

2016/17 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"



BAY HAVEN NURSING HOME 499 HUME STREET

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Effective	To Reduce Potentially Avoidable Emergency Department Visits for LTC Residents	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	% / Residents	Ministry of Health Portal / Oct 2014 – Sept 2015	51831*	26.56	23.90	10% Reduction	1)Continue to work with community partners and Medical Director to offer IV antibiotics to the residents at Bay Haven. The IV pilot project has currently been extended indefinitely.	Enter data into resident census and into QI program to determine trends and track change.	Number of residents who received IV antibiotics at Bay Haven. Number of days resident received IV antibiotics (hospital days avoided).	100% of residents will receive IV antibiotic administration at Bay Haven who meet the criteria.	
									2)To establish accurate reporting method between Bay Haven LTC and local hospital as inaccuracies have been noted (includes retirement home residents).	General & Marine Hospital will send the unnecessary ED visit report to Bay Haven quarterly to ensure long term care and retirement home residents are identified before final data is sent to HQO.	Will review and correct if required # of avoidable ED visits reported to Bay Haven by General & Marine Hospital quarterly.	100% of ED visits will be reviewed quarterly.	
									3)Will identify gaps in clinical care at Bay Haven.	DON and CNM will review all ED visits to determine using criteria of an avoidable ED visit if the ED visit could have been avoided. Nurse Practitioner will providing training to enhance clinical skills in the areas defined as the criteria for avoidable ED visits.	Number of ED visits reviewed over # of ED visits. Number of Clinical Education provided by NP.	100% of ED visits will be reviewed quarterly. One Clinical Education per month.	
	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions.	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51831*	23.5	22.33	Retrograde Target for 5% improvement	1)Support front-line staff with the management of responsive behaviours.	Development of a responsive behaviour team including PRC and NP to schedule regular huddles with front line staff to implement strategies and interventions to deal with behaviours.	Number of formal huddles in one month.	1 huddle per month.	
	To Reduce Worsening Bladder Control	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51831*	18.56	18.20	Q2 2015 CIHI	1)Improve accuracy of bladder incontinence documentation.	Change point of care tasks to reflect continence first thing in AM and continence throughout the day.	All residents will have new updated continence tasks.	100% of population.	

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Resident-Centred	Domain 1: "Having a voice" and being able to speak up about the home.	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)	% / Residents	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period)	51831*	78	80.00	2015 Resident Satisfaction Survey	1)Staff in-service on listening to resident's needs and dealing with complaints.	Evaluate annual Resident Satisfaction Survey's for 2016 as well as survey's completed by all new residents 60 days after admission. Gain resident feedback at designated Resident Council meetings.	Number of staff who complete the in-service with a test result of 75% or higher.	80% positive response to survey question for 2016 survey.	
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (InterRAI QoL)	% / Residents	In-house survey / Apr 2015 – Mar 2016 (or most recent 12-month period).	51831*	84	90.00	2015 Resident Satisfaction Survey	1)Develop action plans to address areas of concern.	Develop action plans for responses below 80%. Share survey results/action plan with residents, families, staff.	Review the number of surveys completed and investigate ways to improve completion towards 100%.	90% positive response to survey question for 2016 survey.	
Safe	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51831*	14.96	14.10	Q2 2015 CIHI	1)Improve communication regarding fall interventions among all shifts.	Utilize the custom alert feature on Point Click Care to alert staff of new fall interventions on care plans/kardex.	Number of new fall interventions communicated using custom alert.	100% of new fall interventions will be communicated.	
									2)Improve compliance with post fall registered staff responsibilities.	Audit the post fall report following each fall and follow up with registered staff.	Number of completed post fall reports over the # of falls.	100% of post fall reports will be complete.	
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51831*	2.56	2.00	Retrograde target for improvement	1)All beds will only have ¼ bed-rail option or no bed-rails.	Develop a purchasing strategy for high low beds within budgetary constraints.	Total number of high low beds.	Purchase 2 beds per year.	
To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51831*	3.64	3.40	Q2 2015 CIHI	1)Improve the rate of pressure ulcers.	Educate front-line staff on proper re-positioning techniques including proper use of equipment.	Number of staff educated on re-position techniques.	90% of staff will be educated on re-positioning.		
								2)Ensure best practices are implemented for the care of pressure ulcers.	Wound care lead and or Clinical Nurse Manager will participate in the weekly skin rounds to mentor registered staff on best practices.	Number of pressure ulcers assessed by team on weekly rounds over the # of pressure ulcers.	100% of pressure ulcers will be assessed weekly.		