

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (%; LTC home residents; April 2017- March 2018; In house data, NHCAHPS survey)	1670	53.30	58.50	22.22	1. Total of 14 Tea gathering have been conducted in all three quarters. Residents at the resident council meeting identified that they really enjoy the tea gatherings and that everyone from the floor participates whereas only specific residents can attend resident council. They indicated that the residents would like the tea gatherings to continue on the floors on a regular basis. Additional tea gatherings will be held in the final quarter. 2. FCH has received approval to train 60 more PSWs in the ERCC training. FCH has trained an additional 3 trainers and is in the process of arranging training for the 60 additional staff. 160 PSWs will be trained in the ERCC workshop.

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 2018/19)	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
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		impact? What advice would you give to others?
5/5 wanted and unwanted behaviours	Yes	1. Collect wanted and unwanted behaviors or sayings that staff do or say from resident council, family council, and resident gatherings 2. Reinforce client centred care to all staff during mandatory training and during floor meetings, interdisciplinary meetings and other training 88% FCH staff attended mandatory training
Reinforce client centred care to all staff during mandatory training and during floor meetings, interdisciplinary meetings and other training	Yes	Develop videos for staff training Show training to staff at various opportunities such as mandatory training, BSO week, and other events. 50% PSWs participate in ERCC training 90% staff watched the videos
Resident gatherings – quarterly resident meetings whereby residents can share their positive and improvement remarks to staff and management.	Yes	Host quarterly residents gathers quarterly (one per floor – 2F combine with 4F Chinese and have a separate Japanese group) ERCC training for PSWs include section on client centred care 20 gatherings per year 14/20 (Q3)

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2	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	1670	16.96	16.90	13.00	1. During the last four quarters there has been a consistent reduction in the indicator “% residents on anti psychotics without a diagnosis of psychosis”. Jul-Sept 2018: 13.2% Continue all interventions.

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1. Continue to utilize the revised Psychotropic Drug Monitoring Tool and continue to audit for correct utilization of the tool.	Yes	1. Monthly audit 2 resident completed drug monitoring tools 2. Promote the correct completion of the forms and follow-up with staff if done incompletely or incorrectly. 80% correct utilization of the psychotropic drug monitoring tool
2. Review residents on psychotropic medication (2-3 floors every 2 months) during BSO rounds		1. BSO update psychotropic utilization list bi-monthly 2. 2-3 floors reviewed bi-monthly. 3. Review coding to ensure residents are coded accurately, especially related to hallucinations and delusions 100% bi-monthly review of residents on psychotropic medications
3. Select 2-3 residents every 2 months to trial reduction of psychotropic medication		1. Interdisciplinary team discusses and selects 2-3 residents every 2 months to trial reduction of psychotropic medication 2. Implement other non-pharmacological methods of managing resident behaviors 3. Educate families and staff 18% residents on antipsychotics without a diagnosis of psychosis

