

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2016/17 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	Percent of residents whose pain worsened (%; Residents; Q2 15/16; CIHI eReporting Tool)	54507	11.70	10.90	12.00	Education and awareness training was implemented later into Q1 16/17, and we query this is a partial factor to the increase in reported pain. The team is celebrating that 100% of pain screening is completed and there is a greater awareness of the impact that pain has on quality of life for the residents. This has laid a foundational understanding on pain for the team members and to encourage the possibility of improvement pain continues to be an area of focus for the QIP for 17/18

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2016/17)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Improve pain evaluation	Yes	Implemented a pain screening tool with a goal of completion of 60% and have exceeded that to 100% of completion for all residents. The screen tool implement was a PainAd tool
Increase staff knowledge related to pain	Yes	Education on pain was delivered primarily through our online system. We recognized that there are some team members that did not have access to this. Since

Increase awareness Yes
regarding pain
management

then we have implemented in-service sessions for those that were missed.

One awareness campaign completed with great success. The campaign consisted of group setting and online education sessions, along with staff monthly quizzes distributed from the Quality Department.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
2	Percent of residents with L1f Daily cleaning of teeth or dentures or daily mouth care - by resident or staff indicated as yes on MDS assessment (%; Residents; Q2 15/16; Internal RAI MDS Assessments)	54507	95.50	97.40	95.90	There was a noted variance, partially related to admissions and discharges of residents.

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Improve mouth care awareness	Yes	Education provided to majority of team members regarding best practices with mouth care.
Improve family and resident knowledge regarding mouth care	Yes	Team members (multidisciplinary in nature) created a pamphlet on mouth care to be provided to new residents and families upon admission. This pamphlet is now incorporated into SJLC's admission package.
Improve mouth care assessment	Yes	An annual assessment was integrated into our electronic health record. The team is proud of the diligent work completed as currently we are at a 95% completion rate, when we initially were striving for 80%.
Improve communication regarding mouth care	Yes	Using our electronic health record as our main communication tool among team members mouth care was introduced as a care plan indicator at point of care and the rate of completion is 100%.

ID	Measure/Indicator from 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
3	Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions. (%; Residents; July - September 2015 (Q2 FY 2015/2016 report); CIHI CCRS)	54507	29.50	27.40	18.90	The team is celebrating the hard, diligent work that went towards ensuring residents without a diagnosis of psychosis were receiving the best possible supports without the use of an antipsychotic. This is an indicator they will continue to monitor to ensure, as client population changes, that implemented strategies are still sustainable and appropriate.

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Improve antipsychotic medication monitoring	Yes	Implemented newly prescribed antipsychotic medication monitoring form with a current completion rate of 100%.
Increase nursing staff knowledge related to dealing with behaviours	Yes	Education of nursing staff related to predictable responsive behaviors was completed. In addition staff received education through the Academic Detailing Center. Goal is to roll out education to unregulated care providers in 17/18.
Improve medication reviews in an attempt to decrease the number of residents on antipsychotics without a diagnosis of psychosis	Yes	In-depth medication review for residents on antipsychotics without a diagnosis of psychosis completed by physicians with the pharmacist.

