

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 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 2018/19 | Org Id | Current Performance as stated on QIP2018/19 | Target as stated on QIP 2018/19 | Current Performance 2019 | Comments |
|----|---|--------|---|---------------------------------|--------------------------|---|
| 1 | Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; October 2016 - September 2017; CIHI CCRS, CIHI NACRS) | 51052 | 18.82 | 17.00 | 14.29 | The Home was successful in exceeding beyond the target and further work will continue in the 2019-20 QIP regarding ER visits. |

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| Change Ideas from Last Years QIP (QIP 2018/19) | 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? |
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| Implementation of revised multidisciplinary care conference assessment tool to include facilitated discussion on the review of any recent or ongoing ER visits and hospitalizations for the resident in the last year. Conversations will include, chronic disease management, education and care planning to manage individualized care at the Home to support reduction of potential avoidable ER visits. | Yes | All staff are completing the revised multidisciplinary conference assessment which includes looking at previous years ER visits, hospitalizations, education re: services available at the Home, and resident/family wishes regarding when to send to hospital. Reviewing Multidisciplinary Care Plan process one year out to determine any further revisions that may be required. |
| Increase fluid intake at meal time to minimize risk of dehydration, constipation, and UTI's that could potentially lead to delirium or a fall and a visit to ER. | No | This change idea was implemented, however, when collecting resident feedback, it was noted that many residents felt overwhelmed with the number of fluids being provided/placed in front of them. As a result, the decision |



was made to shift focus to ensuring that staff are accurately capturing fluid intake, to identify residents that are at risk of low intake. Refresher education provided regarding the process regarding appropriate referrals to dietitian through Point Click Care.

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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 2017-March 2018; In house data, NHCAHPS survey) | 51052 | 85.00 | 95.00 | 88.24 | There was slight improvement in this indicator for 2018-19 QIP. Data collection was from an in house developed survey (versus the NHCAHPS survey). This will be a custom indicator for the 2019-20 QIP. |

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| The revision and implementation of the multidisciplinary care conference assessment tool will support improved conversations with families and residents regarding resident wellbeing and quality of life. This will result in improved satisfaction and a sense of having their voice/concerns heard. | Yes | This change idea was implemented and although there was an improvement, the target of 95% was not met. There were fewer resident and families that completed the survey which may have impacted the results. The care conference assessment tool provided a framework to facilitate the discussion around goals of care. |
| Annual satisfaction surveys will be distributed throughout the year at all annual care conferences to support timely feedback and increased number of survey responses. | Yes | Hard copy surveys were handed out during care conferences, and available at the front office. Staff promoted the completion of the survey at resident gatherings and the survey was available on line with families being emailed the link. |

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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 2017; CIHI CCRS) | 51052 | 5.03 | 3.20 | 4.70 | Although there was slight improvement with this indicator, the Home was not able to meet the stated target. There has been a change in the resident population with residents being admitted with more complex wounds which impacts the ability of the Home to meet the stated target. The in house rate of acquired pressure ulcers has improved for the last quarter of 2018. Pressure ulcers will be a priority indicator for the 2019-20 and 2020-21 QIP with the RNAO LTC BPSO project work. |

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| To continue to increase the number of staff members per unit educated to support wound prevention and management. | Yes | 4 new PSW and 1 RPN attended wound care training and are now members of the wound care team. Emphasis will be placed on dedicated time/meetings for these members to implement change ideas in 2019-20 QIP. |
| Implementation of individualized plans of care to reflect the residents needs and preferences for rest periods to support wound prevention and management | Yes | 100% of care plans reflect resident sleep and rest preferences to support skin and wound prevention management. POC tasks were introduced for sleep and rest for PSW's to complete to ensure each individualized plan of care is followed. |

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| 4 | Percentage of residents who fell during the 30 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS) | 51052 | 13.59 | 12.00 | 13.20 | Falls will continue to be a priority focus in the 2019-20 QIP with the implementation of the RNAO BPG and the BPSO project work. Falls remain a top reason for ER visits - i.e. to rule out/assess for fracture with x-ray/scans that are not readily available at the Home. |

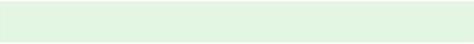
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| Frequent fallers will be reviewed by the falls and restraints committee and a progress note will be completed identifying all interventions and challenges that have been identified and reviewed by the committee to increase awareness to the front line staff | Yes | This change idea has been partially implemented. Staff are implementing fall prevention strategies on a more timely basis and updating care plans. Review of falls conducted with daily rounds and communication with family/substitute decision maker to review potential new interventions. |
| Implementation of the multidisciplinary care conference assessment tool to facilitate discussion with residents and families regarding recent falls and frequency of falls | Yes | The MCCA tool was implemented and has facilitated discussion with residents/families regarding goals of care and potential strategies to prevent falls and reduce injuries from falls. |
| Post fall Check list updated. | Yes | Post fall check list revised and updated to include post fall huddle with staff present. Huddle focus on assess need for change in interventions and care plan (i.e. Falls mats, bed alarms, low beds). |

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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 2017 - March 2018; In house data, NHCAHPS survey) | 51052 | 100.00 | 100.00 | 100.00 | Data was collected from in-house survey versus the NHCAHPS survey. The results remain as 100% of residents/families would recommend this Home therefore, this indicator will not be part of the 2019/20 QIP. |

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| Host information sessions for all residents, families and stakeholders to provide opportunities to showcase services and to meet departmental managers and service providers. | Yes | Various events through out the year, meet the mangers, attended Resident and Family council meetings and meet the CEO Christmas open house. Managers attended community events 4 Farm to table event and Axillary luncheon provided opportunity to interact with Bobier management. Management engaged attendees in conversation at the various events. |
| Implementation of the "Bringing the Residents Bill of Rights alive" initiative in the Home to heighten awareness regarding resident centered care. | Yes | Partially implemented: Resident and family Councils were engaged and have approved the implementation and participation in the project. The project aims to increase resident engagement by capturing resident stories in video to be shared with staff to create an increased understanding of what that Residents Rights mean to a resident. This work will continue in the upcoming year. |
| Excellence in Resident Centered Care (ERCC) | Yes | Bobier had the opportunity to participate in a PSW led training initiative through MOHLTC, facilitated by Conestoga College. This initiative enabled PSWs to be trained to deliver peer to peer education modules focused on excellence |



in resident care.

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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 2017; CIHI CCRS) | 51052 | 21.88 | 20.00 | 30.80 | The home continues to identify discrepancies with the definitions/ application of antipsychotics used by CIHI versus pharmacy and the homes statistics which results in differing statically outcomes. Extensive work has been done the last quarter regarding diagnosis which is not reflected in the current performance which is Q3 data. |

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| Education for registered staff and RAI MDS staff to support accuracy of MDS RAI coding in relation to medication classification and diagnosis. | Yes | CMI Coordinator providing training to all registered staff. Extensive audit by pharmacy, MRC and physician resulted in all applicable residents having a documented associated diagnosis. |
| Analyze the sleep patterns of all applicable residents on antipsychotic medications without a supporting diagnosis in order to identify opportunities to reduce usage. | Yes | Staff utilize GPA (Gentle Persuasion Approach) and offer alternatives to medication first. Resident specific care planning for and rest completed. |
| Implementation of the revised Multidisciplinary care conference assessment tool to facilitate discussion with residents and families regarding use of antipsychotics and chemical restraints. | Yes | Multidisciplinary care conference assessment tool implemented and utilised at all annual care conferences. |

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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 2017; CIHI CCRS) | 51052 | 19.90 | 16.00 | 7.50 | The home made a focused effort to assess all current physical restraints in the Home and have achieved our target. |

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| The purchase of new bed systems with partial/assist bed rails versus full bed rails. | Yes | Bobier Villa purchased specialized low beds with partial assist rails for 2/3 of residents with the next purchase planned for spring 2019. Key learning in the implementation of low beds has increased the rate of falls without injury, as there has been an increase in residents rolling out of bed. The importance of ensuring that additional equipment such as falls mats/ hip protectors are available when the change is made is a lesson learned. |
| Implementation of the care conference assessment tool to facilitate discussion with residents and families regarding the use of physical restraints and pasds. | Yes | The multidisciplinary care conference assessment tool was implemented and has facilitated discussion with resident's/families regarding goals of care and potential strategies to reduce the utilization of restraints; and, education regarding potential risks related to physical restraint utilization. |

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| 8 | The percentage of residents whose care plan accurately captures the residents' expressed wishes for palliative and end-of-life care (Rate per 100 residents; LTC home residents; April 1, 2018 - March 31, 2019; In-home audit) | 51052 | CB | CB | 100.00 | This work has begun and will continue in the 2019-20 QIP through a priority indicator related to early identification. |

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| Policy and procedure review with a focus on education, documentation, conversations and goals of care/care planning for the residents' expressed wishes regarding palliative and end-of-life care. | Yes | Partially implemented: incorporation of a palliative focus within the multidisciplinary care conferences assessment which has facilitated discussion with residents/families regarding individualized goals of care and expressed wishes. |
| Education for staff, residents and family/SD regarding palliative and end-of-life care, expressed wishes, conversations, consent, care planning (goals of care), etc. | Yes | Education provided to staff by SWLHIN Palliative Pain and Symptom Management Consultant for PSW and Registered staff. Key staff members have completed IDEAS project related to palliative care and end of life care. Implementation of this change idea will continue to be a focus in 2019. |

