

2018/19 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Victoria Manor Home for the Aged 220 ANGELINE STREET SOUTH

AIM		Measure							Change					
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)														
Effective	Effective Transitions	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 2016 - September 2017	51897*	26.94	24.25	Reduce ED visits by 10% to meet the provincial standard.	1)Provide education to residents and families on the benefits of treating residents in our home.	Through interdisciplinary care conferences and during a change in health condition, progress notes will support that a resident and/or family has been educated.	The medical practitioners and Registered Staff will assist in educating families and residents as evident through progress notes and care conference summaries.	100% of residents and families impacted by end of the fourth quarter.	
										2)Track and trend ED visits on a monthly basis.	Review number of resident transfers to hospital every month.	ER transfer tracking form including details of who, when, why and outcomes. Will review transfers at the monthly Resident Safety meetings and quarterly PAC meetings.	Will reduce ED visits by 10%.	
										3)Educate staff on the use of SBAR documents to help communicate to the in-home NP of acute care needs of residents.	Education to be provided by in-home NP to all Registered Staff.	100% of Registered Staff will be educated on the SBAR document by the end of the third quarter.	100% of Registered Staff will be using the SBAR document to communicate	
	Wound 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	A	% / LTC home residents	CIHI CCRS / July - September 2017	51897*	4.34	4.00	Trending towards the provincial average	1)Implement the policy algorithms for treating wounds	Algorithm will be developed	Number of wounds correctly treated	20% of wounds will be treated incorrectly	
										2)Treatment cart restocking process will be developed	Process will be developed	Number of carts that are fully stocked each month	50% of carts will be fully stocked @ July 2018; 75% of carts will be fully stocked @	
										3)Develop a process map for PSW's to communicate wounds	Process map will be in place	Number of staff that are able to recite the process map	80% of staff will be able to recite the process map	
										4)Educate team members on their roles and responsibilities related to the identification and communication of wounds	Education will be tracked monthly	Number of team members that receive education	100% of team members will receive education	
Patient-centred	Person experience	Percentage of complaints received by a long-term care home that were acknowledged to the individual who made a complaint	A	% / LTC home residents	Local data collection / Most recent 12 month period	51897*	CB		Reduce the amount of time taken to acknowledge a complaint within 3 days	1)Creation of scripts for staff to reference when approached by a resident or family to address a concern or issue	A script will be created	Number of script created	One script will be created	
										2)Team members will be educated on the new complaint script	Education will be tracked monthly	Number of team members who received education	60% of team members will receive education	
	Resident experience: "Overall satisfaction"	Percentage of residents who responded positively to the question: "Would you	P	% / LTC home residents	In house data, NHCAHPS survey / April 2017 - March 2018	51897*	92	92.00	Maintain current satisfaction rate	1)Administrator attend both council meetings to provide updates at a minimum quarterly. Administrator provides updates in the	Continue as 2017 methodology which yielded the current results	Continue with 2017 methodology "I am willing to recommend this care community to a friend"; my quality of life at this care community"; "The quality of services at this care community".	Encouraging the residents to have a voice	

Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / July - September 2017	51897*	22.11	20.00	Residents receive antipsychotic medication in an effort to manage symptoms of diagnosis or conditions. Inappropriate use of this	1)All registered staff will be educated on how to review residents coming into the home on an anti-psychotic medication. All new 2)Review the number of residents receiving anti-psychotic medication(s) each month at resident safety meeting and	Anti-psychotic medication(s) will be identified by Registered staff upon admission. The BSO team will initiate a medication review. BSO will continue to review, track and trend data, collaborating with the interdisciplinary team.	BSO will provide education for all Registered Staff on how to review residents coming into the home on anti-psychotic medication(s). Residents who have been discontinued from anti-psychotics or have been switched to an alternative medication will be shared and minuted at Resident Safety meetings.	100% of Registered Staff will be educated. To reduce the number of residents receiving anti-psychotic medication(s)	
	Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	51897*	22.9	20.00	Working towards meeting the provincial average	1)Educate registered staff on how to complete falls risk assessments	Education will be tracked monthly	Number of Registered staff will receive education	100% of Registered staff will receive education	
										2)Revise activities for shift routines between the hours of 3 pm and 4 pm for all departments	Routines will be revised	Number of shift routines revised	100% of all shift routines will be revised	
										3)Develop a process map for communicating falls to all team members	Process map will be in place	Number of falls communicated	80% of falls will be communicated to team members	
		Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	51897*	7.24	5.00	Working towards the provincial average	1)Restraint Communication	Implement a process for tracking residents who have a restraint	Number of residents who have a restraint will be documented on the tracking form	100% of residents who have a restraint will be included on the tracking form at	
										2)Team members will receive education on what a restraint alternative is	Education will be tracked monthly	Number of team members receiving education	100% of team members will receive restraint alternative education	
										3)Team members will receive education on restraints and PASD's	Education will be tracked monthly	Number of team members receiving education	100% of team members will receive education on restraints and PASD's	