

2019/20 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							
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement Initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments		
Theme III: Safe and Effective Care	Safe	Number of reported incidents of omitted medication errors	C	Count / LTC home residents	Local data collection / January to December 2018	54507*	32	22.00	Organization feels that a 30% decrease in medication errors is a stretch goal for the year. The majority of reported medication errors are missed doses or omitted medications.		1)Implement an electronic Medication Administration Record (eMAR) by March 31, 2020	In collaboration with pharmacy provider, Remedy, implement an electronic Medication Administration Record	Was eMAR implemented?	Implemented by March 31, 2020			
											2)Increase nursing staff comfort with the new electronic Medication Administration Record (eMAR) by March 31, 2020	Educate registered nurses on eMAR	Percent of active full (FT) and part time (PT) registered nurses	100% of FT and PT registered nurses			
											3)Increase nurses' knowledge of proper medication administration process by March 31, 2020	Educate registered nurses on proper process for medication administration	Percent of active full (FT) and part time (PT) registered nurses	100% of FT and PT registered nurses educated			
											4)Increase newly hired nurses' comfort with medication administration process by March 31, 2020	Implement orientation requirement for registered nurses to complete at least one medication pass during orientation	Percent of newly hired registered nurses who complete a medication pass during orientation	75% of newly hired registered nurses			
	Violence	Number of workplace violence incidents reported by workers (as by defined by OHS) within a 12 month period.	C	Count / Worker	Local data collection / January to December 2018	54507*	186	225.00	Organization is focused on further building a reporting culture and therefore target is to increase the number of reported incidents of workplace violence against staff as per OH&S Act definition by	St. Joseph's Health Care System Hamilton	1)Prompt the importance of reporting incidents of workplace violence at a minimum of three (3) times by March 31, 2020	Initiate marketing strategy to increase reporting	Initiate marketing strategies	3 marketing strategies completed during the year.			
													2)Increase staff's ability to manage behaviours on unit with the highest reported incidents in 2018 (Magnolia) by March 31, 2020	Provide specialized education on managing behaviours for the unit with the highest reported incidents in 2018 (Magnolia)	Percent of active full and part time staff	90% of active full and part time staff	
													3)Develop an easy to follow behaviour care plan that is accessible for all staff to review related to residents with responsive behaviours	Develop an easy to follow behavior care plan for 1 or 2 residents on Magnolia as a pilot	Pilot the easy to follow behaviour care plan	Develop and implement	
		Percent of residents who had a worsened pressure ulcer stage 2 to 4	C	% / LTC home residents	In house data, interRAI survey / January to December 2018	54507*	5	4.50	Organization feels that a 10% reduction is a stretch goal for one year.		1)Ensure that documentation of palliative residents is accurate by March 31, 2020	Develop a standardized process to ensure accurate documentation of residents who are palliative	Was the standardized process for documentation of palliative residents implemented	Implementation of document process			
													2)Improve wound care management through the implementation of an electronic Treatment Administration Record	Implement an eTAR for wound care management	Was eTAR implemented	Implementation of eTAR	
													3)Improve wound care management by standardizing care by March 31, 2020	Develop and implement a standardized protocol for wound care management	Was standardized protocol for wound care management implemented	Implementation of standardized protocol	

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)