

# 2017/18 Quality Improvement Plan for Ontario Long-Term Care Homes

## “Improvement Targets and Initiatives”

Prescott and Russell Residence 1020 CARTIER BOULEVARD

AIM		Measure							Change				
Quality dimension	Issue	Measure/Indicator	Unit/Population	Source/Period	Organization ID	Current	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
						performance							
Effective	Effective Transitions	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	Rate per 100 residents/LTC home residents	CIHI CCRS, CIHI NACRS/October 2015 - September 2016	51783*	22.83	20.00	Last QIP, our performance was 29.69%, continue to reduce.	1) Assessments made and interventions in place to reduce transfers to the emergency. Consultations with the attending Physician and explanations given to the Nurses, requiring the Physician’s approval before proceeding with the transfer.	Procedure to follow before making a transfer. Purchase of specialized equipment in order to continue to reduce transfers to the emergency and make the necessary treatments on site. Palliative Care Program. Discussion with families of the benefits of staying at the Residence and explanations of end-of-life care offered.	Monthly statistics including reasons for transfers. Active group discussions, interventions to be made to avoid transfers. Training/education offered yearly.	100% compliance by March 31, 2018.	

Patient-centred	Person experience	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	%/LTC home residents	In-house data, NHCAHPS survey/April 2016 - March 2017	51783*	88.6	90.00	Continue to improve the quality of life and care by actively listening to the needs of our residents.	1) Continue to increase our percentage of satisfaction from listening to employees. Interdisciplinary approach centred on personalized needs.	Ensure social integration of the resident. Increase activities one by one. Encourage employees who receive feedback from residents and families to share the information with those involved. Encourage residents to participate in the Residents' Council, on various committees (menus/recreation).	Next Quality Survey. Residents' Committee once a month and Menus Committees.	100% increase by March 31, 2018.	
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences."	%/LTC home residents	In-house data, interRAI survey/April 2016 - March 2017	51783*	75.4	80.00	Continue to improve the safety, quality of life, and care of our residents.	1) Article in monthly journal on the safety of residents. Employee education focused on the residents' charter of rights and accessible Ministry number for the resident or family who believes their rights have been violated. Strengthen the residents' charter of rights with the residents.	Training on listening and communication. Encourage residents to verbalize their opinion without fear of consequences during case conferences. Education provided to residents and families every month in the <i>Voix de la Résidence</i> and during the Residents' Council. Education provided during admission.	Next Quality Survey. Residents' Committee once a month. Menus Committee, Recreation Committees.	100% increase by March 31, 2018.	

	<b>Resident experience: "Overall satisfaction"</b>	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" or "I would recommend this site or organization to others."	%/LTC home residents	In-house data, InterRAI survey, NHCAHPS survey/April 2016 - March 2017	51783*	88.4	90.00	Ensure the well-being, quality of life, safety.	1) Continue to improve the quality of residents.	Infrastructure maintenance program to improve the living environment and safety of residents.	Quality Survey.	100% increase by March 31, 2018.	
<b>Safe</b>	<b>Medication safety</b>	Percentage of residents who were given antipsychotic medication without psychosis in the seven days preceding their resident assessment.	%/LTC home residents	CIHI CCRS/July - September 2016	51783*	18.45	17.00	We achieved our 2016-17 QIP target and a percentage lower than the provincial average of 21.5%.	1) Meeting with the medical team in order to establish realistic goals to reduce antipsychotics and be sure to provide an appropriate diagnosis.	Review of medical records and diagnostic medications relevant to the use of antipsychotics.	Meeting of the Interdisciplinary Pharmaceutical, Psychogeriatric Committee every three months to review and discuss possible changes in therapy. Quarterly review of medications.	100% compliance by March 31, 2018.	

<p><b>Safe care</b></p>	<p>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.</p>	<p>%/LTC home residents</p>	<p>CIHI CCRS/July - September 2016</p>	<p>51783*</p>	<p>2.82</p>	<p>2.00</p>	<p>Provincial average is 2.7%.</p>	<p>1) Skin integrity program in place and education/training. Assessment of skin integrity completed every three months and as needed to prevent new wounds. Interdisciplinary Committee on Skin Assessment and Wounds. Meeting every three months. Active participation of the Dietician in improving the integrity of the skin.</p>	<p>Report created and brought to the Committee to review the number and statistics. Interdisciplinary Committee for Skin Integrity.</p>	<p>Report created and brought to the Committee for review. Follow up on the measures in place and ensure a follow-up of the Committee's recommendations.</p>	<p>100% compliance by March 31, 2018.</p>	
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	Percentage of residents who fell during the 30 days preceding their resident assessment.	%/LTC home residents	CIHI CCRS/July - September 2016	51783*	13.37	12.00	Provincial average is 15.4%.	1) The Falls Committee meets every three months to assess and find interventions to continue reducing falls. Education sessions offered for all Nurses to reduce current performance by keeping residents safe so we can reduce restraints. Physio-walking program to maintain the resident's independence.	Fall Leaf Program. Employee education. Resident Safety Guide implemented.	Fall risk assessment completed for all residents at admission, every three months and as needed.	100% compliance by March 31, 2018.	
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		Percentage of residents who were physically restrained every day during the seven days preceding their resident assessment.	%/LTC home residents	CIHI CCRS/July - September 2016	51783*	25.33	22.00	Provincial average is 5.5%.	1) Evaluation of restraints done every three months and review if the need for restraint is still necessary. Interventions in place and procedures and follow-ups by employees before adding a restraint. Form set up to identify and evaluate different options before using a restraint. Develop the PASD program to reduce the restraint percentage.	Training offered to teach employees to use other means before suggesting a restraint. Explaining to families the advantages and disadvantages of restraints. Material resources available to ensure the safety of residents.	The Falls and Restraints Committee met every three months to follow up and continue to improve/reduce our indicators.	100% compliance by March 31, 2018.	
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