

2015/16 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"

NIPIGON DISTRICT MEMORIAL HOSPITAL 125 HOGAN ROAD

AIM		Measure						
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Safety	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53694*	15.09	12	With only 14 LTC residents a 15.09% rate equates to 2.11 falls. A target of
	To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53694*	X	0	Our current performance is 0% so our goal is to maintain current
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53694*	16.98	0	Using more current data, we have no residents currently in
Effectiveness	To Reduce Worsening Bladder Control	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53694*	16.22	12	Moving to a 12% target would equate to 1.68 residents from 2.27 residents or a 26% improvement.

	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53694*	13.04	10	This would decrease from 1.85 residents to 1.4 or a 23% improvement.
Resident-Centred	Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".	Percentage of residents responding positively to: "What number would you use to rate how well	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos).	53694*	78	95	9/14 residents completed surveys. Out of the 9 collected, 7 strongly agreed
		Percentage of residents responding positively to: "I can express my opinion without fear of	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12 mos).	53694*	89	95	8/9 respondents strongly agreed.
	Receiving and utilizing feedback regarding resident experience and quality of life.	Percentage of residents responding positively to: "Would you recommend this nursing home to	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos)	53694*	87.5	95	7/9 completed surveys strongly agreed. 1 was unable to answer the question.
Integrated	To Reduce Potentially Avoidable Emergency Department Visits	Number of emergency department (ED) visits for modified list of ambulatory care	% / Residents	Ministry of Health Portal / Q3 FY 2013/14 - Q2 FY 2014/15	53694*	X	0	For time period considered, 1 resident had an ED visit for ACSC listed.

Change				
Planned improvement initiatives (Change Ideas)				
Methods	Process measures	Goal for change ideas	Comments	
1)1.Collaborate with patient/resident/substitute decision-maker (SDM) and family and interdisciplinary team to conduct the fall risk	Chart audits; review of resident charts at quarterly Falls committee meetings with recommendations for decreasing risk of falls updated in care plan.	Percentage of residents who had a falls risk assessment completed on their chart after a fall	95%	
1)Continue with current wound program	Chart audits, RAI MDS	Percentage of residents with documented pressure ulcers that recently got worse	0%	
1)Conduct risk assessments on a quarterly basis on all residents. Risk assessments will also be done post fall	Chart audit for falls, physiotherapy assessment	Weekly reviews to determine continued need for restraints on newly restrained residents	<10% of residents will be restrained	
1)Ensure there is a documented toileting plan for residents who are frequently incontinent	Chart audit, RAI MDS	Percentage of residents who have a toileting plan documented	80%	
2)Apply risk assessment protocols to assess each resident upon admission, change in status and at regular intervals	Chart audits, RAI MDS	Percentage of residents who have risk assessments completed on admission, quarterly and with any change in status	80%	
3)Prepare and individualized Plan of Care for each resident based on best practice evidence and assessed risk. Implement	Chart audits at IC3 committee meetings. Care plans to be updated and changes to care plans will be shared with staff.	Percentage of residents who have care plans updated on a quarterly basis	80%	

1)On admission, assess and document behaviour history, risk, triggers, strategies and any current antipsychotics prescribed	Admission history from resident and family; RAI MDS assessment	Percentage of new admissions that have a review of medication list and completion medication reconciliation	95%	
2)Prepare an individualized Plan of Care that proactively addresses the resident's physical, social and emotional needs and is	Chart audit, RAI MDS	Percentage of residents on antipsychotics without diagnosis who have an individualized care plan based on behaviour patterns documented with the Dementia Observation System (DOS)	90%	
3)Educate staff and families about responsive behaviours, impact of noise and the environment and prevention strategies	Frontline staff to complete on line P.I.E.C.E.S's education modules and share learnings with families	Percentage of staff who complete on line education	90%	
4)Avoid antipsychotics unless indication of psychotic condition.	If antipsychotics ordered for resident by primary care provider, a referral to St. Joseph's Seniors Mental Health program will be requested. A referral to North of Superior Program will be made for a psycho-geriatric assessment.	Percentage of residents with new orders for antipsychotics who receive referral to St. Joseph's Seniors Mental Health.	90%	
1)Provide survey results to staff at staff meetings. Educate staff on better engagement and communication with	Recreation therapist will work with residents and families to create lists of 1:1 activities for residents and staff that will ensure time for communication with staff	Percentage of residents who score higher rates of satisfaction on next resident survey	95%	
1)Recreation Therapist will encourage open communication at resident's council meetings as a method of bringing	As recreation therapist provides 1:1 time with residents encourage open communication and educate regarding Whistle Blower policy	Percentage of residents who provide higher satisfaction scores on next resident survey	95%	
1)Recreation therapist working with resident's council will discuss with residents current satisfaction ratings overall	Recreation therapist to work with residents council to determine what changes residents would like to see to improve quality of life and satisfaction with facility	Percentage of residents who provide higher satisfaction scores on next resident survey	95%	
1)Staff education for earlier recognition of signs and symptoms that led to an ER visit that was potentially avoidable	Chart audit	Percentage of residents at high risk for an ED visit who had a change in condition documented on the Shift to Shift report (or progress notes) in the 24 hours prior to ED visit.	<5 %	