

# 2015/16 Quality Improvement Plan for Ontario Long Term Care Homes

## "Improvement Targets and Initiatives"

Quality Improvement Plan 2015/16

DRAFT VERSION Date Jan 28 2015 ST JOSEPH'S LIFECARE CENTRE 99 WAYNE GRETRY PARKWAY

AIM		Measure					Change				
Quality Dimension	Objective	Measure/Indicator	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Safety	Reduce Falls	Percentage of residents who had a fall (in the last 30 days)	Q2 2014/15	17.90%	15%	Match provincial average/system best performance	Increase and standardize falls risk assessment/re-assessment	Revise and standardize use of falls risk assessment/re-assessment tools and process	% of residents with completed falls risk assessment on admission	80%	
									% of residents with completed falls risk assessment on re-admission from hospital	80%	
									% of residents with falls risk assessment completed as part of RAI-MDS quarterly review	80%	
									% of residents with falls risk re-assessment completed after experiencing 2 falls in one week.	80%	
							Revitalize Falling Leaf Program	Ensure residents at high risk of falling are clearly identified (as per the Falling Leaf Program)	% of residents identified as high risk fallers who have at least 4/5 Falling Leaf identifiers in place	80%	
Safety	Reduce Worsening Pressure Ulcers	% of LTC Residents Who Had A Worsening Stage 2-4 Pressure Ulcer	Q2 2014/15	3.30%	2.90%	Match system high performer	Based on best practice, increase staff's capability related to skin wound prevention, assessment and treatment	Develop a "Skin & Wound Toolkit" including best practices in the prevention, assessment and treatment of skin wounds	Development of a "Skin & Wound Toolkit"	Complete	
								Using toolkit, deliver education & mentorship to staff to increase awareness regarding best practices related to the prevention, assessment and treatment of wounds	% of staff receiving group education	80%	
								Provide mentoring to staff regarding best practice in skin assessments and wound management, as well as promotion of good skin integrity	% of registered staff receiving mentoring (one-on one)	80%	
							Evaluate the effectiveness of current treatments	1. Complete a current state analysis of the clinical processes in place to support prevention, assessment and treatment of skin wounds. 2. Design an ideal future state, based on best practice 3. Complete a gap analysis 4. Develop action plan to achieve desired future state	Complete "Skin & Wound Value Stream Map" including an action plan to achieve a desired future state	Complete	
Patient Centered	Reduce Potentially Inappropriate Antipsychotic Use in Long Term Care	Percentage of residents on antipsychotics without a diagnosis of psychosis	Q2 2014/15	30.90%	24.20%	Match SIHS best performer	Report rates of antipsychotic use	Develop a report describing rates of antipsychotic use to residents without a diagnosis of psychosis by prescriber	Development of a prescriber report	Complete	To be completed in partnership with the Villa
								Develop and post reports describing antipsychotic use by resident home area	Rates posted on each unit quarterly	100% each quarter	
								Develop and share, amongst prescribing physicians, rates of antipsychotic use by prescriber	Rates shared with prescribing physicians quarterly	100% prescribing physicians each quarter	
							Optimize staff awareness and capability regarding antipsychotic medications	Develop a "Antipsychotic Medication Education Toolkit" regarding best practices in the management of antipsychotic medications in LTCHs	Development of a "Antipsychotic Medication Education Toolkit"	Complete	To be completed in partnership with the Villa
								Using toolkit, deliver education to increase staff awareness regarding antipsychotic medications (including, indications for use, monitoring and evaluating response to therapy and adverse side effects, indications and best practices related to discontinuation of antipsychotic medications)	% of staff receiving education	80%	
								Provide education to physicians regarding appropriate prescribing of antipsychotic medications	% of physicians receiving education	80%	
							Quarterly audit of, and quality improvement focus on, the resident home area with the highest rate of antipsychotic medication use.	Develop an audit tool	Development of an audit tool	Complete	To be completed in partnership with the Villa
								Complete interdisciplinary medication reviews for residents on antipsychotic medications	% of residents on target resident home area each quarter who have a interdisciplinary antipsychotic medication review completed	80%	
Optimize Geriatric Outreach/BSO/Responsive Behaviour Committee/Recreation Therapy Services	# of referrals to Geriatric Outreach/BSO/Responsive Behaviour Committee/Recreation Therapy Services on behalf of residents on target resident home area each quarter	Increase from baseline									