Hayward-Murray  
*Chief Nursing Executive*

2018/19 Quality Improvement Plan  
"Improvement Targets and Initiatives"



Trillium Health Partners 2200 Eglinton Avenue West

AIM		Measure							Change				
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective transitions	Emergency Department Admission Rate	C	% / All inpatients	CIHI portal / YTD Q3 2018/19	11.1	11.00	Increase target in recognition of increasing acuity of ED visits and expected admissions.	Planned improvement initiatives for 2018/19 will be focused on developing a process for improving access for patients presenting to ED, who could benefit from direct referral to ambulatory care options.	Clinical Service Plan; QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives	Number of referrals to ambulatory care	TBD	
	Optimize capacity through right care in the most appropriate clinical setting	Length of Stay (LOS) Index: Actual LOS divided by Expected LOS	C	Ratio (No unit) / All inpatients	Hospital collected data / YTD 2017/18 Q3	1.04	1.00	Improve LOS for high volume conditions and procedures where actual LOS ≥ expected LOS (HIG).	Reduce unnecessary hospital days and discharge delays to improve flow and quality of care through implementation of Quality Based Procedures and Standardization of Order Sets.	Health System Funding Reform: Implement QBPs and related Order Sets;	1) Percentage of Order Sets used 2) Percentage of QBP guidelines implemented	70% 80%	
Efficient	Improve Organizational Financial Health	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated)	C	% / N/a	OHSR, MOH / Apr - Dec 2018	1.4	-0.40	Maintain healthy financial position to ensure future sustainability.	Planned improvement for 2018/19 will continue to be focused on standardization of care and strategies to address overcapacity and flow.	QIP scorecard; regular budgeting process; Standard Operating Procedures (SOPs) to address over-capacity	1) Percentage of Clinical Resource Team usage 2) Sick Time 3) Agency Usage 4) Staff overtime	TBD TBD 0 0	
Patient-centred	Person experience	"Would you recommend this hospital to your friends and family?" (Acute Inpatient care)	P	% / Survey respondents	CIHI CPES / April - June 2017 (Q1 FY 2017/18)	62.9	80.00	Maintain target and measure real-time program-level patient experience to evaluate improvement strategies for improving satisfaction.	Planned improvement initiatives for 2018/19 will focus on increasing engagement with family and caregivers, sustaining Patient and Family Centred Care Framework in all clinical program areas, and expanding key services for our patients such as more food vendor options and increased parking spaces.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives; AIDET utilization among Staff	Percentage of committees with patient/family advisors	100%	
Safe	Safe care/Medication safety	Medication reconciliation at discharge	P	Rate per total number of discharged patients/ Discharged patients	Hospital collected data / Oct - Dec (Q3) 2017	81.6	85	Focus on increasing discharge med rec to ensure safe patient transitions.	Planned improvement initiatives for 2018/19 will be focused on sustaining the new medication reconciliation policy, which outlines expectations of clinical teams in discharge medication reconciliation.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives;	1) Percentage of med recs completed upon Admission 2) Percentage of med recs completed by physician specific service at Discharge	95% 85%	
		Hospital Acquired (HA) Pressure Injury Incidence	C	% / All inpatients	In-home audit / Annual audit in 2018	5	4.80	Incremental improvement as per annual audit	Align skin care best-practices across all Acute Care settings including risk assessment and staff education	Clinical Service Plan; QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives	1) Percentage of staff receiving education on Pressure Injuries 2) Percentage of Braden Score completed on Admission	100%	
		Injurious Falls	C	% / All inpatients	In house data collection / Q3 2017/18	1.88	1.60	Maintain a low injurious falls rate while increasing patient ambulation per best care practices.	Standardize Fall Prevention best-practices across the organization including risk assessment and staff education	Clinical Service Plan; QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives	1) Percentage of Falls Risk Assessments completed upon Admission 2) Percentage of Post-Fall Huddle Tool completed after a fall	100%	
	Workplace Violence	Number of workplace violence incidents reported by hospital workers	M = Mandatory (all cells must be completed)	Count / worker	Local data collection / Jan - Dec 2017	620	744	Increase staff education and awareness of measure which will result in increase in reporting.	Implement the next phase of Respectful Workplace Program to drive prevention and education.	Roll-out new Respectful Workplace Mandatory Training, Soft Skill Training and update incident reporting system to ensure ease of use.	1) Percentage of staff who completed Respectful Workplace Training 2) Percentage of staff who completed Incident Reporting System Training	100%	
	To improve safety and well-being of our employees and professional staff	Composite score for the Opinion Survey based on scores achieved across dimensions including: Job, Work and Organizational Engagement for FT, PT and Casual employees and Active, Associate and Courtesy Professional staff.	C	Weighted average of Grand Driver Average	In-house survey / 2016/17 Survey	64.4	65.50	Increase in People Engagement is positively correlated with Patient Experience.	Roll out Organizational Wide Action Planning to address top three opportunities for improvement identified in the 2017 Opinion Survey	Develop and roll-out action plan to improve Workload/Worklife Balance, Opportunities for Advancement and Trust in Senior Team.	1) Percentage of Action Plans implemented 2) Percentage of Leadership Rounding with Staff completed	100%	
Timely	Timely access to care/services	90th percentile emergency department length of stay for admitted patients	C	Hours / ED patients	CCO iPort Access / Apr 2017 to December 2017	43.2	39.00	Strive to reduce ED wait times despite increased demand (i.e. number of ED admits) and limited inpatient bed capacity.	Planned improvement initiatives for 2018/19 will be focused on optimizing flow from the ED to inpatient units, in order to minimize patient wait times, despite capacity challenges faced by the hospital.	Clinical Service Plan; QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives	1) Decision to Admit to Transfer to Floor Time by Program 2) Time from Triage to Initial Physician Assessment	TBD	

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)

# 2018/19 Quality Improvement Plan for Ontario Long Term Care Homes

## "Improvement Targets and Initiatives"

### McCall Centre LTC Interim Unit 140 SHERWAY DRIVE

AIM		Measure							Change				
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Current			Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
						performance	Target	Target justification					
Effective	Effective Transitions	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2016 - September 2017	X	12.00	Maintain 2017/18 target of 4 or less transfers annually (2016/17 prior year performance was 16%,)	1)Expectations of interim LTC and NP involvement in decision making THP ethicist involvement as needed	Upon admission and during advanced care planning	Percentage of inappropriate transfers to hospitals	Reduce the percentage of transfers to the hospital that could have been managed in the home	
Patient- Centered	Resident Experience	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / April 2017-March 2018	70	80.00	Achieve Extencicare Marker of Excellence performance level (80%).	1)Staff will receive C.A.R.E training to implement in daily practice	Delivery of training to all staff (full-time & part-time)	Percentage of staff completed the training	80%	
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of	P	% / LTC home residents	In house data, interRAI survey / April 2017 - March 2018	100	90.00	Increase target to reflect current performance and exceed Extencicare Marker of Excellence level (80%).	1)Staff will receive C.A.R.E training to implement in daily practice	Delivery of training to all staff (full-time & part-time)	Percentage of staff completed the training	80%	
		Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	P	% / LTC home residents	In house data, interRAI survey / April 2017 - March 2018	90.91	100.00	Continue with our current practices with small improvement in satisfaction.	1)Staff will receive C.A.R.E training to implement in daily practice	Delivery of training to all staff (full-time & part-time)	Percentage of staff completed the training	80%	
Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their	P	% / LTC home residents	CIHI CCRS / July September 2017	X	8.80	Maintain 2017/18 target and performance level	1)Reviewing all diagnosis to ensure appropriateness All staff to become Behavior Support Ontario (BSO) champions	BSO lead to provide education to all staff	Number of staff completed the training	100%	
	Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July September 2017	11.84	9.00	Maintain 2017/18 target representing no more than 2 falls/quarter and consistent with HQO benchmark	1)Falls Risk Status during Shift Change and Resident Rounds Analyze fall trends to decrease risk of patient falls, i.e. time and location, monthly	Implement shift handover template to include Falls Risk Status Fall Incident Trends discussed at Quality Improvement Committee and Professional Advisor Committee	1) New process is implemented for shift change 2) Fall Incident Trend discussion takes place at each committee	1) 80% 2) Quarterly	
	Pressure Injury	Hospital Acquired Pressure Injury	C	% / LTC home residents	In-home audit / 2017/18 February	4	4.80	Introduce indicator to align with THP indicators. Maintain THP hospital target across the continuum. Represents less than 1 resident identified in any quarter.	1)Improve monthly skin/wound audit compliance Improve daily screening and reporting of skin integrity to registered nursing staff	Compliance audit completed by Leadership Provide education to PSWs on skin integrity assessment and reporting	1) Completion of audits as scheduled 2) Education provided to all personal support workers (PSWs)	1) Monthly audits: 100% 2) 100% of all PSWs trained	

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