

## Theme III: Safe and Effective Care

Dimension: Effective

## Measure

Indicator #1	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Implement Palliative Care Assessment Tool	C	Other	Local data collection / April 1, 2020 - March 31, 2021	0.00	100.00	This will be a progressive measure/indicator. For the first year, the team will focus on implementing an appropriate palliative care assessment tool, and educating 100% of Registered staff and Physicians on how to use it.	

## Change Ideas

Change Idea #1 Educate Registered Staff and Physicians about process to screen and document palliative designation on the RAI-MDS. (CHESS Score)

Methods	Process measures	Target for process measure	Comments
Education sessions will be held with Registered staff and Physicians. Signatures will be collected from participants when education is completed.	% of Registered staff and Physicians educated by December 31, 2020.	Plan to have 100% completion rate for this target.	There are approx. 8 Physicians and 48 Registered staff that would be required to complete this education. Records would be maintained by the Assistant Director of Care.

Change Idea #2 Implement appropriate Palliative Care Assessment Tool.

Methods	Process measures	Target for process measure	Comments
Implement Tool	Tool Implemented via Point Click Care.	Tool implemented by December 31, 2020.	The team will be researching an appropriate palliative care assessment tool, with plans to implement it via Point Click Care by December 31, 2020. The team will be using resources provided in the 2020-21 HQO Indicator Technical Specifications Document to guide research and implementation.

Change Idea #3 Educate Registered staff and Physicians on Palliative Care Assessment Tool.

Methods	Process measures	Target for process measure	Comments
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Education sessions will be held with Registered staff and Physicians. Signatures will be collected from participants when education is completed.

% of Registered Staff and Physicians educated by March 31, 2021.

Plan to have 100% completion rate for this target.

## Measure

Indicator #2	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduce Incidents of Workplace Violence	C	Other	Local data collection / April 1, 2020 - March 31, 2021	237.00	178.00	The team is aiming to reduce incidents of (resident to staff) workplace violence by 25% through implementation of change ideas.	Behavioural Support Ontario, Alzheimer Society

## Change Ideas

Change Idea #1 Provide education on Positive Approaches to Care (PAC) to Nursing staff (RN/RPN/PSW's)

Methods	Process measures	Target for process measure	Comments
Completion rates of Teepa Snow education video's via Surge Learning (e-Learning software)	Percentage of active full-time and part-time staff educated by December 31, 2020.	Planned Target for completion is 80% of nursing staff.	

Change Idea #2 Post completion rates of Teepa Snow education video's on Positive Approached to Care

Methods	Process measures	Target for process measure	Comments
Number of postings	1 update per month	9 updates from April to December, 2020	

Change Idea #3 Psychogeriatric resource Consultant (PRC) to provide monthly training on strategies to manage responsive behaviours to Nursing staff (RN/RPN/PSWs).

Methods	Process measures	Target for process measure	Comments
PRC to provide focused training sessions at the front-line level and collect signatures of all staff who participated.	Number of Nursing staff trained each month	28/48 Nursing staff per month (60%)	

Change Idea #4 Develop a (easy to follow) behavior care plan for 2 high risk residents (identified per workplace violence reporting forms) each quarter.

Methods	Process measures	Target for process measure	Comments

Quality Coach reviews all workplace violence reporting forms each month and compiles the data contained therein. Data is provided to the Resident Care Coordinator, who then reviews and refers the residents to BSO based on risk of violence.

Number of behavior care plans in place per quarter 2 care plans per quarter

BSO works in collaboration with front line staff, residents and family members to create care plans.

**Measure**

Indicator #3	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduce Omitted Medication Errors	C	Other	Local data collection / April 1, 2020 - March 31, 2021	40.00	32.00	The team is aiming to reduce the number of medication errors as a result of missed doses by 20%.	Remedys Pharmacy

**Change Ideas**

Change Idea #1 Provide education for all new RN/RPN's upon hire on the Electronic Medication Administration Record (EMAR) at the point of care.

Methods	Process measures	Target for process measure	Comments
All new hires to receive education on EMAR and reporting of medication incidents as part of general orientation. Education records are tracked and maintained by the Director of Care.	Percentage of new full time and part time active RN/RPN's educated upon hire.	100% between April 1, 2020 and March 31, 2021.	RN/RPN champion staff to provide education/training to new hires on the floor at the point of care regarding utilization of the EMAR system and reporting medication incidents.

Change Idea #2 Implement missed dose audit tool through EMAR (to track missed doses)

Methods	Process measures	Target for process measure	Comments
ADOC to develop audit tool	Auditing tool and auditing schedule implemented	Auditing tool and schedule implemented by June, 2020.	

Change Idea #3 Perform cross reference (audit) of missed doses identified in EMAR, with (missed dose) medication incident reports submitted.

Methods	Process measures	Target for process measure	Comments
ADOC/DOC to run report through EMAR to identify missed doses bi-weekly, then verify missed dose incident report was completed.	Percent of med. incident reports received for identified missed doses per month.	Our target is 60% of missed doses will have a medication incident report submitted.	Of the number of missed doses identified in EMAR, at least 60% will have a medication incident report submitted.