

2017/18 Quality Improvement Plan for Ontario Long Term Care Homes
 "Improvement Targets and Initiatives"



St. Joseph's Lifecare Centre 99 WAYNE GRETZKY PARKWAY

| AIM | | Measure | | | | | | | Change | | | | | |
|-------------------|-----------|--|--|---|-----------------|---------------------|--------|--|----------------|---|--|---|----------------------------|----------|
| Quality dimension | Issue | Measure/Indicator | Unit / Population | Source / Period | Organization Id | Current performance | Target | Target justification | Priority level | Planned improvement initiatives (Change Ideas) | | Process measures | Target for process measure | Comments |
| | | | | | | | | | | Methods | Methods | | | |
| Safe | Safe care | Percent of residents who experienced a fall within the last 30 days. | % / LTC home residents | CIHI CCRS / Q2 16-17 | 54507* | 23 | 19.50 | Target continues to build on the work from 2015-2016 and moves the indicator closer to the provincial target. Organization feels 15% improvement is a stretch goal for 2017-2018 | Improve | 1)Monthly Interdisciplinary huddles | In depth review of residents who had 3 or more falls within 1 month by inter-disciplinary team utilizing Centre for Effective Practice - Falls Prevention Discussion Guide | Number of huddles completed on residents who have had 3 or more falls | 80% | |
| | | | | | | | | | | 2)Provide staff education on falls prevention methods | Using the toolkit on falls from the Academic Detailing Project | Number of sessions | 2 | |
| | | Percent of residents whose pain worsened | % / LTC home residents | CIHI CCRS / Q2 | 54507* | 12 | 10.80 | To continue working towards moving indicator closer to provincial average | Improve | 1)Implement new pain assessment tool | The Best Practice validated pain assessment tools will be developed and utilized through Point Click Care. | Percent of residents with the new pain assessment tool completed | 80% | |
| | | | | | | | | | | 2)Education for nursing staff regarding pain management | Education for nursing staff regarding pain management | Percent of active nursing staff who complete the education | 90% | |
| | | 3)Modify medication reviews to incorporate a 'flag' for pain medication use | In depth medication review for residents receiving PRN analgesic medications. To be completed with Physician and Pharmacist. | Percent of residents on PRN and analgesic medications who have had an in-depth medication review. | 25% | | | | | | | | | |
| | | Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions | % / LTC home residents | CIHI CCRS / July - September 2016 (Q2 FY 2016/2017 report | 54507* | 18.9 | 18.90 | Maintain | Improve | 1)Continue monitoring antipsychotic medication | Ongoing monitoring of antipsychotic medication use and continued implementation of 2016-2017 QIP methods. | Percentage of residents who are receiving antipsychotic medication without a diagnosis of psychosis | | |