

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)	51056	30.23	24.00	31.30	Will continue to provide education to other disciplines to support accurate recording of food and fluid intake in POC/PCC through change ideas in 2019. Will focus efforts for reduction for hospital admissions based on the Homes statistical analysis of ER visits; and, the top reasons as provided by the LHIN. Acceptance into the RAO LTC BPSO program will support the Homes in meeting 2019-20 QIP targets.

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 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?
Implement revised multidisciplinary care conference assessment form to assist in the facilitation of discussion with residents and families regarding complex diagnosis and potentially avoidable admission to the ER annually.	Yes	All staff are completing the care conference assessment which includes discussions regarding previous years hospital admissions, education re: services available at the Home, and resident/family wishes regarding when to send to hospital. Post implementation review and revisions are

Increase fluid intake at meal time for residents that consistently consume less than 1000 mls/day to minimize risk of dehydration, constipation, and UTI's that could potentially lead to delirium or a fall and a visit to ER.

No

Recreation staff were trained on how to input food and fluid into POCs - have starting completing this for special meal programs

Yes

being completed to ensure that we are capturing appropriate information.

Staff already completing this task, decision made to change focus to ensuring that staff accurately capture fluid intake, to identify residents that are at risk of low intake.

Identified that when residents attended meal programs off the unit their food and fluid intake was not consistently captured. Recreation staff have been trained to enter food and fluid intake into PCC. Key learning was that only nursing staff were entering food/fluid intake, and entering only what staff had observed/been reported. The team identified the need to expand this role to include other departments starting with recreation.

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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)	51056	89.00	100.00	81.82	Despite implementation of change ideas survey response rates were lower than previous years. Data was collected from an in house developed survey (versus the NHCAHPS survey). Elgin Manor had 81.8% of respondents rate the Home in regards to how well staff listen as Excellent, and 9.09% rate as satisfactory. We plan to continue working on this in the 2019-20 QIP and a custom indicator has been created.

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The revision and implementation of the multidisciplinary care conference assessment tool will enable improved conversations with families and residents regarding resident's wellbeing and quality of life. It will result in improved satisfaction.	Yes	The care conference assessment tool provided a framework for staff 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	Surveys were handed out during care conferences, at family and resident gatherings, and were available online and at the business office. Despite these efforts there remained a low response rate for completion of satisfaction surveys.

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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)	51056	3.17	3.00	3.60	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 significantly impacted the ability of the Home to meet the stated target. Elgin Manor will not report on this indicator for 2019/20 as pressure ulcers will be a priority indicator for the 2020/21 QIP within the RNAO LTC BPSO project work.

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Idea carried forward from 2017/2018 QIP - To identify and train PSW wound care champions - 1/unit.	Yes	The Home was able to recruit and train 2 PSW's as wound care champions, however has encountered some challenges with fully incorporating them as active members of the skin and wound care team related to schedules/meeting dates/times. This will continue to be a focus in the upcoming year.
Implementation of individualized plans of care to reflect the residents needs and preferences regarding sleep and rest periods to support wound prevention and management.	Yes	All resident care plans are reflective of sleep and rest preferences to support wound prevention and management. The team introduced a sleep and rest POC task 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)	51056	18.40	15.60	21.30	Falls will continue to be a priority focus in the 2019/20 QIP with the implementation of the RNAO LTC BPSO project. Although there has been an increase in falls, this does correlate with a reduction in our number of restraints. For example, the implementation of hi-low beds and the reduction in the number of bed/side rails resulted in an increase in the # of residents safely rolling off/out of bed onto a falls mat with no resulting injuries.

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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 implemented and positively received by front-line staff. This change idea does not appear to have had a significant impact on the reduction of falls, however, has assisted in decreasing our injuries related to falls by increasing staff awareness of tools such as falls mats and geri-hips to reduce injuries from falls. A key learning was that including interventions in progress notes increases staff utilization of available tools.
Development and implementation of a refined process to a complete root cause analysis of every fall by the falls and restraints team	No	This change idea was not implemented but will be a focus in the RNAO BPSO falls prevention and reduction of injuries project work in the 2019/20 QIP (e.g. change idea of post-fall huddle/debrief as a method of determining causes of falls).

Implementation of the revised multidisciplinary care conference assessment tool to facilitate discussion with residents and families regarding recent frequent falls

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 prevent falls and reduce injuries from falls. A key learning was that when a resident is identified as a frequent faller it is helpful to initiate an ad hoc multidisciplinary care conference to review all potential causes of falls and implement strategies in a timely manner.

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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)	51056	96.50	100.00	100.00	The Home was successful in meeting the stated target of 100%. Data was collected from in-house survey versus the NHCAHPS survey. Since the target of 100% was achieved, this indicator will not be included in the 2019-20 QIP.

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Host information sessions for all residents, family and stakeholders to provide opportunities to showcase services and introduce departmental managers and service providers.	Yes	This change idea was implemented and was very well received by residents, family and staff. Three sessions in total included a summer barbeque, a late fall 15th anniversary celebration and a Christmas drop-in session. The Home was also host to 4 Farm to Table events to engage seniors from the community with support from the Elgin Manor team.
Implementation of the "Bringing the Residents Bill of Rights Alive" initiative into the home to heighten awareness regarding resident centered care.	Yes	Partially implemented; Elgin Manor has engaged the Resident and Family Councils who 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 residents rights mean to a resident. This work will continue in the upcoming year.
Excellence in Resident Centred Care (ERCC)	Yes	Elgin Manor had the opportunity to participate in a PSW led training initiative through MOHLTC, facilitated by Conestoga College. The initiative enabled PSW's 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 responded positively to the statement: "I can express my opinion without fear of consequences". (%; LTC home residents; April 2017 - March 2018; In house data, interRAI survey)	51056	CB	CB	CB	We do not include this exact question in our survey and do not plan on including it in the 2019/20 QIP.

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We do not have this exact question in our survey, therefore will not be working on this quality indicator - we have selected "how well staff listen to you" question for the 2018/19 QIP.	No	

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7	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)	51056	28.25	22.00	23.60	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. The statistics reported in this progress report are representative of CIHI and demonstrate a reduction of antipsychotics by 4.65%.

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Analyze the sleep patterns of all applicable residents on antipsychotic medications without a supporting diagnosis in order to identify opportunities to reduce their usage where possible.	Yes	All residents utilizing an antipsychotic medication have a supporting diagnosis. Staff utilize a GPA approach and offer alternatives to medication first. Resident specific care planning for sleep and rest completed.
Education of registered staff to support the accuracy of MDS RAI coding in relation to diagnosis and classification of medications.	Yes	QIP plan initiated on April 1, 2019, extensive audit by pharmacist, MRC and physician resulted in all applicable residents (on antipsychotics) having a documented associated diagnosis.
Implementation of a revised multidisciplinary care conference assessment tool to facilitate discussion with residents and families regarding the use of antipsychotics and chemical restraints.	Yes	Multidisciplinary care conference assessment form implemented and utilized at all annual care conferences.

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
8	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)	51056	14.81	8.00	15.50	The Home continues to be challenged by the definition of restraints versus personal assistance service device (PASDs) through CIHI reporting. Despite recognizing there is a distinct difference between physical restraints and PASDs, CIHI continues to report PASDs within the physical restraint statistics. The Homes data analysis supports that there has been a 42 % reduction in physical restraints. Elgin Manor will continue to include the reduction of physical restraints in the 2019/20 QIP with a focus on implementation of the RNAO BPG within the LTC BPSO project.

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Purchase of new beds with specialized partial/assist rails versus full bed rails.	Yes	Elgin Manor was able to purchase specialized hi-low beds with partial assist rails for 2/3 of residents with the next purchase planned for Spring 2019. Key Learning is that the implementation of hi-low beds has increased the rate of falls without injury, as there has been an increase in residents rolling out of bed without injury. 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 revised multidisciplinary care conference assessment tool to facilitate discussion with residents and families regarding the continued 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 physical restraints; and education regarding potential risks related to physical restraint utilization.

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
9	The % of residents whose care plan accurately captures the residents' expressed wishes for all goals of care; including palliative and end-of-life care (Rate per 100; LTC home residents; April 1, 2018 - March 31, 2019; In-home audit)	51056	CB	CB	83.00	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 conference assessment which has facilitated discussion with resident's/families regarding individualized goals of care and expressed wishes.
Education for staff, residents and family/SDM regarding palliative and end-of-life care, expressed wishes, conversations, consent, care planning (goals of care), etc.	Yes	Key staff members have completed IDEAS project related to palliative and end-of-life care. Implementation of this change idea will continue to be a focus in 2019.

