

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

"Improvement Targets and Initiatives"

The Maples Home for Seniors 94 WILLIAM STREET SOUTH

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 are)

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	51706*	12.5	10.00
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	51706*	100	100.00
		Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	51706*	100	100.00
		Percentage of residents who responded positively to the question: "Would you	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	51706*	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	51706*	83.33	90.00

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	51706*	CB	CB
		Percentage of residents that were given a antipsychotic medication without DX of psychosis	C	% / 5 / LTC home residents	CIHI CCRS, CIHI NACRS / CIHI CCRS / Oct 2018 - Sept 2019	51706*	21.2	19.60
	Safe	Early identification of skin breakdown. Home will focus on decreasing the percentage of	C	% / LTC home residents / % / LTC home residents	CIHI CCRS / 2018 - Sept. 2019	51706*	3.9	2.70
		There will be a focus on reduction of falls.	C	% / LTC home residents / % / LTC home residents	CIHI CCRS / 2018 - Sept. 2019	51706*	11.2	16.40

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

e working on)

Meet or exceed previous year		1)Evaluate the current effectiveness and availability of in-house services. In collaboration with current vendor (Cardinal health)	The DOC in home will monitor and collect ED visit data on a regular basis, identify those with injuries from falls and implement changes to fall prevention program as needed. Continue with falls committee meeting and ensure home physio group is in attendance. Update CP's
The home does respond promptly to all concerns and addresses		1)Educate Front line staff and PSW's the importance to rectify any concerns at time time of care, to listen attentively to any concerns	Provide education to all staff on online training. Provide inservices to staff around customer service and how to focus on Resident Centered Care and make decisions to provide optimal satisfaction to accommodate resident / family requests. Educate at time of admission that The
Although there has not been an identified improvement target, the home will continue to focus on obtaining a increased number of		1)Increase appreciation and Respect of Resident values. requests and needs	The CQI team will analyze responses received through the resident satisfaction survey. The team will develop actions and communicate via family / resident newsletter, family council, resident council meetings.
		2)To have every resident recommend / suggest this facility to others (100%) To investigate solve concern within 24 hours to ensure	The CQI team will analyze resident responses to this question and develop action plans to improve the response.
		1)	
The home will continue to achieving a % improvement in performance		1)Provide continued education and awareness of the Resident Bill of Rights to Residents and staff.	Continue to review the Resident Bill of Rights at monthly Resident Council meetings. Giving opportunity to ask questions and ensuring the material provided is understood. ED will continue to be present daily in the halls through walk about ensuring residents know who

Collecting baseline		1)Provide education for staff, residents and families on Palliative Care and End of life care. To provide optimal care to those that are	Continue with regular Palliative Care Committee meetings. Continue to educate. Bring forward any feedback / concerns to families that were acknowledged from families whom had loved ones in facility in past that were palliative and problem solve / initiate
Meet or exceed Provincial average		1)To review Antipsychotic reductions quarterly with a multidisciplinary approach amongst the physician, pharmacist and	Many of our residents are admitted to our Home on anti-psychotics which they have taken for many years. The technique is to use a multi-interdisciplinary team approach to evaluate these residents on an ongoing basis in an attempt to decrease and discontinue the
Meet or exceed provincial average		1)To provide staff education on skin and wound policies, how to prevent and treat alterations to skin integrity by implementing a Wound	To ensure registered staff assess and monitor all skin and wound issues in a timely fashion. To ensure proper documentation is completed.The Wound Care Champion will ensure residents are assessed within 24 hours of admission, upon readmission and when there is
Meet or exceed provincial average		1)In collaboration with Cardinal health implement their fall prevention program. Assess current fall prevention equipment 2)Development of multi-disciplinary approach to conducting an environmental post fall team.	Review the number of resident's at high risk for falls within the monthly Falls Committee and discuss appropriate prevention strategies are implemented for these residents in purchasing the necessary equipment The DOC, in collaboration with the falls committee and multi-disciplinary team members, conduct and trial an environmental post fall assessment. This assessment will identify potential hazards for trips, slips and falls for resident.

Target for process measure		
Process measures	Target for process measure	Comments

The number of ED visits due to injuries from falls to be reviewed monthly. Review those residents that had a change in condition prior to visit to ED	100% of residents who experienced a fall and sent to ED will be assessment in-house	Our home has experienced increased % of falls in 2018. Goal will be to prevent
To monitor the number of complaints received and do analysis number of unresolved care concerns at point of care and complaints brought to attention to ED and DOC.	The home will focus on decrease the number of complaints brought forward to ED /	The Maples have very low complaints brought forward to ED or DOC /
The number of improvement opportunities which are identified and have actions implemented.	Dec 2019 will have achieved 98% positive responses to survey questions	
Number of action plans implemented as a result of resident responses.	100% of action plans developed from the resident responses will be communicated to	The Maples will continue to resolve concerns within 24 hours to ensure
		The Homes utilizes the Inter-Rai survey.
Number residents and staff who have experienced the training "Through Our Eyes" and number of residents rights reviewed with residents council each month.	100% of staff will receive training on Through Our Eyes by December 31, 2019 and 3	To ensure management and staff randomly everyday ask residents

Analysis of information collected. Review at CQI meetings.	100% of newly admitted residents will receive end of life / Palliative care in home by	Due to age / design of building restrictions the home is unable to provide a private
Analysis of information collected. Review at CQI meetings.	To reduce the usage of antipsychotics by 1.6% to meet or the	We are very pleased with our results and will continue to strive to further
# of assessments leading to reduction of worsening wounds	There will be a 50% reduction of residents assessed with high risk for worsening wounds	The Skin and Wound program has also undergone substantial
The number falls receiving a risk assessment with application of the Cardinal health program for equipment to reduce falls.	100% Each resident will be assessed at the time of admission to prevent falls and re-	
The number of post fall assessments with resultant analysis and action plan developed for follow-up.	100% of residents who have fallen will receive a falls assessment which will contribute to a	