

## 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	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 2015 - September 2016; CIHI CCRS, CIHI NACRS)	51056	21.48	20.00	30.23	All ER visits are reviewed by the CQI committee and the PAC committee. All potentially avoidable ER visits are reviewed at nursing practice committee for opportunities for discussion and education.

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 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. We have had a focus on COPD, diabetes and CHF. Home 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 a working group specific to emergency room visits has not been developed, a working group for

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

County of Elgin Home's were part of a working group which developed a survey between hospitals and LTC homes to identify areas and opportunities for improvement.

Yes

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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, NHCAHPS survey)	51056	81.30	90.00	89.00	The multidisciplinary care conference assessment tool is being reviewed - this will carry forward into our 2018/19 QIP.

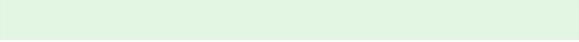
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Ongoing person/resident centered and customer service education for all staff quarterly to build on the work initiated with the RNAO LTC BPG coordinator.	Yes	Face to face education was provided to staff including "resident centered documentation". 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 work within budget restrictions and enable all staff to attend educational in-services.
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 is being reviewed and updated to include additional information to ensure individual resident needs and preferences are addressed. The assessment is now available online. Registered staff will take 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)	51056	1.97	1.97	3.17	Elgin Manor has joined the regional wound care program through the LHIN which offers educational opportunities to a variety of staff members - this will support additional wound champions (PSWs).

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To have one PSW and one Registered staff wound champion per unit.	Yes	Each unit now has a full time registered staff member who has been trained by the RNAO wound care institute. There has been a challenge in recruiting PSW's into this role. This idea will carry forward into the next QIP when PSW's will be recruited as wound champions.
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	MRC audits the completion of wound assessments and care plan on a weekly basis. Follow up with staff has ensured 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 new multidisciplinary care conference assessment tool will provide an opportunity to discuss and provide education on wound prevention and management strategies with the resident and family members.
Wound assessment is now on Point Click Care	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)	51056	13.88	12.00	18.40	The home has identified the need for 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 Point Click Care so that the fall can be analyzed at the time and reviewed by management. Further work needs to be done in the upcoming QIP to complete an individualized root cause analysis.
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 point of care which ensure that staff have either applied or removed the item in the morning and at bedtime to support vision, hearing and resident safety.
An RFP has been sent out for Optometry to support access to inhouse assessments and vision care	No	RFP has been completed and services will be introduced and available in 2018.

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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)	51056	97.20	97.20	96.50	The Home continues to demonstrate very positive ratings with this indicator with current performance of 96.5 %.

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Baseline was 88.23 and the target was 90% for the 2016-17 QIP. Current performance is 97.2 %. The Home therefore, has not selected this indicator for the 2017-18 QIP	No	Based on the positive results annually with this indicator, the Home did not implement any change ideas.

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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)	51056	25.17	23.50	28.25	The home continues to identify discrepancies with the definitions/application of antipsychotics used by CIHI versus pharmacy and the home's statistics which results in differing statistical outcomes.

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Continued pharmacy analysis monthly from quarterly of all residents on antipsychotic medications - generation of reports monthly for BSO, registered staff, MDS-RAI, CQI and management team analysis.	Yes	The pharmacy reports are distributed and utilized by staff and teams, in particular by the BSO team to direct care related to responsive behaviours.
Education and support for registered and MDSRAI staff to ensure accuracy of MDS RAI assessments and coding.	Yes	All registered staff have received 4 hours of additional education to support coding accuracy. This change idea will be carried forward into the following 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 it 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 will be better utilized through conversations at admission and annual care conferences. The medical director has provided additional resources/ brochures to support these conversations with families and

residents.

The assessment tool is being updated and will be implemented April 2018.

The new multidisciplinary care conference assessment will enable conversations with families and residents regarding antipsychotics

Yes

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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)	51056	10.09	9.00	14.81	Challenges continue in regards to the definition and application of PASD versus restraints. The homes stats are lower than those of CIHI. A secondary challenge is created through the seating assessments completed by the Occupational Therapist who may prescribe a tilt wheelchair in anticipation of resident future needs.

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Implementation and utilization of the recently developed physical restraint brochure to support conversations with family/residents and increased understanding of potential risks and benefits to restraints and PASDs.	Yes	Although the use of the brochure has been encouraged and it 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 will be better utilized through conversations at admission and annual care conferences.
Update the bedrail policy to include a focus on reduction of bed rails 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)	51056	CB	CB	CB	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	This change idea will be carried forward to the next QIP as the resource guide was not available in 2017 as expected.
Education for staff and family/SDM regarding expressed wishes and the role of the SDM.	No	This change idea will be carried forward to the next QIP as the resource guide was not available in 2017 as expected. However, expressed wishes and end of life discussions are beginning to place and will be added to the multidisciplinary care conference assessment.
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 will be added to the revisions of the multidisciplinary care conference assessment to support conversation, decision making and care planning on an annual basis.

