Excellent Care for All
Quality Improvement Plans (QIP): Progress Report for 2016/17 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 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	B: Percentage of residents responding positively to: "having a voice and being able to speak up about the home." (InterRAI QoL) (%; Residents; Apr 2015- Mar 2016 (or most recent 12-month period_; In-house survey)	54337	74.00	85.00	75.7	There is a culture change initiative in place to improve communications and strengthen relationship building. There was a significant increase in discharges this year over last resulting in a lot of new residents who were not as familiar with living in a LTC setting.

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 2016/17)	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?
Conduct exit interview each resident that transfers to another LTC. Pilot discharge resident and family survey.	Yes	This was informally structured at the time of discharge to determine, factors influencing discharge. The feedback clearly demonstrates discharges are associated with being offered their first choice on the LTC application.
Engage staff in a culture change model that focuses on communication.	Yes	Ongoing monthly meetings with Compliance Team. Peer mentoring and auditing to improve staff engagement in upholding policies and MOHLTC legislation.
Work with Resident and Family Councils to prioritize survey results for improved satisfaction.	Yes	The 2015 data was presented to Resident and Family Council January 11th for input and an action plan was created. The 2016 results will be shared in the April 2017 meetings and subsequent action plans will be created jointly with the members of Resident and Family Council.

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2	B: Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL) (%; Residents; Apr 2015 – Mar 2016 (or most recent 12-month period). ; In-house survey)	54337	75.00	85.00	75.7	The staff of the LTCC have worked to improve communications and keep our residents and families abreast of changes within the LTCC.

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To actively engage residents and families to evaluate our care and services related to admission and care conference process.	Yes	Residents and families participated in several meetings to garner feedback. These included quarterly CQI meetings, culture change meetings, and feedback on satisfaction survey results.
To effectively follow up on all complaints within 48 hours.	Yes	Each complaint received a response from the LTCC in a timely manner. The LTCC took strategic measures to ensure follow up was addressed the root cause and preventative measures were established for safety.

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3	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; Oct 2014 – Sept 2015; CIHI CCRS, CIHI NACRS)	54337	22.92	20.00	21.21	TheLTCC continues to promote end of life care conferences to assist families with utilizing the in-home palliative team. We have used the Pain and Palliative Network who were a valuable resource to the LTCC.

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Continuing to engage residents and families whose advance directives require transfer to hospital in care conferences to discuss treatment choices and options.	Yes	Special care conferences are held to have sensitive conversations with families to prepare for end of life. Some families struggle with decision making during this phase of care and may request transfers that are deemed avoidable. We have utilized the Pain and Palliative Network to assist us with getting expert opinions on making these final arrangements.
To expand on the palliative care program to prevent hospital transfers.	No	This will be restarted in 2017 as we have new team members in place to lead this program.
Enhance clinical assessment of complex conditions or change in conditions using Interact tools.	Yes	A new Clinical Director of Care was hired to assist us with managing assessment and communication of clinical findings. The interact tool is still in early stages of use.

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4	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 2015 (Q2 FY 2015/16 report); CIHI CCRS)	54337	2.62	1.50	3.44	The Wound Care Champion continues to work with registered and unregulated staff on prevention, and doing 1:1 mentoring with registered staff on advanced assessment/treatment of wounds.

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Track residents' monthly with a PURS of >4 for discussion at monthly wound care meeting to ensure preventative strategies.	No	This program will be reset in 2017.
Staff remain current residents at risk for pressure ulcers.	Yes	The Compliance Team is working closely 1:1 and team basis to improve overall commitment to prevention.
Partner with wound care nurse to continue educating staff on preventative strategies, and early detection of potential for pressure.	Yes	There has been a transition to a new wound care line, new policy. The LTCC had several new staff this year, wound training has been provided both in classroom setting and 1:1 at the bedside.

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5	Percentage of residents who fell during the 30 days preceding their resident assessment (%; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	54337	13.06	9.00	10.95	Falls have made a steady decline for the 2nd year. This relates to a higher focus on falls huddles to evaluate the contributing factors in a timely fashion.

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To move documentation stations throughout the unit to improve accessibility of staff in resident activities during peak falls times particularly shift change, stagger	Yes	This was done on a trial basis however it did not yield the intended outcome. We will look at modifications and try again.
Continue to engage interdisciplinary staff in post fall huddles that encourage discussions regarding triggers and interventions that are unique to each resident to prevent.	Yes	The Personal Support Worker's are responsible to collect the data on falls and record it for the RPN who is assessing the resident. This helps to build capacity, accountability and has been the most significant factor in reducing falls.
Staff are aware of high risk residents (falling leaf program) in each unit.	Yes	Staff are involved in designating which residents are high risk.

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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; Apr 2015 – Mar 2016 (or most recent 12-month period). ; In house data, interRAI survey)	54337	76.00	85.00	82.9	Resident engagement in decision making has been a promoted throughout the LTCC which helps to build confidence with our residents to bring forward their advice and input.

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To actively seek out timely feedback, promote "having a voice" and the ability to give feedback without fear of consequences.	Yes	Resident engagement activities include invitations to meeting on quality, campus redevelopment, smoking program, and asking for feedback on capital changes in the LTCC.

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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 2015 (Q2 FY 2015/16 report); CIHI CCRS)	54337	24.96	20.00	26.79	This indicator was demonstrating a downward trend until recently whereby it has shown an increase. This year our medical program included a new Psychogeriatrician which is in part due to the upward trend of this indicator. We have established a full pharmacological review of 4 residents per month with our Medical Director and Pharmacist to make recommendations on how this can make sustained improvements in this area.

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Quarterly review by team including MD and pharmacist of residents on antipsychotics to explore other medication options.	No	This project will be restarted in 2017.
Through a closer partnership with our Psychiatric Geriatrician, and Behavior Support Ontario, referral to Behavior Support Ontario staff after responsive behavior.	Yes	With improved access to Psychiatrist (weekly)our use has trended upward while the stats for Behavior has trended down. The LTCC has trained staff in Montessori techniques to help with bringing this rate down. As well and internal Behavior Supports Ontario team has been formed.

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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 2015 (Q2 FY 2015/16 report); CIHI CCRS)	54337	6.28	5.00	3.48	This indicator has demonstrated a strong steady decline in the last 2 years. Staff at the LTCC are currently working on a bedrail elimination program which will also aid in managing this indicator in a positive trend.

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Registered staff to provide education at time of admission on Least Restraint Home, by helping them be aware of the potential risks associated with restraints and discuss.	Yes	A pamphlet was produced to act as an outline for minimizing restraints at the time of admission. Meetings have occurred with Resident and Family Council to further reduce restraints by eliminating bedrails.