

2017/18 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"

West Park LTC Centre 82 BUTTONWOOD AVENUE

| AIM | | Measure | | | | | | Change | | | |
|-------------------|-----------------------|---|---|--|-----------------|---------------------|--------|--|---|---|--|
| Quality dimension | Issue | Measure/Indicator | Unit / Population | Source / Period | Organization Id | Current performance | | Planned improvement initiatives (Change Ideas) | Methods | Process measures | Target for process measure |
| | | | | | | performance | Target | | | | |
| Effective | Effective Transitions | 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 | CIHI CCRS, CIHI NACRS / October 2015 - September 2016 | 54337* | 21.21 | 20.5 | 1) Offer special care conferences to residents and their family to promote planning for end of life care and determining appropriate time to discontinue transfers to hospital. | Interdisciplinary care meeting for palliative focus. Change care plan to palliative/end of life status. Staff to use acute status change of condition assessments. | The number of conferences held where a change in status to palliative is determined. Number of RAI significant change assessments captured Q3 mos | All residents at end of life care will have a special care conference held. |
| | | | | | | | | 2) Initiate a review of all new CCAC admissions documents to assess for falls risk so it triggers staff to implement risk measures to reduce falls and transfers to hospital. | Review charts of new admissions for falls in the 6 months prior to admission via the CCAC application in order to determine falls risk and initiate mitigation measures. | Evaluate the number of care plans with falls focus to reduce potential for reoccurrence. Measure number of post fall huddles completed for new admissions after the risk assessment is complete and added to care plan. | All new admissions will have a falls risk history completed. |
| Patient-centred | Person experience | Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" | % / LTC home residents | In house data, NHCAHPS survey / April 2016 - March 2017 | 54337* | 17.90% | 22% | 1) Strengthen therapeutic relationship between staff and resident by team building through 1:1 peer mentoring. | One member of compliance team will be assigned to a specific unit in order to undertake audits of teamwork and outcomes for residents. This will include performing care plan/documentation audits, strengthening responsiveness of staff by conducting mini survey's with residents asking "how am I doing"? Program staff will enhance relationship building by helping the resident to write and post their achievements and memories of life events. (All about me) | The Quality of Life Indicator score will improve through satisfaction survey results and outcomes of mini internal survey's. Reduced number of complaints, reduced number of Critical incidents. | All full time staff will have at least 1:1 peer training shift assigned to them with constructive, timely feedback |
| | | Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". | % / LTC home residents | In house data, interRAI survey / April 2016 - March 2017 | 54337* | 82.90% | 85% | 1) Engage residents and family in capital projects such as redesigning the café renovation in order to give them more input toward their environment and making it feel like home. | Focus groups, mock ups, presentation by contractor on choices to identify potential concepts for space utilization. | Residents and family can determine most appropriate use of space by voting on design concepts. Establish a "naming" process to name the new space. | Number of participants involved in the design and final decisions. Number of "mock ups" on capital projects. |

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| | | | | | | | | 2)Continue to offer disclosure meetings with residents and their family for concerns raised. Utilize this forum to measure that their concerns have been addressed in a holistic manner so that outcomes are improved. | Face to face meetings or teleconferences as check points along the path during the investigation, provide disclosure letter, and check in with family shortly after to ensure the matter is resolved and there are no unforeseen fall outs from the matter. Continue to foster a transparent relationship. | The number of written disclosure matters per quarter/per year. Trend and track results. Track number and category of complaints per quarter, per year. | All written complaints or verbal reports of serious concerns will have a disclosure meetings. |
| | | | | | | | | 3)Utilize residents to teach Residents Bill of Rights during orientation with new staff. | Classroom setting, interact with new staff regarding the rights from the Residents perspective to help build capacity and confidence related to rights, and assist residents to get to know staff as they begin their career at our Home. | Number of resident volunteers to teach orientation, number of orientation sessions and feedback from staff on the input from residents.Number of teaching opportunities for residents during quality meetings and culture change projects. | All orientation sessions will include resident presentations. |
| | Resident experience: "Overall satisfaction" | Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" or "I would recommend this site or organization to others". | % / LTC home residents | In house data, InterRAI survey, NHAHPS survey / April 2016 - March 2017 | 54337* | 75.7 | 80% | 1)Communication is key to building trusting relationships with residents through active listening and timely follow up. | Keeping residents informed through postings in the elevator, newsletters, council meetings, partnerships with the hospital that align with new services and construction progress. | Mini survey's to be conducted by volunteers on "how am I doing? How can I interact with you in a more meaningful way?" share this feedback with the PSW's to help encourage them to have more meaningful interactions. Number of surveys, number of survey's with positive feedback. | All Staff will receive results of mini survey from their shift in timely and constructive manner. |
| | | | | | | | | 2)Create a new admission welcoming team, assign residents assigned to help pick them up to go to activities throughout the home. | Assist new residents to develop relationships immediately when they enter the home. Help them to feel comfortable moving about the home to find activities and friends. | Number of new residents met by a resident committee, number of residents aligned with a "buddy" | Each new admission receives a welcome reception. |
| Safe | Medication safety | Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment | % / LTC home residents | CIHI CCRS / July - September 2016 | 54337* | 26.79 | 25 | 1)Monthly focus on 4 residents to evaluate the medications by interdisciplinary team; Doctor, Pharmacist, PT, RN. | Planned monthly meeting with 4 designated cases. Monthly evaluation of effectiveness by BSO team related to Behavior progress notations. RAI audit of diagnosis and medications Q3mos. Staff training and use of Montessori techniques to offer meaningful activities. | Planned monthly meeting to evaluate residents using Antipsychotics to determine if the diagnosis are correct, work with Dr Seitz to help find alternatives to medication regime. Reduce number of Critical incidents related to responsive behaviors | All residents taking antipsychotic meds will receive at least one med review by the interdisciplinary team and a follow up it behaviors escalate. |

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| | | | | | | | | 2)Meet with Psychogeriatrician to seek alternative non pharmacological measures. | Invite physician to monthly pharmacy audit of antipsychotic med use and engage her in reducing or finding non pharmacological methods. Promote Montessori techniques with all staff to give meaningful activities to residents. Promote massage therapy. Work with BSO to coach staff to determine interventions that are effective and sustainable. | Track BSO visits from external sources, track residents admitted/discharged from internal BSO program. Reduce number of Critical incidents related to responsive behaviors | All residents admitted to the BSO program will be engaged in activities that promote non pharmacological interventions and medication reduction. |
| | Safe care | 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 | CIHI CCRS / July - September 2016 | 54337* | 3.44 | 2.5 | 1)Strengthen turning and repositioning program to prevent acquired pressure ulcers. | Enhance registered staff and PSW compliment. Peer mentoring, streamline nursing processes, create Orientation Champions. | Number of turning and repositioning audits resulting in positive wound outcomes number of stage one's reported by psw's that do not progress. | All residents with turning and repositioning clocks will be audited daily for compliance and effectiveness. |
| 2)Increase wound care champion to 3 days per week. Promote teaching and mentoring of staff. | | | | | | | | Auditing and assessment of treatments, assist with improving documentation by front line registered staff. | Continue to track number of residents with acquired and worsening wounds. track progression and healing of wounds. Audit turning and repositioning as preventative measure. | All Registered staff will receive 1:1 peer mentoring from the wound champion with timely and constructive feedback. | |
| Percentage of residents who fell during the 30 days preceding their resident assessment | | % / LTC home residents | CIHI CCRS / July - September 2016 | 54337* | 10.95 | 10 | 1)Continue to work with PSW to be engaged in falls huddles and strengthen processes related to outcomes of falls by evaluating falls data | Continue to track and trend falls, Promote education on fall prevention, help staff to learn about resident triggers for falls. | Number of PSW's attending falls huddles, assisting with the collection of data for assessment and interventions. Number of fall huddle mini in-services with staff. | All falls will have a fall huddle. All Fall huddle data will be used to create effective fall interventions. | |
| Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment | | % / LTC home residents | CIHI CCRS / July - September 2016 | 54337* | 3.48 | 2.5 | 1)Implement a bedrail reduction program to reduce the risks associated with bedrail use. | Present bedrail reduction program to Resident and Family Council, contact families to advise the bedrails are being removed, assess resident for safety post removal. | Audit safety of resident poist bedrail removal. Assess other devices being used to detect residents at risk of falls or have a history of falls. | All current bedrails will be removed and no bedrails will be inplace for new admission. All families will receive a phone call to discuss the removal prior to it being removed. All rails reinstalled will be tracked. | |