## 2015/16 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"

GRACE VILLA NURSING HOME 45 LOCKTON OF

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Tanzet	Target iustification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Safety	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eflaports) / Q2 PY 2014/15	53409*	11.8	10	Benchmarking Data: HNHB 9% Province 14.2%	Weekly interdisciplinary falls prevention rounds.	DOC, ADOC, PT and front line staff meet weekly to discuss all residents who have had a fall. All resident falls are tracked and care plans are updated identifying root cause and interventions to decrease risk.	% of residents who have experienced a fall.	100% of residents who have experienced a fall will be reviewed at weekly falls	
									2)Medication reviews with pharmacist/physician to reduce meducations with potential to increase falls	Medications are discussed at the falls prevention meetings and referrals are made to pharmacy/physician.	% of residents who have experienced a fall and who are currently taking medications that put them at risk.	100% of the residents that have experienced a fall will have their medication 100% of residents	
									3)Weekly audits of safety alarms.  4)Monthly audits of	ADOC to complete weekly audits to ensure safety alarm communication within the interdisciplinary team. Safety alarms will be communicated on care plans as well as on POC in Point Click Care.	% of residents who use safety alarms  % of residents who use nestraints.	100% of residents who use a safety alarms will have an audit complete	
	To Reduce	Percentage of	% / Residents	CORS, CIHI	\$3409*	3.95		Manageable and	restraints.	DOC to complete monthly audits to ensure restraint communication within the interdisciplinary team. Restraints will be communicated on care plans as well as on POC in Point Click Care.		who use a restraint will have an audit complete.	Restraint reduction is part of our falls management program.
	Worsening of Pressure Ulcers	residents who had a pression after that recently get worse account of the control	W. (Baldinate	(elleports) / Q2 PY 2014/15	53409*	3.95	10	achievable given current resident population.	1)Education for prevention of skin related breakdown.	Offer annual education on prevention of skin breakdown to all relevant staff.  Referral to physiotherapy for all seating assessments.	% of staff who completed annual education.	95% of staff receive annual education.	
									Ensure appropriate therapeutic devices for seating are in use for pressure reduction.	Referral to wound care champion for all pressures	% of residents who have been referred to PT for a seating assessment.  % of residents who have been referred to the wound.	95% of residents who are identified as needing a seating assessment are referred to PT. 100 % of residents	
									3)Ensure appropriate therapeutic surfaces in use for pressure reduction while residents in bed.  4)Ensure dietary referrals.	watering to vocate care champion for all pressures ulcers in the home.  Referral to registered detician for all pressures ulcers in	% of residents who have been referred to the would care champion for assessment.  % of residents who have been referred to the registered	100 % of residents who are identified as having a pressure ulcer that has become worse 100 % of residents	
	To Badana the Una								are in place for residents with worsening pressure ulcers.	the home.	so or residents, who have been reterred to the registered diedician for assessment.  So of residents being restrained who have a restraint	who are identified as having a pressure ulcer that has become worse 100% of residents	Constitution of the consti
	To Reduce the Use of Restraints	residents who were physically restrained (daily)		(efteports) / Q2 FY 2014/15	53409*	20.06		This goal is realistic based on our current resident population.	1)Upon determining that a physical restraint may be required, the interdisciplinary team shall immediately plan restraint. 2(Establish what supportive	Do root cause analysis to determine why the restraint is required. Implement restraint reduction and irrobe PT. Discuss resident at falls management meetings. Complete a root cause analysis to determine why	reduction assessment completed monthly.  % of residents being restrained who have a restraint	being restrained. will have a restraint reduction assessment done 100% of the	Currently our restraint percentage 3.89
									measures can be put into place to maintain the safety of the resident and others in the home. 3 Interdisciplinary quarterly	Complete a root cause analysis to determine very restraint is being used. Complete a multidisciplinary review of the restraint and alternative measures. Education provided to staff regarding restraint alternatives. Complete a root cause analysis to determine why the restraint is being used. Monthly QI and comparative	reduction assessment completed monthly.  % of residents being restrained who have a restraint	residents being restrained will have a restraint reduction 100% of the	
									meeting to review all restraints with the focus of reduction. 4)An assessment was	reports to determine trends.	reduction assessment completed monthly.  St of residents being restrained by means of a full bed	residents being restrained will have a restraint reduction 100% of the	
Effectiveness	To Reduce	Percentage of	% / Residents	CORS, CIHI	53409*	28.76	20	Manageable and	spin assassment was completed determining which residents were being physical restrained due to a full bed rail. 1)Continue to promote	Complete a root cause analysis to determine why bed rail restraint is being used. Complete a multidisciplinary review of the restriant and alkenshive measures. Education provided to staff and farrilles regarding restraint alternatives. Bed relocation completed within Each resident will have a bowed and bladder assessment.	% of residents being restrained by means of a full bed rail and who have a restraint reduction assessment completed monthly.  % of residents who have worsening bladder quarterly.	restrained by a full bed rail will have a restraint reduction 100% residents	Audit 10% of
	Worsening Bladder Control	risidents with worsening bladder control during a 90- day period		(efteports) / Q2 FY 2014/15				achievable given current resident population.	individual tolleting plans.  2 Continue to use a Tena	completed upon admission, quarterly, and with change of condition. Review assessment to determine type of incontinence. Each resident will have a bowel and bladder assessment	100% of residents who have completed a Tena	who have worsening bladder quarterly. 100% of residents	assessments to ensure they are being completes and appropriate
									2)Continue to use a Tena     Assessment for each     resident.  3)Review medication that     may increase incontinent	completed upon admission, quarterly, and with change of condition. Breiew assessment to determine type of bladder incontinence. Quarterly reviews of medications to determine if they contribute to incontinence or aide in the reduction.	Assessment.  % of residents who have been identified as worsening	who participate in the Tena Assessment Program will have 100% of residents	
									4)Beview of resident	Quarterly audits of resident profiles to ensure coding	incontinence.  % of residents who have been identified as worsening	Program will have 100% of residents with worsening incontinence will have a medication review. 100% of residents	
	To Reduce the	Percentage of	% / Residents	COBS, CIMI	53409*	28.64	25	This goal is	profiles that have been identified with worsening bladder control during a 90 day period. 1 Increased awareness for	accuracy.  Monthly tracking of number of residents using	incentinence.  % of residents who are using antipsychotics without a	with worsening incontinence will be audited for accuracy. 100% of residents	
	Inappropriate Use of Anti psychotics in LTC	Percentage of nesidents on antipsychotics without a diagnosis of psychosis		(eftsports) / Q2 PY 2014/15				This goal is realistic based on our current resident population.	Illncreased awareness for the use of antipsychotic medication without a supporting diagnosis.     Illncreased staff awareness	Monthly tracking of number of residents using artipsychotics without a diagnosis. Pharmacist to complete medication reviews on a quarterly basis. Increase the number of staff that have obtained GPA training. Behaviour counds to be completed monthly.	supporting diagnosis.  % of staff who have had GPA training.	using antipsychotics will have a medication review quarterly. 50% of nursing	
									of early identification and potential triggers and interventions for responsive behaviours. 3)Referral to external	Refer to BSO as needed as well as the PRC through the	% of residents with responsive behaviours who have an	staff on the secure unit will have GPA training.	
									support services for more complex residents.	Alzheimer's society. Refer to geriatric outreach per physician order. Encourage staff to participate in GPA training.  Quarterly pharmacy review. Quarterly physician review.	external referral monthly.  % of residents who are using antipsychotics without a supporting diagnosis who have experienced a fall.	who have complex responsive behaviours will be referred to BSO, 100% of residents	
Resident-Centred	Receiving and utilizing feedback	Percentage of	% / Residents	In-house survey /	53409*	0	0	Will monitor in	A)Review the use of antipsychotics focusing on the negative side effects in relation to falls.  1)Not currently tracking.	Not currently tracking. Our plan is to add this question	Not currently tracking. Our plan is to add this question	100% of residents that have had a fall and are on antipsychotics will have a medication Not currently	Not currently
	regarding resident regarding resident experience and quality of life. "Having a voice".	positively to: "What number would you use to rate how well Percentage of	% / Residents	Apr 2014 - Mar 2015 (or most recent 12mos). In-house survey / Apr 2014 - Mar	53409*	0	0	2016. Will monitor in	Our plan is to add this quastion to our 2016 Resident Satisfaction Survey. 1]Not currently tracking.	to our 2016 Resident Satisfaction Survey.  Not currently tracking. Our plan is to add this question	to our 2016 Resident Satisfaction Survey.  Not currently tracking. Our plan is to add this question	tracking. Our plan is to add this question to our 2016 Resident Not currently	tracking, Our plan is to add this question to our 2016 Not currently
		residents responding positively to: "I can express my opinion without fear of Percentage of	% / Residents	Apr 2014 - Mar 2015 (or most recent 12 mos). In-house survey / Apr 2014 - Mar	53409*	0	0	2016. Will monitor in	Our plan is to add this quastion to the 2016 Resident Satisfaction Survey. 1 Not currently tracking.	to the 2016 Resident Satisfaction Survey.  Not currently tracking. Our plan is to add this question to the 2016 Resident Satisfaction Survey.	to the 2016 Resident Satisfaction Survey.  Not currently tracking, Our plan is to add this question to the 2016 Resident Satisfaction Survey.	tracking. Our plan is to add this question to the 2016 Resident Not currently	tracking. Our plan is to add this question to the 2016 Not currently
	Receiving and utilizing feedback regarding resident experience and quality of life. "Overall	Percentage of residents responding positively to: "Would you recommend this nursing home to Percentage of	% / Residents	2015 (or most recent 12mos) In-house survey /	53409*	0	0	2016. Will monitor in	1)Not currently tracking. Our plan is to add this question to the 2016 Resident Satisfaction Survey. 1)Not currently tracking.	Not currently tracking. Our plan is to add this question	Not currently tracking. Our plan is to add this question	Not currently tracking. Our plan is to add this question to the 2016 Resident Not currently	tracking. Our plan is to add this question to the 2016 Not currently
Integrated	Satisfaction* To Reduce Potentially Avoidable	residents responding positively to: "I would recommend this site or Number of	% / Residents	Apr 2014 - Mar 2015 (or most recent 12 mos) Ministry of	53409*	15.86	10	2016. Target based on analysis of	Our plan is to add this question on 2016 Resident Satisfaction Survey.	on 2016 Resident Satisfaction Survey.  Average number of unplanned resident transfers to ER	on 2016 Resident Satisfaction Survey.  Review ER visits on quarterly basis.	tracking. Our plan is to add this question on 2016 Resident Maintain current levels.	tracking, Our plan is to add this question or 2016 Resident Track reasons fo transfers to
	Potentially Avoidable Emergency Department Visits	emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-		Ministry of Health Portal / Q3 FY 2013/14 - Q2 FY 2014/15				analysis of census data and provincial average.	Timely assessment by registered staff or physician assistant on change of health status.      Timely assessment by on call physician on change of	monthly.  DOC and ADOC to review all transfers to ER.	Review ER visits on a quarterly basis.	All residents sent to ER will be	transfers to identify gaps in educational nee of registered
		term care residents							call physician on change of health status.  3]Resident and family awareness of scope of	Discuss benefits vs risks of ER visits with residents and families.	Review ER visits on a quarterly basis.	to ER will be reviewed quarterly. All residents sent to ER will be	
									awareness of scope of services provided by Grace Villa.			to ER will be reviewed quarterly.	

