

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

"Improvement Targets and Initiatives"



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		Measure						
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
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	53686*	11.11	10.00	Using provincial standard
Patient-centred	Person experience	Percentage of residents responding positively to: "What number would you use to rate how well	% / LTC home residents	In house data, NHCAHPS survey / April 2016 - March 2017	53686*	16	30.00	Prior year performance resulted in 27% in "always" category.
Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7	% / LTC home residents	CIHI CCRS / July - September 2016	53686*	23.19	20.00	Using provincial CIHI data.
	Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment	% / LTC home residents	CIHI CCRS / July - September 2016	53686*	13.11	12.00	Using Provincial benchmark

Change				
Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
1)Focus on education for PSWs for timely reporting of resident status change.	Annually scheduled education by unit and shift.	Number of PSWs educated per quarter.	100% of active PSWs educated annually.	
2)Focus on education for families/POAs to assist with appropriate decision making for ED transfers.	At the annually scheduled MDTC the team will provide handouts with explanations on available resources and the physician will discuss the palliative performance scale (PPS).	Quarterly track number of successfully completed MDTC's. Quarterly track number of completed (PPS) assessments.	100% of successfully completed MDTC's.	
1)Enhance education for all staff on customer service techniques.	On-site Education Coordinator will create customer service program plan which will include: webinars, seminars, handouts, guest speakers, role playing methodologies.	Semi-annual in house resident satisfaction survey to test change idea. Annual resident satisfaction survey.	To increase "Always" response to 30% from 16%	
1)Continue to review diagnosis. reassess identified residents for pain management. Increase staff awareness of behaviours.	Physician's, BSO team, CAMH consultants and NpSTAT to update diagnosis on resident charts. Pain management team to conduct pain assessments as referred by Charge Nurse and/or physician's. BSO team to provide education to staff on identified residents and	*number of diagnosis's reviewed quarterly. *number of pain assessments completely quarterly. *number of staff trained monthly trained on behaviours. *number of staff trained on documentation monthly.	Provincial average: 21%	
1)Continue with environmental controls on all units. Provide use of non slip socks for residents.	Provide wheelchair/bed alarms to identified high risk residents. Assess high risk residents and provide high/low beds.	umber of wheelchair/bed alarms in use per month. Number of high/low beds reallocated per month.	Reduce falls and reach provincial target.	Below provincial benchmark.