

2015/16 Quality Improvement Plan for Ontario Long Term Care Homes  
 "Improvement Targets and Initiatives"



BLIND RIVER DISTRICT HEALTH CENTRE - LTC UNIT 525 CAUSLEY 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	
Safety	To Reduce Falls	% of residents who had a recent fall in the last 30 days	% / Residents	In-house survey / Q2 FY 2014/15	54423*	13.17	13.8	the provincial average is 13.8%. For Q2 the current performance is below the provincial average. However, this is a particularly good quarter and not reflective of the overall fiscal 14/15 Q1-3 performance of 15.14	1)alarms for bed and chairs have been purchased and will be used on residents who are at risk of falling and have difficulty following instructions about mobilizing independently when at risk	each fall will be investigated to determine if the equipment use was part of the care plan	# of falls where the equipment that was in the care plan was not in place or not in good working condition	100% compliance with each resident's falls prevention plan re using alarms		
									2)reduce the use of full bed rails	continue to reinforce with families who insist on use of full bedrails that the full bedrails increase risk of injury if the resident attempts to climb over the rails for every new admission provide information on the use of bedrails and risks associated	documented discussion is evidenced in the care plans	100% of residents with full bed rails will have documented discussion with families about the risks associated with full bed rails	to date there have been 6 families who despite the information provided will not reconsider the use of full bed rails. These are the only restraints presently in use on the 42 bed unit.	
	To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	In-house survey / Q1,2,3 14/15	54423*	0.52	0.52	presently below the 13/14 provincial average of 3% and the benchmark of 1.0%	1)continue with present processes and policies related to wound care. The NP who has advanced education in wound management consults on complex wounds.	NP consults on complex wounds wound management protocol is used consistently	monitor metrics as per present process	worsening of pressure ulcers will be maintained at below provincial target and be at or better current performance		
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained daily	% / Residents	In-house survey / Q2 14/15	54423*	12.3	11	the most frequent restraint in use on the 42 bed unit is "full bedrails". There are 5-6 residents with full bedrails in Q2 14/15. The families refuse to	1)provide each new resident and family with information regarding the use of restraints and the evidence of how risk of injury increases with use of physical restraints including full bedrails	documentation in the admission notes that the discussion has occurred and the information provided will be audited by the Manager	new admissions will have documentation in the chart regarding discussion of the use of restraints.	100% of new admissions will not request full bedrails		

Effectiveness	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	In-house survey / Q2 14/15	54423*	23.8	0	the reduction in the use of antipsychotics was initiated in August of 2014. There were 18/42 residents on at least one antipsychotic drug without a recent diagnosis of psychosis. This exceeded the provincial average. As of February 8 residents have had the antipsychotic medication assessed, decreased, or maintained based on diagnosis and level of responsive behavior. The goal is to assess the remaining residents with the aim of discontinuing, or	1)Each resident on an antipsychotic ill have a medication review by the NP and nursing staff, and pharmacist. The review will include assessment of responsive behaviours present	A spread sheet is in place to document the findings and plan	Each resident on an antipsychotic medication will have a documented plan in place to reduce or ultimately discontinue the medication	100% of the residents will have a documented plan	
									2)Have the BSO staff involved in the plans of care. Use BSO assessment tools E.G DOS	Each resident will have a baseline DOS done and throughout the weaning process	# of DOS completed	100% compliance	
									3)Educate all staff on the risks and benefits of using an antipsychotic medication	Provide opportunity for staff to attend education sessions on use of antipsychotic medications to manage responsive behaviours Provide staff with best practice guidelines e.g Beers List and other evidence based studies/reports on the use of antipsychotic medications.	#staff who attend education sessions #education sessions	75% of staff will attend BSO educational sessions/year e.g GPA, PIECES,	
									4)Celebrate success	Staff will be congratulated on their efforts for implementing best practice related to reduction in the use of antipsychotic medications	Provide written and published news stories about the project Provide the Board of Trustees Quality Committee an educational session on the topic and the project	every 6 months the project will be highlighted in the facility newsletter The Board of Trustees Quality Committee will have a presentation by staff about this project	
Resident-Centred	Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction"	Would you recommend Golden Birches to family and friends	% / Residents	In-house survey / 2014	54423*	100	100	While 100% would recommend Golden Birches to family and friends there were some opportunities for improvement that could have affected this response. Most families of elderly potential residents for LTC will only pick this Nursing Home because it is close to them. That may impact the response	1)improve the quality of food service related to taste, temperature, variety	Manager of Food Services to visit a LTC home who has received high scores related to the quality of food Work with Resident and Family councils to get more information about the concerns Staff training : better utilization of specialized equipment; cooking techniques for cooks; team building and communications, customer service; pleasurable dining for residents	# of training courses offered did site visit and incorporated findings into the action plan attended at least one resident and family council meeting to elicit more feedback on potential areas to improve	by December 2015 the residents will score the food in each category with none rating as poor in taste and temperature. by December 2015 the residents will score variety of foods served with none rating as poor and a 50% improvement in scoring at fair	
									2)the resident satisfaction survey for December 2014 showed a significant drop in response to the Question "provides a homelike environment" in 2013, 85% ranked as excellent and good. 7 % fair and 3% poor. In 2014 ranked 76% as excellent/good, 18% fair, 3% poor. The plan is to get more specific examples of changes that have occurred over the past two years and to address the issues as able with resources available e.g. financial support, space requirements	Leadership to ask Resident and Family councils for advice and ideas related to improving the environment Manager to act on easy fixes and to submit proposals that require additional resources to make the changes	number of ideas from councils Number of ideas implemented resurvey in December 2013	by the end of the fiscal year, all ideas that are feasible to implement will be completed In 2015, 85% will rank excellent/good.	

Integrated	To Reduce Potentially Avoidable Emergency Department Visits	Department visits for modified list of ambulatory care sensitive conditions per 100 long term care residents. Includes 42 residents (10 CCC, 10 ELC, 22 NH)	Rate per 100 / Residents	In-house survey / 13/14 Q3-14/15 Q2	54423*	9.52	8	performance is below provincial average of 23.8%. Relative Target is 15.97%	1)NP working on the unit on a regular basis is able to provide more consistent medical coverage.	monthly review of residents who have a visit to the ER who were not seen by the NP on the unit prior to going to ER during NP working hours	Trips to the ER	Rate of residents who had a trip to the ER for an ambulatory care sensitive condition	
									2)provide staff with the information related to definition of ambulatory care sensitive conditions and education related to how to avoid trips to the ER.	Ambulatory Care sensitive condition list provided Staff education provided by Educator and NP	List provided Staff education scheduled for all staff	Trips to the ER will improve from 9.52 to 8 by Q4 15/16	