

2018/19 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	Type	Unit/Population	Source/Period	Organization ID	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure

M = Mandatory (all cells must be filled in) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from the 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	51783*	16.34	15.00	Last QIP, our performance was 22.83%, continue to reduce.	1) Assessments made and interventions in place to reduce transfers to the emergency and consultations with the attending Physician.	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 discussions during Interdisciplinary Committees, interventions to be made to avoid transfers. Training/education offered annually.	100% compliance by March 31, 2019.
	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	51783*	1.76	1.50	Last QIP, our performance was 2.82%.	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 Integrity and the Prevention of Wounds. Meeting every three months. Skin integrity assessment, interventions, and training.	Report created and brought to the Committee to review monthly statistics. Follow up on the measures in place and ensure a follow-up of the Committee's recommendations.	100% compliance by March 31, 2019.
Patient-centred	Person experience	Percentage of residents responding positively to: “What number would you use to rate how well the staff listen to you?”	P	%/LTC home residents	In-house data, NHCAHPS survey/April 2017-March 2018	51783*	94	95.00	Continue to encourage listening.	1) Sensitize staff to listen to the residents’ needs.	Training sessions and sensitize employees and plan practices based on the individual needs of residents, participation of the Residents’ Committee.	Annual Resident Satisfaction Survey.	100% compliance by March 31, 2019.

		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences."	P	%/LTC home residents	In-house data, interRAI survey/April 2017 - March 2018	51783*	96	97.00	Continue to improve the satisfaction and safety of residents.	1) Sensitize staff to listen to the residents' needs.	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.	Staff on-site to listen to the residents. Resident Safety and Quality Guide available to families and residents. Encourage residents to verbalize their opinion. Education is provided to residents and families every month in the <i>Voix de la Résidence</i> and during the Residents' Council.	Next Quality Survey. Quality Survey after admission. Residents' Committee once a month. Menus Committee, Recreation Committees.
	Resident experience: "Overall satisfaction"	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 2017 - March 2018	51783*	CB	97.00	Continue to improve the satisfaction of residents.	1) Aims for excellence through the Qmentum Accreditation Process in June 2018 and the compliance of Ministry standards.	Review of policies and procedures and establishment of care programs.	Participation of members of the Interdisciplinary Team.	100% compliance by March 31, 2019.
		Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS)	P	%/LTC home residents	In-house data, NHCAHPS survey/April 2017 - March 2018	51783*	96	97.00	Continue to improve the satisfaction of residents.	1) Aims for excellence through the Qmentum Accreditation Process in June 2018 and compliance of Ministry standards.	Review of policies and procedures and establishment of care programs.	Participation of members of the Interdisciplinary Team.	100% compliance by March 31, 2019.
Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the seven days preceding their resident assessment.	P	%/LTC home residents	CIHI CCRS/July - September 2017	51783*	22.29	20.00	Continue to reduce.	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 to review and discuss possible changes in therapy. Quarterly review of medications.	100% compliance by March 31, 2019.

Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment.	A	%/LTC home residents	CIHI CCRS/July - September 2017	51783*	11.95	11.50	Last QIP, our performance was 13.37%, continue to reduce.	1) The Falls Committee meets 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, 2019.
	Percentage of residents who were physically restrained every day during the seven days preceding their resident assessment.	A	%/LTC home residents	CIHI CCRS/July - September 2017	51783*	14.15	13.00	Last QIP, our performance was 25.33%, continue to reduce.	1) Evaluation of restraints done 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. Using PASD to reduce the restraint percentage.	Training offered to teach employees to use other means before suggesting a restraint. Education for families as to the advantages and disadvantages of restraints. Material resources available to ensure the safety of residents.	The Falls Prevention and Restraints Decrease Committee meets to follow up and continue to improve/reduce our indicators.	100% compliance by March 31, 2019.