

# 2018/19 Quality Improvement Plan for Ontario Long Term Care Homes

## "Improvement Targets and Initiatives"

Belcrest Nursing Homes Ltd. 250 BRIDGE STREET WEST

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	
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	54434*	22.36	20.00	Reduce the number of resident being sent to ED visits by 10%	1)Implement the Urinary Tract Infection in Long-Term Care checklist and implement the Respiratory Infections in Long-Term care Checklist.	Continue to use the ED visits tracking tool and evaluate those sent on whether this could have been avoided based on UTI checklist and RI checklist.	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	We will reduce our number of ED Visits per 100 long-term care resident to 20.00 from October 2017 to September 2018.	
										2)Utilize Nurse Practitioner for resident assessments prior to transfer to hospital when deemed appropriate.	Inform and promote with registered staff to contact NP in appropriate circumstances for resident assessment prior to transfer to the ED.	Number of NP visits to the Home for resident assessments.	We will increase the number of NP visits to the Home by 10% from the previous year.	
	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	54434*	4.58	2.70	Provincial average.	1)Implement Best Practices as determined by recent GAP Analysis.	Track the percentage of residents who had a pressure ulcer that recently got worse.	Percentage of residents who had a pressure ulcer that recently got worse.	To reduce the percentage of residents who had a pressure ulcer worsen to 2.70% by September 30, 2018.	
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	54434*	100	100.00	To maintain current standard	1)Promote the use of the complaint form.	Through various forms of communication to staff, residents, and families, promote the use of the complaint form and process.	Number of complaint submissions.	A 10% increase in the use of the complaint form.	
		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	54434*	82	85.00	This was our target from last year and although we did have a marked improvement we fell short of our target by 3.66%.	1)Promote the statement "I can express my opinion without fear of consequences." with residents, families, and staff.	Survey residents annually to determine if change idea is making an impact.	Percentage of residents who respond positively to the statement "I feel I can express my opinion without fear of consequences."	85% of residents will respond positively to the statement: "I feel I can express my opinion without fear of consequences." by November 30, 2018.	

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)

	<b>Resident experience: "Overall satisfaction"</b>	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	54434*	96	97.00	Target met from previous year. Strive to improve every year.	1)Promote the Home to our residents and families through Residents' Council and Family Info hours.	Survey residents annually to determine if change idea is making an impact.	Percentage of residents who responded positively to the statement: "I would recommend this home to others."	97% of our residents will respond positively to the statement: "I would recommend this Home to others." by November 30, 2018.	
Safe	<b>Medication safety</b>	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	54434*	19.86	19.00	Provincial benchmark	1)Continue to evaluate long-term use of anti-psychotic medication.	Resident medications will be reviewed and those with long-standing prescriptions of anti-psychotics of 2 years or greater will be evaluated for effectiveness. If effectiveness is questionable the anti-psychotic medication will be removed from resident's medication regimen to determine if need remains.	Percentage of residents who were given antipsychotic medication without a diagnosis of psychosis.	A reduction of .72 % of residents on anti psychotic medication without diagnosis of psychosis.	
	<b>Safe care</b>	Percentage of residents who fell during the 30 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	54434*	10.13	9.00	Provincial benchmark	1)continue to monitor high risk fallers and complete falls prevention worksheet and update care plan to identify interventions to reduce or eliminate falls.	A running log of falls is kept by the RAI Coordinator to identify high risk fallers. A falls prevention worksheet is completed on these residents which helps to identify reasons and interventions. Interventions are then captured on the Care Plan and implemented by staff.	Reduce the percentage of residents who fell during the 30 days preceding their resident assessment.	To reduce the percentage of residents who fell during the 30 days preceding their resident assessment by 11% by September 30, 2018.	
		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	54434*	6.54	5.10	Provincial average	1)Continue to educate families and residents on use of restraints as new situations arise.	Track the percentage of residents with restraints.	Percentage of residents on restraints.	Reduce the percentage of residents on restraints by 11% by September 30, 2018.	