

2015/16 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"



PARK LANE TERRACE 295 GRAND RIVER STREET NORTH

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement Initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Safety	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53636*	8.82	8	Benchmarking with Provincial Average	1)Interdisciplinary bi-weekly high risk falls prevention rounds.	DOC, Physiotherapist, PT assistant, front line staff, and Education coordinator meet every other Friday to review high risk residents and those who have experienced a fall or change of condition. Using falls tracking tool and falls risk assessment in PCC to track all	% of Residents who have had a high risk rounds review.	100% of residents who have had a fall in the past month are reviewed at meeting.	
									2)Residents at high risk for falls to have appropriate interdisciplinary interventions implemented.	Use of falls tracking tool and falls risk assessment in PCC to track all falls and identify individuals, root cause analysis and review change ideas. Interventions to decrease risk and prevent falls are reviewed and implemented. Review care plans to ensure appropriate	% of Residents who have had a high risk rounds review.	100% of residents at high risk of falls will have documented interventions	
									3)Addition of falls prevention equipment.	Develop a list of equipment required for falls prevention. Monitor for funding announcements to add falls prevention equipment. Attend trade shows and conferences to be aware of new equipment options.	Number of added falls prevention equipment added due to special funding.	100% of special funding to be utilized within the parameters to maximize use as	
									4)Medication review with pharmacist/physician to reduce medications with potential to increase risk of falls.	Medications reviewed at the time of the fall and at falls rounds. Review the use of antipsychotic medications to consider if there is relevance to fall.	% of residents at high risk of falls who had their medication reviewed quarterly.	90% of residents at high risk of falls will have their medication reviewed quarterly.	
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53636*	7.23	7	This goal is realistic based on our current resident population	1)Upon determining that a restraint is required, the interdisciplinary team shall immediately begin planning for the removal of the	Do a root cause analysis to determine why the restraint is being used. Multidisciplinary review of the restraint and alternative measures. Monthly QI and quarterly comparative reports shall be critically analyze residents restraints to determine trends.	% of the residents being restrained who have a restraint reduction assessment done monthly.	100% of the residents being restrained will have a restraint reduction	
									2)Establish what supportive measures can be put in place to maintain the safety of the resident and others in the home.	Do a root cause analysis and 5 why's to determine why the restraint is being used. When appropriate a multidisciplinary review of the restraint and alternative measures. Education of staff on supportive measures for alternate restraints. Ualise with local PRC through	% of the residents being restrained who have a restraint reduction assessment done monthly.	100% of the residents being restrained will have a restraint reduction	
									3)Educate staff through GPA and GPA recharger regarding supportive approach to responsive behaviours.	Increase the number of staff who have aquired GPA training courses. Ensuring that staff have the expertise and confidence to support residents who exhibit responsive behaviours.	% of staff who have had GPA training.	70% of staff will have GPA training.	Have a minimum of 3 GPA training courses and 4 recharger courses annually.
									4)Interdisciplinary quarterly meeting to review all restraints with a focus of reduction.	Complete a root cause analysis to determine why the restraint is being used. A multidisciplinary review of the restraint and alternative measures. Monthly QI and quarterly comparative reports Critically analyze residents restraints to determine trends.	% of the residents being restrained who have a restraint reduction assessment done monthly.	100% of the residents being restrained will have a restraint reduction	The residents who are being restrained will have an annual review of their
Effectiveness	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	53636*	23.26	22	Manageable and achievable given current population.	1)Increased awareness for the use of anti-psychotics medication without a supporting diagnosis	Monthly tracking of number of residents using anti-psychotics without diagnosis.	% of residents who are using anti-psychotics medication without a supporting diagnosis	25% of residents who are using anti-psychotics medication without a	
									2)Increased staff awareness of early identification and potential triggers and interventions for responsive behaviours.	Increase the number of staff who have acquired GPA training courses. Ensuring that staff have the expertise and confidence to support residents who exhibit responsive behaviours. multidisciplinary review to ascertain appropriate interventions.	% of staff who have had GPA training.	70% of staff will have GPA training.	
									3)Referral to external support services for complex cases.	Education of staff regarding supportive measures for residents experiencing responsive behaviours. Referrals to local PRC through Alzheimer society, psychogeriatric outreach and BSO as needed.	% of resident with responsive behaviours who have had an external referral monthly.	25% of residents who have complex responsive behaviours will have an external	Note internal measures are strong. We only need to refer resident who
									4)Review the use of antipsychotic medications focusing on negative side effects.	Review the use of antipsychotic medications with physician and pharmacist.	% of residents who are using anti-psychotics medication without a supporting diagnosis who have experienced a fall	5% of residents who are using anti-psychotics medication without a	Continue to educate residents and family members on the risks associated
Resident-Centred	Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction"	Percentage of residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos)	53636*	89	95	Manageable and achievable given current population.	1)Customer service training will be completed on all new hires and reviewed annually for all staff.	During orientation the staff will receive "Pickle customer service training". Annually we will review the importance of good customer service with all staff.	% of new hires who receive Pickle training.	100% of new hires will receive the pickle training.	
									2)Admin attendance at resident council and family forum meetings	Administrator will attend monthly family forum and resident council meetings to discuss happenings in the home. This is a venue to have open dialogue on change ideas and informtion sharing.	% of times that Administrator attends meetings	75% of meetings will be attended by Administrator.	
									3)Develop a recognition for exemplary customer service.	Create a form that will allow peer to peer recognition for positive customer service action. Develop a committee to review submissions and recognize recipients. Recognize activities monthly.	# of positive customer service incidents observed and reported.	100% of staff who are nominated will be recognized.	
									4)Hold proactive meetings with families who express less then satisfactory responses.	When an amicable resolution is obtained continue follow up communication to ensure ongoing satisfaction.	% of families who respond most of the time or always on the survey question. "Would you recommend this nursing home to others?"	95% positive response.	