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)	53117	18.49	15.00	27.46	All ER visits are reviewed by the CQI committee and PAC committee to assess for potentially avoidable ER visits. The Management team follows up with nursing staff during rounds for educational follow up related to potentially avoidable ER visits.

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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.
Improve communication between LTC and hospital through collaboration.	Yes	Although the initiative for the 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 in emergency room visits related to responsive behaviours.
Care planning for chronic disease management at the Home level before exacerbation of	Yes	Initial work has commenced in regards to care planning for chronic disease management. This is an area that the Home will continue to

symptoms/ crisis.	focus on in the 2018/19 QIP.
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.	

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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)	53117	97.00	98.00	92.00	Although there was a slight decrease in this indicator, there was also a reduction in the # of surveys completed which may have impacted the results. The Home is currently revising the multidisciplinary care conference assessment tool which will be implemented in 2018 and will support improvements in this indicator.

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To increase the number of completed annual satisfaction surveys.	Yes	Despite efforts, the number of surveys completed decreased from 33 in 2016 to 26 in 2017. Strategies utilized to promote an increase of surveys included ensuring the surveys were available on line (website), distribution at care conferences, resident and family council, and hard copies of the survey throughout the Home.
To decrease the number of repeat concerns brought forward through family and resident council.	Yes	All concerns are reviewed at CQI meetings and taken to applicable departmental staff meetings. Analysis of the request concern forms supports a reduction in the number of repeat concerns brought forward through family and resident council.

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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)	53117	4.02	3.20	3.34	Early identification has supported improvements in this indicator from 4.02 to current performance of 3.34. The Home will continue to recruit members to the wound and skin committee and educational opportunities through RNAO and SWRWCP.

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Early identification of Stage 1 pressure ulcers will be charted and communicated consistently by PSW to registered. Develop a communication system to ensure stage 1 pressure ulcers are immediately communicated to registered staff by psw.	Yes	The POC task for bathing was updated to include notification by PSW to registered staff of any skin integrity issues noted during bathing - this revision supported early identification and follow up. There has also been an increase in the number of referrals to the dietitian which has supported early identification.
Promotion of approved usage and placement of the mechanical lift slings while the resident is sitting up in the chair to minimize risk of sheering/or pressure ulcers	Yes	Front line staff education was completed regarding sling placement in relation to maintaining skin integrity. This is an ongoing area to monitor and audit.
Establish standardized treatment for each pressure ulcer stage (Treatment)	No	The wound champions receive referrals and make recommendations based on best practices that support consistency and continuity where possible. Further work to establish standardized treatments will be considered in 2018 through educational opportunities and resources available through the South West Regional Wound Care Program of which the Home is now a member.

The pressure ulcer/wound assessment was updated in 2017 to include skin tears, bruises, open areas, etc. which has supported improved monitoring and follow up with skin integrity issues.	Yes	The pressure ulcer/wound assessment was updated in 2017 which has supported improved monitoring and follow up on skin integrity issues other than pressure ulcers. This tool is also now available on line which provides staff the opportunity to complete the assessment 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)	53117	9.74	9.00	7.20	A Request for Proposal 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 thorough root cause analysis for all frequent and high risk fallers - this will be part of the 2018/19 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. Further work needs to be done to complete an individualized root cause analysis. Monthly fall audits and reports are analyzed at CQI and PAC meetings.
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.
decrease the number of falls by high risk resident which occur during the bedtime through falls risk audit and implementation of proactive measures, i.e., hourly checks for continence needs.	No	This change idea has not been implemented and is an opportunity to reassess at future fall committee meetings.

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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)	53117	100.00	100.00	95.24	There were no specific change ideas for this indicator based on previous results of 100%. Although there was a reduction from 100 to 95.24%, this represents one response out of total 26 surveys completed.

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The goal for 2016/2017 was met. The goal is to continue to sustain 100% recommendation rating. There will be no specific change ideas for this are however we will continue to monitor through annual survey.	No	There were no specific change ideas for this indicator based on previous results of 100%. Although there was a reduction from 100 to 95.24%, this represents one response out of total 26 surveys completed.

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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 2016 - March 2017; In house data, interRAI survey)	53117	CB	CB	CB	The question was not added to the 2017 survey therefore could not be measured. Revisions to the multidisciplinary care conference assessment tool and process, including handing out the resident/family satisfaction survey, will be implemented into the 2018/19 QIP which will support the work initiated in 2017/18 QIP.

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The 2017 resident/family survey will include the question "Do you feel you can express your opinion without fear of consequences?"	No	Resident council reviews the resident/family satisfaction survey annually. There was no direction from council to add additional questions to the 2017 survey, therefore this question was not on the survey.
Ensuring follow up action occurs to items from survey and annual care conference with a focus on person centered, individualized care to include all departments.	Yes	The resident/family satisfaction survey includes person centered questions. The annual survey results are analyzed by management and the CQI team and a plan of correction is then developed to provide follow up action to identified areas of improvement. The multidisciplinary care conference tool is being revised to include quality indicators and increased opportunities for discussion, informed decision making and individualized care planning.

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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 2016; CIHI CCRS)	53117	17.23	15.50	14.94	The Home demonstrated an improvement from 17.23 to 14.94% and will continue to work towards ongoing improvements in the 2018/19 QIP.

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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	Monthly reports are available through the pharmacy and are being shared at CQI and PAC - further work to spread to the BSO team and registered staff will continue in the 2018/19.
Education and support for registered and MDSRAI staff to ensure accuracy of MDS RAI assessments and coding.	Yes	Education in this area has been initiated by the MDS RAI staff and CMI supervisor to support coding accuracy. This change will be carried forward into the 2018/19 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 there would be value in ensuring this tool is utilized at admission and annual care conferences.
Utilize communication best practices in dementia to ensure alternatives to chemical restraints are utilized.	Yes	Gentle Persuasive Approach education was completed in 2018 for front line staff which supports the management of responsive behaviours. The BSO team continues to work with and support front line staff in the use of best

practices to minimize the use of chemical restraints (e.g. PARO).

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8	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)	53117	40.52	20.00	41.00	Although there has been only a very slight increase in this area, significant work is required to bring the Home in line with the provincial average. Challenges continue in regards to the definition and application of PASD versus restraints and this will be an area of focus in 2018.

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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 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 better utilized 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 which will support reduction in the use of bedrails as a physical restraint.

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9	The % of residents who's 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)	53117	CB	CB	NA	The resource manual is expected to be available spring 2018 and will align with the IDEAS palliative care project to support this indicator in the 2018/19 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 2018/19 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 2018/19 QIP as the resource guide was not made available as expected. However, expressed wishes, goals of care and end of life discussions are beginning to take place and are being added to the multidisciplinary care conference assessment.
3)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 to support conversation, decision making and care planning on an annual basis.