

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 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 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	<p>Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.</p> <p>(Rate per 100 residents; LTC home residents; October 2015 - September 2016; CIHI CCRS, CIHI NACRS)</p>	51052	37.65	30.00	18.82	All ER visits are reviewed by the CQI committee and PAC committee. All potentially avoidable visits to ER are reviewed on daily rounds with registered staff and physician.

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Change Ideas from Last Years QIP (QIP 2017/18)	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?
Develop and implement a policy and procedure outlining the assessment process and criteria for transferring a resident to ER for assessment.	No	Policy has been drafted, however due to challenges in liaising with hospital and community partners the policy has not been finalized
Care planning for chronic disease management at the Home level before exacerbation of symptoms/crisis.	Yes	Progress has been noted with this change idea. Care plans have been completed for all chronic diseases with a focus on COPD and CHF. Homes specific statistics support a reduction in emergency room visits related to the above mentioned conditions. Care planning of all residents continues on a quarterly and as needed basis.
Improve communication between LTC and hospital through a collaborative working group.	Yes	Although the initiative for the working group specific to emergency room visits has not been developed, a working group for

The County of Elgin Homes were part of a working group which developed a survey between hospitals and LTC Homes to identify areas and opportunities for improvement.

Yes

responsive behaviours has been established with the hospital which has demonstrated success in reduction in emergency room visits related to responsive behaviours

The survey results are to be analyzed in 2018.

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2	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (%; LTC home residents; April 2016 - March 2017; In house data, NHCAPHS survey)	51052	84.20	90.00	85.00	While the multidisciplinary care conference assessment tool has been revised, it will be implemented as part of the 2018-2019 QIP.

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Ongoing person/resident centered and customer service education for all staff quarterly to build on the work initiated with the RNAO LTC BPG coordinator.	Yes	Face to face education was provided to staff including "resident centered" documentation. In addition, education was also provided on customer service through surge learning. A key learning is that staff respond best to face to face interactions for education, however it can be challenging to enable all staff to attend educational in-services. The internal BSO team participated in education GEM model by Teepa Snow which further supports a focus on person-centered care.
Ensuring follow up of action items from admission and annual care conference with a focus on person-centered, individualized care to include all departments.	Yes	The multidisciplinary care conference assessment tool has been reviewed and updated to include additional information to ensure individual resident needs and preferences are addressed. Registered staff will bring the assessment to care conferences virtually, and all departments, including the resident and family will have input into the care plan in real time.

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3	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 (%; LTC home residents; July - September 2016; CIHI CCRS)	51052	X	1.00	5.03	The Home will join the regional wound care program through the LHIN which offers educational opportunities to a variety of staff members. Although there was an increase in the percentage of residents who developed a new or worsening pressure ulcer, declining resident health status and externally acquired wounds (readmission from hospital, new admission) were contributing factors in the increase.

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Increase the # of wound champions for PSW and registered staff - 1/unit	Yes	The wound care team currently consists of two registered staff, three PSW's (one per unit), MRC, RD, MSS and physician, as well as access to the ET nurse as deemed necessary. One registered staff attended the RNAO wound care institute for education.
Audits of weekly assessments/care plans and follow up with individual staff members as required to ensure accuracy of assessments and resident centered care planning.	Yes	The MRC and wound lead for registered staff audit the completion of wound assessments and care plans on a weekly basis. Follow up with staff has supported accuracy and accountability regarding wound care. Weekly audits provide an opportunity for "on the spot" education.

Involve the resident and/or SDM in care planning for the prevention and management of worsening pressure ulcers with a focus on education and the importance of pressure reduction strategies, nutrition, and the impact of chronic disease progression.

Yes

The multidisciplinary care conference assessment tool provides an opportunity to discuss and provide education on wound prevention and management strategies with the resident and family members.

The wound assessment is now online (PCC)

Yes

The addition of the wound assessment online has provided staff with the opportunity to complete it at the point of care.

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4	Percentage of residents who fell during the 30 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	51052	16.18	14.00	13.59	RFP was sent out for optometry, to support access to in house assessment and vision care. Services will be introduced and available in 2018. The Home has identified the need for ongoing thorough root cause analysis for all frequent and high risk fallers. This will be part of the 2018-2019 QIP.

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Modify and optimize environmental factors to prevent falls	Yes	The environmental assessment for post falls evaluation was added onto PCC so that the fall can be analyzed at the time and reviewed by management. Staff are now analyzing falls at each shift change/report to strategize and implement additional fall prevention strategies.
Ensure the most appropriate corrective vision and hearing devices utilization.	Yes	All residents who have glasses or hearing aids have had a task added to POC which ensure that staff have either applied or removed the item in the morning and at bedtime to support vision, hearing and resident safety.

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5	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS) (%; LTC home residents; April 2016 - March 2017; In house data, NHCAHPS survey)	51052	100.00	100.00	100.00	Due to the maintenance of 100 % of residents recommending the Home in both QIPs, there were no change ideas in the 2017/18 year.

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The baseline and the target were 100 % for 2016/17 QIP and the target was achieved. The Home therefore has not selected this indicator for 2017/18.	No	The previous and current performance for this indicator remains 100 %.

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6	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	51052	25.14	23.50	21.88	Revisions to the multidisciplinary care conference assessment and brochures will support ongoing conversations with families and residents regarding the appropriate use of antipsychotics.

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Pharmacy analysis monthly (from quarterly) of all residents on antipsychotic medications - generation of reports monthly for BSO, CQI and management team analysis.	Yes	The reports are distributed and utilized by the groups, in particular by the BSO team to direct care related to responsive behaviours and to pursue opportunities for anti-psychotic medication reduction.
Education and support for registered and MDSRAI staff to ensure accuracy of MDSRAI assessments and coding.	Yes	Education in this area has been initiated by MDS RAI staff and the CMI supervisor to support coding accuracy. This change idea will be carried forward into the 2018-2019 QIP to develop a schedule to audit coding on a regular basis.
Implementation and utilization of the recently developed chemical restraint brochure to support conversations with family and residents - i.e. education/comprehension of potential risks and benefits.	Yes	Although the use of the brochure has been encouraged and has been added to the admission package, for all new admissions, it has not been used for ongoing conversations. A lesson learned is that this tool would be utilized at admission and annual care conferences. The medical director has provided additional resources and brochures to support conversations with families and residents.

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7	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	51052	16.18	14.00	19.90	Challenges continue in regards to the definition and application of PASD vs restraints. A secondary challenge is related to seating assessments completed by the occupational therapist who may prescribe a tilt wheelchair in anticipation of future resident needs.

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Implementation and utilization of the recently developed physical restraint brochure to support conversations with family/resident and increased understanding potential risks and benefits to restraints and PASDs.	Yes	Although the use of the brochure has been encouraged and has been added to the admission package for all new admissions, it is not consistently used to support ongoing conversations. A lesson learned is that this tool would be better utilized at admission and annual care conferences to support opportunities for education and discussion.
Update the bedrail policy to include a focus on the reduction of bedrails as a physical restraint.	Yes	Draft revisions have been completed and are awaiting approval.

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8	The percentage of residents whose care plan accurately captures the residents' current expressed wishes for palliative and end-of-life care (Rate per total number of admitted patients; LTC home residents; April 1, 2017 - March 31, 2018; In-home audit)	51052	CB	CB	CB	The resource manual is expected to be available spring 2018 and will align with the IDEAS palliative care project to support success in this indicator in the 2018-2019 QIP.

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Policy and procedure review with a focus on conversations and care planning for the resident's expressed wishes regarding palliative and end of life care.	No	The change idea will be carried forward to the next 2018-2019 QIP as the resource guide was not made available as expected.
Education for staff and family/SDM regarding expressed wishes and the role of SDM	Yes	This change idea will be carried forward to the 2018-2019 QIP as the resource guide was not made available as expected. However, expressed wishes and end of life discussions are taking place and have been added to the multidisciplinary care conference assessment tool.
Review of/discussion re: the Edmonton Symptom Assessment Scale results at all care conferences (admission, annual and adhoc) to support palliative and end of life care discussions and care planning	No	The ESAS results are being added to the revised multidisciplinary care conference assessment tool to support conversation, decision making and care planning on an annual basis.

