

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

## "Improvement Targets and Initiatives"

Caressant Care on Mclaughlin Road 114 MCLAUGHLIN ROAD

AIM		Measure						
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target

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

Theme I: Timely and Efficient Transitions	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	1971*	41.88	30.00
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days.	P	% / LTC home residents	Local data collection / Most recent 12-month period	1971*	75	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	1971*	88.14	97.00
		Percentage of residents responding positively to: "What number would you use to rate how well	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	1971*	CB	

		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	1971*	94.12	99.00
Theme III: Safe and Effective Care	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	1971*	CB	CB
		Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI portal / Jan-Mar	1971*	13.75	5.00
	Safe	Falls	C	% / LTC home residents	CIHI eReporting Tool / 2019	1971*	22.4	16.40

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

e working on)

		1)Establish early recognition of at risk residents for emergency department visits.	Early identification of health changes.
		2)Decrease the number of avoidable visits to the Emergency Department (ED) each month.	The number of avoidable ED visits will be tracked monthly by the MDS/RAI coordinator to establish a baseline measure by July 2019.
The home has done well in this area and will continue to improve by ensuring a shorter turnaround time to generate the initial		1)Decrease complaints by enabling staff to resolve concerns/requests at the point of care, ensuring residents needs and wishes	1)Decrease complaints by enabling staff to resolve concerns/requests at the point of care, ensuring residents needs and wishes are supported.
		2)Provide education and skill building to nursing staff on responding to complaints.	In-house education, surge learning, 1:1 instruction/role play.
Increased opportunities to promote the positive outcomes r/t		1)Increase appreciation and respect of Residents' values, preferences, and expressed needs by developing and communicating a quality	The CQI Team will analyse responses received through the annual resident satisfaction survey. The Team will develop actions plans and communicate through resident and family council meetings to ensure resident/family inclusion.
		1)	

All residents need to feel listened to and accepted in a safe,		1)Provide continued education and awareness of the Residents' Bill of Rights in partnership with the homes' resident's and family	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 centered on "Through Our Eyes". Residents' Council will be asked to identify which "Rights they would like to
The ultimate target is to ensure 100% of residents with a life threatening illness have their palliative care needs met.		1)Provide education for staff, residents and family/SDM on palliative care and end-of-life care.	Education will be provided to registered staff upon hire and annually. The Palliative Care Team will provide education to resident and family council and upon request at the time of new resident admission. The Palliative Care Team will track progress on care planning.
		2)Provide enhanced information to newly admitted residents/family concerning the distinction between Palliation and End	Revise 6 week care conference to include section on a discussion regarding palliative and end of life care.
The Wound Care nurse will strive for an 8-9% reduction in worsening pressure ulcers.		1)Improved initial assessment, implementation of proper dressings and documentation of wounds by Registered Staff.	Continued education of assessment and intervention by Registered Staff; ensure appropriate documentation and usage of Skin & Wound assessment in Point Click Care. Continued engagement of RNAO best practices. Dietitian to continue to assess residents with pressure
		2)Increased education of PSW staff for early identification and reporting of skin issues when identified during care.	SURGE Learning education for Pressure Ulcer Prevention for current and newly hired PSW staff.
The home will continue to focus on falls reduction to meet provincial average of 16.4%.		1)Implementation of minimizing risks for falls through SURGE learning	In house education using SURGE learning
		2)Ensure completion of post fall assessment and care planning for residents experiencing falls without injury.	The falls committee will review all fall related incidents, without injury, to ensure a post fall checklist/assessment is completed.

Process measures	Target for process measure	Comments

DON/RCC to review high risk resident's daily with Registered Staff.	Number of residents at high risk for an ED visit* who had a change in condition	
The number of avoidable ED visits will be evaluated at quarters 2 & 3 to establish effectiveness of the change idea.	Avoidable ED visits will decrease by 10% between July and December 2019.	
Concerns will be tracked with the CQI team each day at morning report. We will look at concerns brought fourth and look at solutions before they become a complaint.	Process will show a decrease in the number of overall formal complaints.	
The number of PSW staff who receive education on complaint handling.	90% of PSW staff will receive education and instruction on complaint handling	
The number of improvement opportunities which are identified and have action plans implemented.	100% of Resident/Family survey category results scoring below 80%	
		The Home uses the inter-rai survey tool.

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	
# of staff and applicable residents/SDM educated; % of residents whose care plan/documentation captures expressed wishes and goals of care to support palliative and end-of-life care.	100 % of staff and applicable residents/SDM will be educated by December 31, 201;	
Number of newly admitted residents/family who are provided education on palliative and end of life care.	100% of newly admitted residents/family will receive Palliative/End of	
Number of staff trained in wound assessment and care. Decrease in the number of worsening wounds.	70% of residents will not have a worsening pressure ulcer.	
The number of PSW's receiving education for Pressure Ulcer Prevention.	100% of PSW's will receive education on Pressure Ulcer Prevention.	
The number of PSW's who receive education on minimizing risk for falls.	90% of staff will receive education on minimizing risks for falls.	
The number of post fall assessments completed and care plan updates	The number of falls will decrease to 16.4%.	