Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for the 2015/16 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.

Health Quality Ontario (HQO) 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 2015/16	Org Id	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
1	A: Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" NHCAHPS) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12mos); In-house survey)	51052	92.27	90.00	100.00	Our home demonstrates great customer service and provision of care as evidenced by 100% of survey participants answering that they would recommend this nursing home to others.

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 Years QIP (QIP 2015/16)	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?
Plan to establish processes to ensure person-centered care is provided according to resident needs, desires, preferences, and that staff are sufficiently flexible to accommodate resident individuality.	Yes	Resident Centered Care in-service was held on October 15, 2015. This in-service was taught by Sue Sweeney BPG education for RNAO. This in-service was very well attended by staff. Resident rights have been explained at monthly staff meetings, as well as, surge learning education.
Review and update the resident and family satisfaction survey to reflect this specific question.	Yes	All surveys were updated in 2015 to include this specific question; in consultation with resident and family councils.
Recruit volunteer(s) to assist residents with completion of the survey.	Yes	Volunteers and recreation students assisted at group events to ensure surveys were filled out, and to increase responses to our survey.
Review of our request/concern and	Yes	All request/concern forms are reviewed

handling complaints policy and procedure including how information is communicated to staff, followed up, monitored and audited to identify areas of improvement for resident experience.	monthly at our Continuous Quality Improvement (CQI) team meetings. Strategies are discussed for any concerns to ensure adequate follow up takes place.

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2	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (%; Residents; Oct 2014 – Sept 2015; Ministry of Health Portal)	51052	20.00	18.00	25.33	Our Home was unable to achieve the set goal. Using the tracking tool, the team will be able to analyze trends such as reasons for transfer to ER and who initiated the decision to transfer residents to ER. With the results from the tracking tool, will be able to determine and focus on education to decrease potentially avoidable ER visits.

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Early recognition of “at-risk” residents for emergency department visits.	Yes	Physician and Registered Staff review and discuss resident's current medical conditions with resident and/or POA on admission, annual care conference and when status changes. Consult with families and education provided re: palliation and end of life care and in house services to determine which residents may be at risk.
Provide early treatment for common conditions - specifically falls to reduce the # of transfers to hospital related to falls.	Yes	Identify residents that are at risk for falls, interventions implemented such as physiotherapy to maintain or improve strengthening to reduce injury that may require ER visits related to falls.
Education to staff, residents and family members re: palliative and end of life care services available at the home.	Yes	Ongoing education to residents, families and staff re: palliation and end of life management available at Bobier Villa to assist with decrease potentially avoidable ER visits. Will continue to assist our Home in demonstrating improvement in this area for the 2016/17 QIP.
Review of ER visit stats at CQI and PAC meetings to better understand reasons	Yes	ER visits stats are reviewed, analyzed trends and develop action plans to reduce # of ER visits monthly at CQI and 1/4 at PAC meeting. Using

for residents being sent to hospital emergency room.

tracking tool to review if possible interventions to reduce common reasons for transfers to ER.

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3	Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions. (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	51052	26.32	20.00	21.34	Significant work were implemented with Physician, Pharmacist, Internal Behavioural Support Ontario (BSO) team, Registered Staff, Residents and Families with this indicator. With 1.34% away from our target goal, we have shown a great improvement in this area. With reviewing and updating the Responsive Behaviour Policy & Procedures and education provided to residents, staff and families in recognizing early signs & symptoms. The interdisciplinary team utilizes standardized Best Practice assessment tools and analyzing data were able to implement Responsive behaviours interventions focusing Resident-Centered care approach to ensure resident safety.

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Policy and procedure review to support reduction of antipsychotic use without a diagnosis of psychosis.	Yes	Processes have been developed to capture the use of antipsychotic without a diagnosis of psychosis. Education to family, residents, and staff to better understand proper use of antipsychotic medications

		and reduction of antipsychotic where possible without causing any negative effect on residents.
Education to team re: antipsychotic usage including current and past statistics and appropriate usage - i.e. with appropriate diagnosis.	Yes	Discussed with Physician, Pharmacy and Registered Staff when reviewing resident's medication history to ensure supporting diagnosis of psychosis when antipsychotic medications are ordered. Implementations have been made for improvement in this area.
Education re: alternatives to antipsychotics for residents, families and staff.	Yes	Ongoing education re: alternatives to antipsychotics usage provided by Physician, Pharmacist and/ or Registered Staff to residents and/ or Power of Attorney for Care during Physician rounds, care conferences have been successful. Quarterly medication reviews are conducted by Pharmacist and recommendations are made to Physician in reducing the strength and safely discontinuation of the antipsychotic medication when alternatives management are effective.
Automatic referral to BSO team (internal and external as required) for all new admissions with antipsychotic medication orders without a diagnosis of psychosis (with goal of reducing/eliminating antipsychotic medications.	Yes	All residents who are receiving an antipsychotic medication on admission, have been referred to BSO team to review to ensure medication orders have a diagnosis of psychosis. If no diagnosis of psychosis to consult with physician to evaluate to determine appropriateness of continued use.

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4	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12mos). ; In-house survey)	51052	98.75	90.00	83.30	Our home demonstrates very good service and provision of care as evidenced by 100% of survey participants answering that they felt that staff listened to them by giving a rating of 6 out of 10 or above. On an average the response was 8.3 out of 10.

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Review and update the resident and family satisfaction survey to reflect this specific question with resident council approval.	Yes	All surveys were updated in 2015 to include this specific question; in consultation with resident and family councils.
Increase staff awareness re: resident-centered care, residents rights and "having a voice".	Yes	Resident Centered Care in-service was held on October 15, 2015. This in-service was taught by Sue Sweeney BPG education for RNAO. This in-service was very well attended by staff. Resident rights have been explained at monthly staff meetings, as well as, surge learning education.
Education - disease specific - e.g. Parkinson's and Dementia to support staff to better understand the disease specific changes, resident needs and communication challenges.	Yes	Parkinson's specific education has been conducted utilising Parkwood Hospital Clinical RN Carrie Howard.
Communication of resident concerns from resident council, family council and food committee meetings to front line staff as appropriate/applicable	Yes	All meeting minutes for resident council, family council as well as food committee meetings are available on the resident/family council bulletin board. Food committee meeting minutes are posted in dietary department following each monthly meeting. All minutes are discussed monthly

at CQI meetings as well as any request/concern forms. Specific departmental concern are brought to the manager of said department for sharing at team meetings and follow up as applicable.

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5	Percentage of residents who had a pressure ulcer that recently got worse (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	51052	X	1.00	X	Our home excels in this indicator. Our only staged ulcers at this time and since submission of our QIP in 2015/2016 have been community acquired wounds that were present on admission of resident. Visual skin care assessments are completed daily and reported to registered staff.

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Minimize use of physical restraints to reduce pressure and shearing forces for residents.	Yes	
Reduce risk of shearing during resident care to prevent worsening pressure ulcer.	Yes	
Heightened awareness and communication to all front line staff re: residents with wound/skin issues - starting at stage 1.	Yes	
Ensure skin and wound assessments (weekly wound assessment, Braden scale, and skin assessments)completed as per skin and wound policies.	Yes	

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6	Percentage of residents who had a recent fall (in the last 30 days) (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	51052	10.89	9.00	11.16	The stated goal for this measure was not achieved. Bobier Villa remains below the provincial average of 13.8 (2015/2016). Two residents very prone to falls have been educated, as have their POA's. These residents continue to exhibit non-compliant behaviour with regards to using PDSA's, staff assistance, PT and recreation falls prevention exercise programs and hydration management. This indicator will remain on our QIP for 2016-2017.

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Medication review will be completed quarterly and will include fall risk factors such as medication side effects, poly pharmacy, inappropriate use of antipsychotics, appropriate use of bone supplements (calcium, vitamin D, etc.) as required.	Yes	
Falls prevention and management policy and procedure assessments/tools - Post fall screening for resident/environmental factors (appendix D) will be completed after every fall to identify risks factors and implementation of interventions/strategies to reduce risk for falls according to Appendix A.	Yes	Appendix A and D were completed within 24 hours for all residents who had a fall. Discussion was had around integrating these appendices into our Point Click Care program for ease of use and records management.
Increase involvement in exercise and	Yes	New recreation statistical software

physiotherapy programs for residents that have a moderate to high fall risk; and/or have fallen.		which provides: detail information and statistics regarding exercise program participation within the home, report provided last quarter of 2015 to nursing administration for use at falls prevention team meetings. PT contract services now provides a falls report at least quarterly to track fall statistics. All residents are provided with opportunity encouragement and assistance to attend and participate in exercise programs within the home which focus on: strength, flexibility, endurance and balance. A focus on falls prevention program is offered Fridays to all residents.
Education for residents, family, and staff regarding fall prevention and management including safety measures for out trips/LOA with family.	Yes	

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7	Percentage of residents who were physically restrained (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	51052	22.77	14.00	23.72	Although our home has demonstrated a slight increase in physical restraints, significant work has been done in our home re: policy and practice. A barrier to the success of our plan is the current application of a PASD by CIHI - specifically that PASD's (Physical assistance service device) which are being utilized to support a residents activities of daily living are being captured as a physical restraint instead of a PASD. The most successful change idea was the implementation of our updated policy and procedure with 2 new brochures (restraints and PASD's, tracking tool and assessments for PASD's, algorithm to assist staff in appropriately capturing a device as a restraint or PASD, and a clear restraint discontinuation tool/process). This indicator will remain on our 2016-2017 QIP.

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Education for residents, families and staff on the definition, purpose and	Yes	Education was completed for all employees on restraints and PASD's

alternative measures related to physical restraints and PASDs.		via surge learning.
Ensure restraint assessments and tools are utilized as per policy (decision tree, initial and 1/4 alternatives to physical restraints, consent form, restraint audit tool) and Point of Care (POC) hourly monitoring of restraints	Yes	
Review physical restraint process prior to admission with the goal of being a least restraint home.	Yes	
Whenever a physical restraint is removed, automatic referral to physiotherapy and/or exercise programs and implement applicable falls prevention and management interventions.	Yes	

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8	Percentage of residents with worsening bladder control during a 90-day period (%; Residents; Q2 FY 2014/15; CCRS, CIHI (eReports))	51052	27.14	19.20	20.41	Our home made a great improvement in this indicator, we are currently 1% away from our target. We have demonstrated great strides in voiding records, product selection and continence assessments. This indicator will remain on our 2016-2017 QIP.

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Review medications at the quarterly medication review to identify medications that may have an impact on continence to determine if medication adjustments can be made.	Yes	
Education for residents and family re: impact of caffeine utilization related to continence issues. The home currently has caffeinated coffee and tea - resident council has previously been approached re: switch to decaffeinated coffee but declined.	Yes	Residents council has received education regarding caffeine and bladder control and has unanimously refused to switch from caffeinated coffee and tea to decaf.
Implement an individualized toileting routine for residents with worsening bladder control.	Yes	
Increase participation in physiotherapy and exercise programs to maintain/improve mobility for those residents that toilet with minimal assistance.	Yes	New recreation statistical software which provides: detail information and statistics regarding exercise program participation within the home, report provided last quarter of 2015 to nursing administration for use at falls prevention team meetings. PT contract services now provides a falls report at least quarterly to track fall statistics. All residents are provided with

opportunity encouragement and assistance to attend and participate in exercise programs within the home which focus on: strength, flexibility, endurance and balance. A focus on falls prevention program is offered Fridays to all residents.