

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"



Caressant Care Listowel Nursing Home 710 RESERVE AVENUE SOUTH

AIM		Measure						
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target
Theme I: Timely and Efficient Transitions	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	52921*	22.06	22.00
	Timely	Wound Care	C	% / LTC home residents	CIHI CCRS, CIHI NACRS / Oct - December 2018	52921*	11.1	5.00
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTCH that were acknowledged to the individual who made	P	% / LTC home residents	Local data collection / Most recent 12-month period	52921*	100	100.00
		Percentage of residents responding positively to: "I would recommend this site or organization to	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	52921*	91.4	100.00
		Percentage of residents who responded positively to the statement: "I can express my	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	52921*	100	100.00

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you ar

		opinion without fear of consequences".						
Theme III: Safe and Effective Care	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	52921*	CB	100.00
	Safe	Falls	C	% / Residents	CIHI eReporting Tool / April - March	52921*	10.1	8.50
		Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or	C	% / LTC home residents	CIHI eReporting Tool / April - March 2018-2019	52921*	5.7	3.60

		Change	
Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods

e working on)

Many residents level care is transfer to acute care hospital in case of		1)All physicians maintains consistency in there facility visits	Doctor's who come in biweekly reviews all residents who has changes in there status or had a fall, will contribute a appreciable role in reduction of ED visits.
To reduce percentage of new or worsened pressure ulcers.		1)Improve assessment and documentation of registered staff in a timely manner.	The skin and wound champion will audit the wounds. A new wound assessment application has been implemented which certainly helps to improve the quality of documentation as it is more precise.
We handle complaints within the required time and the home		1)Acknowledge and respect residents' rights to voice complaints and welcome feedback from residents and family members	Involving physicians, nurses, and allied health professionals in the complaints process to the extent that they consider it a component of their role.
Our goal is to please everyone		1)Continue to strive to maintain and deliver the quality of care that we provide to our residents.	Resident interaction with staff members has the largest impact on their satisfaction. When treated with importance, clients are more likely to forgive shortcomings. This rule is a integral part of our daily run.
Home will continue to work with Resident Council to maintain the		1)Maintain current performance level	With assistance of our staff and volunteers, residents will be encouraged to complete the survey. The monthly newsletter to residents and family will provide the survey link via the web

level of satisfaction		2)Provide continued education and awareness of the Residents' Bill of Rights in partnership with the homes' resident's council.	The CQI Lead will request to provide information and seek interest on the part of Residents' Council in co-partnering to implementing an education program centred on "Through Our Eyes". Residents' Council will be asked to identify which "Rights they would like to
We take initiatives to talk to family and explain the importance of		1)The home would like to enhance education with families as it becomes difficult to differentiate palliative and End of Life	Pain and palliative champion complete audits and educate families
The home has made progress in this area in relation to the organization,		1)2)Implement post fall assessment for residents who are 1st time fallers to care plan proactive interventions.	The mds/rai coordinator will monitor and track the number of falls receiving post fall assessment of 1st time fallers without injury and 1st time fallers with injury. The mds/rai coordinator will provide a monthly progress report to the falls committee.
Across the organization, performance indicates 3.6%. The Home will		1)Examine each pressure ulcer incident to determine cause and effect to identify contributing factors and prevent worsening.	Newly acquired pressure ulcers will be assessed by the Wound Care Champion who will conduct a root cause analysis to determine prevention measures. The appropriate treatment will be identified to aide in avoiding potential progression of wound to next

Target for process measure		
Process measures	Target for process measure	Comments

This data will be reviewed by the charge nurse and DOC	Maintain current performance.	
Review of data quarterly at CQI meetings and ensure dietitian and dietary staff involvement in our attaining timely wound healing.	Prevention of worsening wounds and improved healing times for existing ulcers will	
Sharing positive experiences through resident relation stories from the Residents' Council and case studies to demonstrate an effective resolution process	Maintain 100% response rate within 10 business days of receiving a complaint by	All will be acknowledged and responded to in a timely fashion.
Track and review progress quarterly CQI meetings.	Engage residents to feel comfortable to express their feelings.	
Track and review progress quarterly at CQI meetings	Encourage residents to verbalize and participate in completing survey	Encourage residents to provide non-biased comments related to the

Although this education is in addition to the annual education requirements for staff, the number of staff attending the "Through Our Eyes" education will be tracked and monitored to encourage 100% participation.	The target is 100% of all staff will attend at least 1 component on the "Through Our	This initiative will encompass all or part of the handbook on "Through Our
Pain and palliative awareness classes for staff	100% of all Palliative and End of Life residents/families will have a in	
Number of post fall assessments reviewed per month by the falls committee.	100% of residents who are 1st time fallers will receive a post fall assessment by	Post fall assessment will be provided through sister home.
Number of newly acquired pressure ulcers analysed.	100% of newly acquired pressure ulcers will be identified and analysed for root	Increased education of PSW staff for early identification and reporting of skin