Yee Hong Centre for Geriatric Care – Finch Division: QIP 2018/19

Aim	Measure				Change Ideas			
Quality Dimension & Objective	Measure/Indicator	Current performance	Target	Target justification	Planned improvement initiatives Change Ideas)	Methods	Process measures	Goal for change ideas
Effectiveness: To Reduce the Inappropriate Use of Anti psychotics in LTC	% residents on antipsychotics without a diagnosis of psychosis	20.1% Last Year 20.1%	Less than 19%	Same as or better than provincial performance ON Avg. 20.4% YH Avg. 17.7% HQO NA	1. Continue to utilize the revised Psychotropic Drug Monitoring Tool and continue to audit for correct utilization of the tool.	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.	1. Monthly audit report	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	1. Updated bi-monthly list 2. Review of coding diagnosis	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 behaviours 3. Educate families and staff	1. List of residents on trial for medication reduction	18% residents on antipsychotics without a diagnosis of psychosis
Progress Report for the May 2018 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Aug 2018 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify:							

	Enter summary here:							
Progress Report for the Nov 2018 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Feb 2019 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Resident-Centred: Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice". "how well the staff listen to you"	% residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)	53.3% Last Year 45%	More than 58%	Same as or better than divisional performance ON Avg. NA YH Avg. 57.5%	1. 5/5 wanted and unwanted behaviours 2. Reinforce client centred care to all staff during mandatory training and during floor meetings, interdisciplinary meetings and other training 3. Resident gatherings – quarterly resident meetings whereby residents can share their positive and improvement remarks to staff and management.	1. Collect wanted and unwanted behaviours or sayings that staff do or say from resident council, family council, and resident gatherings 2. Develop videos for staff training 3. Show training to staff at various opportunities such as mandatory training, BSO week, and other events. 4. Host quarterly residents gathers quarterly (one per floor – 2F combine with 4F Chinese and have a separate Japanese group) 5. ERCC training for PSWs include section on client centred care	1. List of behaviours and sayings 2. Video developed 3. Show videos 4. Host gatherings and collect positive remarks and areas for improvement 5. Discuss resident feedback during staff meetings	90% staff watched the videos 20 gatherings per year 50% PSWs participate in ERCC training
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Progress Report for the Feb 2019 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Being able to speak up about the home "can express opinion without fear of consequences	% of residents responding positively to: "I can express my opinion without fear of consequences." (InterRAI QoL)	100% Last Year 68.3%	More than 95%	Same as or better than divisional performance ON Avg. NA YH Avg. 97.5%				
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Progress Report for the Nov 2018 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Feb 2019 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Resident Centred: Receiving and utilizing feedback regarding resident experience and	% residents responding positively to: "Would you recommend this	100%	More than 99.0%	Same as or better than divisional performance				

quality of life. "Overall Satisfaction" "Would recommend YH to others"	nursing home to others?" (NHCAHPS)	Last Year 97.6%		ON Avg. NA YH Avg. 99.1%				
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Integrated: To Reduce Potentially Avoidable Emergency Department Visits	# emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents	13.6 Last Year 14.2	Less than 14	Same as or better than corporate performance ON Avg. 23.7 YH Avg. 16.9 HQO NA				
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Progress Report for the Feb 2019 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:

Resident-Centred: Timely acknowledgement of complaints	% of complaints acknowledged to the resident who made a complaint within 10 business days	100% Most recent 12-month period	100%	YH Avg. 100%				

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Safety: To Reduce Falls	% residents who had a recent fall (in the last 30 days)	7.0%	Less than 7%	Same as or better than HQO Benchmark				
		Last year 6.8%		ON Avg. 15.0% YH Avg. 8.6% HQO 9%				

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Progress Report for the Feb 2019 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:

Safety: To Reduce Worsening of Pressure Ulcers	% residents who had a pressure ulcer that recently got worse	1.8%	Less than 1.5%	Same as or better than HQO Benchmark				
		Last Year 1.4%		ON Avg. 2.7% YH Avg. 1.5% HQO 1%				

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Safety: To Reduce the Use of Restraints	% residents who were physically restrained (daily)	0.7% Last Year 0.4%	Less than 1%	Same as or better than HQO Benchmark ON Avg. 5.3% YH Avg. 2.4% HQO 3%	•			
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Progress Report for the Feb 2019 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:						
Effectiveness: To Reduce Worsening Bladder Control	% residents with worsening bladder control during a 90-day period Last Year 17.2%	11.5%	Less than 10%	Same as or better than HQO Benchmark ON Avg. 17.3% YH Avg. 5.7% HQO 12%			
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Yee Hong Centre for Geriatric Care – Scarborough Finch: Quality Improvement Plan 2017/18 Progress Report

Aim	Change Ideas			
Quality Dimension & Objective	**Planned improvement initiatives Change Ideas)**	**Methods**	**Process measures**	**Goal for change ideas**
Effectiveness: To Reduce the Inappropriate Use of Anti psychotics in LTC This Year: 18.3% Last Year: 17.6% Target: <21.2%	1) Conduct a PDSA on the Psychotropic Drug Monitoring Tool and revise the tool accordingly 2) Implement and evaluate the use of the Behavioral Intervention Tool Kit 3) Continue to promote documentation accuracy and consistency in the use of the anti -psychotropic medication tracking tool 4) Promote increased knowledge to staff about anti-psychotic medication use (area of focus TBD) 5) Upon quarterly medication review, conduct review of resident diagnosis	1. Conduct PDSA 2. Revise tool accordingly 3. Approve new Intervention toolkit 4. Disseminate toolkit to floors and educate staff about how to use 5. Staff can utilize the toolkit to develop interventions for residents. 6. Evaluate toolkit 7. Monthly audit of utilization of anti-psychotropic medication tracking tool 8. Follow up with staff on results of the audit 9. Educate staff on side effects of anti-psychotic medication and how to monitor 10. Educate staff on how to utilize new tool 11. Develop form that physicians can use to document the reason for ordering a specific anti-psychotic medication and updating diagnosis on PCC. 12. Approval of form at DQC 13. Implement form 14. Educate staff on utilizing the form.	1. New tool 2. Approval, dissemination and education of staff on the tool 3. Evaluation of the tool 4. Monthly audit report 5. Improvement of staff documentation and utilization of the form 6. Delivery of workshop on side effects of anti-psychotic medication 7. Delivery of education on how to use the new tool 8. Development and approval of form 9. Delivery of education on how to use the physician form	80% correct utilization of the new psychotropic drug monitoring tool – 16% (1/6) tools audited were completed correctly without any recommendations required. There has been great improvements since auditand education was initiated. 80% RN/RPN attendance of anti-psychotropic medication education 87.5% staff attend education about side effects of psychotropic medications. 80% physician utilization of the new anti-psychotic medication ordering form- HOLD
2017 May Progress Report	1. Psychotropic drug monitoring tool has gone through the PDSA process to determine revisions needed. It has been revised and will be presented to the team shortly. 2. Behaviour intervention tool kit has been revised and approved. Education and training will be arranged prior to implementation and evaluation. 3. Audits of the psychotropic drug monitoring tool will commence after education and implementation occurs in the second quarter. 4. Education on anti-psychotic medication use is being organized and will be delivered concurrently with the psychotropic monitoring tool. 5. ADRC Special Projects is currently reviewing resident cases that contain antipsychotic medication. ADRC Special Projects provides a note in the physician round binder reminding physicians to add a diagnosis for each ordered antipsychotic. Reminder to physicians will occur at the next DQC meeting.			
2017 August Progress Report	1. Psychotropic drug monitoring tool has been improved, presented and implemented 2. Behaviour intervention tool kit has been revised, approved, and distributed to all the floors and staff were educated on how to fill out and use the form. 3. Audits of the psychotropic monitoring tool has commenced and have been conducted by ADRC Special Projects. Findings have shown improved documentation by staff and physician acknowledgement. 3 tools audited with feedback provided for all three of them. For the most part the tool was correctly filled in with opportunity for improvement. 4. Education videos have been shown to 87.5% of nursing department staff on psychotropic medication side effects and the monitoring. 5. Physician form on HOLD in lieu of pychotropic drug use review and enhancing MDS coding. Every month ADRC special projects highlights ARD week of all residents who are on psychotropic medication to ensure that staff remember to code for hallucinations and delusions.			

2017 November Progress Report	1. Audits of the psychotropic monitoring tool continue to be conducted by ADRC Special Projects. Similar findings of improved documentation by staff and physician acknowledgement. 2. Physician form on HOLD in lieu of pychotropic drug use review and enhancing MDS coding. Every month ADRC special projects highlights ARD week of all residents who are on psychotropic medication to ensure that staff remember to code for hallucinations and delusions. 3. New tracking tool developed by BSO team and completed by nursing student to monitor each resident on an anti-psychotropic medication. Monitoring tool indicated about 8 residents that required updating of their diagnosis in PCC. Diagnosis have been updated. 4. Progress on the quarterly RoQI report indicates a reducation from 20.4% to 19.8. This is the first time FCH has been below 20% in the past year. Continue to monitor next quarter.			
2018 February Progress Report	1. Audits of the psychotropic monitoring tool continues to be conducted, now by ADRC. There is still opportunity for improvements on all tools completed but improved documentation by staff and physician acknowledgement. 2. Physician form on HOLD. 3. New tracking tool continues to be updated and will be reviewed at each BSO round to identify residents that can have antipsychotics trialed for reduction, removal or switch to another medication. 4. Positive feedback from staff about the videos. They stated that they liked watching the videos and how side effects look like.			
Quality Dimension & Objective	**Planned improvement initiatives Change Ideas)**	**Methods**	**Process measures**	**Goal for change ideas**
Resident-Centred: Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice". **Listen to you:** This Year: 45% Last Year: 35.9% Target: >45% **Not afraid to speak up:** This Year: 68.3% Last Year: 43.6% Target: >68%	1) Continue to monitor resident/family concerns to identify areas for improvement 2) Continue to promote customer services regularly and in annual staff training 3) Recognize staff's positive attitudes and behaviours in staff performance. Help the residents to write a "thank you" note to the staff to reinforce the good behaviours. 4) Develop a list of 5 most wanted and unwanted behaviours in the staff's interactions with residents for staff education	1. Monthly and yearly review of resident/family concerns at FCH management meeting and DQC 2. Annual training includes information on client centred care and customer service. 3. Red pocket campaign led by the YH Foundation supports resident providing positive feedback to YH staff to support positive practice. Collect feedback and add to the compliments and concerns template 4. At resident council and family council, ask for feedback about 5 most wanted and unwanted behaviours. Share with management and staff. Develop ideas on how to promote wanted and reduce unwanted behaviours.	1. Monthly and yearly compliment and concerns report 2. Annual training 3. Compliments received through red pocket campaign 4. Action plan from 5/5 discussion	Increase of compliments by 5% 2016 = 143 compliments, 2017 = 172 compliments, This is an increase of 29 compliments which is a 20% increase. Decrease of concerns by 5% 2016 = 28 concerns, 2017 = 49 concerns, This is a derease of 9 concerns which is a 15.5% decrease. Positive improvement in the post- implementation feedback survey Verbal feedback from family council was that there have been improvements with the exception of staff using feet still on 2 floors to lock wheelchairs.
	5) Continue to promote an enhanced resident experience by incorporating feedback from resident council meetings at staff departmental meetings in order to effect positive change 6) Provide information on care program, encourage resident/family to provide feedback and let them	1. Include resident feedback as a standing agenda item for all departmental staff meetings 2. At quarterly resident and family council meetings, present overview of care programs and encourage feedback. Add Chinese translation to slides. 3. Create a section in the monthly newsletter for show casing ways YH has incorporated resident/ family feedback to improve care/processes. 4. Encourage resident/family focus groups to provide feedback i.e. trialing new menu items	1. Discussion and standing item on departmental staff meetings 2. Care program quarterly review 3. New section in the newsletter showcasing quality improvement 4. Focus groups arranged.	Increase of compliments by 5% 2016 = 143 compliments, 2017 = 172 compliments, This is an increase of 29 compliments which is a 20% increase. Decrease of concerns by 5% 2016 = 28 concerns, 2017 = 49 concerns, This is a derease of 9

	know what we have done with their feedback 7) Put it in the resident and family newsletter if we have acted on their suggestions 8) Invite for focus group discussion as appropriate			concerns which is a 15.5% decrease. Positive improvement in the post- implementation feedback survey. Verbal feedback from family council was that there have been improvements with the exception of staff using feet still on 2 floors to lock wheelchairs. Completion of 2 focus groups in 2017 – 2 focus groups completed: one on Chinese menu tasting and second on 5/5.
2017 May Progress Report	1. Monthly review of resident concerns and complaints at FCH Management meeting occurring and reported in the Nursing Report. Quarterly review of resident concerns and complaints at the FCH DQC meeting with accompanying report. 2. Annual training planning will occur in May. Currently planning to develop videos related to the 5/5 campaign. 3. Red Pocket campaign brought about lots of positive thank you notes and feedback from residents and families. 4. Met with Resident council on April 7th and Family council on April 11th to gather ideas regarding the 5 most wanted and unwanted behaviour. These two focus groups produced great ideas. Family and resident council were informed if they have other ideas they can provide to management over the next week. An article about the 5/5 campaign is included in the May newsletter where we will continue to solicit ideas from residents and families who can provide feedback on cards at the reception desk. 5. Nursing department meetings include the agenda item of customer service where we share resident feedback. In the April 12 and 17 RN/RPN meeting, feedback regarding medication administration and the 5/5 campaign was shared. 6. The May 2017 Newsletter will contain the first QI article related to the 5/5 campaign. Subsequent articles will be written by various departments to highlight the various QI activities FCH is embarking on regularly based on their feedback.			
2017 August Progress Report	1. Continued monthly review of resident concerns and complaints at FCH Management meeting occurring and reported in the Nursing Report. Quarterly review of resident concerns and complaints at the FCH DQC meeting with accompanying report. 2. 5/5 campaign completed and solicited ideas from families and residents. Videos have been developed highlighting 5 wanted and 5 unwanted behaviours and are currently been shown at the Yearly Mandatory Corporate training. 3. Continue to include resident quality data on the care program review presentations for families and residents 4. New menu items were created by FCH kitchen staff and trialed in a menu tasting with residents focus group who provided feedback on the menu items. Corporate food services department is planning the next steps of implementation. 5. QI articles are included in monthly newsletters. Topics include the 5/5 summary, new Mandarin menu options in development, upcoming resident and family survey.			
2017 November Progress Report	1. Continued monthly review of resident concerns and complaints at FCH Management meeting occurring and reported in the Nursing Report. Quarterly review of resident concerns and complaints at the FCH DQC meeting with accompanying report. 2. 5/5 campaign completed. Videos were shown to all staff at the FCH Yearly Mandatory Corporate Training, Resident Council and Family Council. Feedback from staff, families and residents was very positive. Continue to plan for another 5/5 campain next year due to the positive feedback. 3. Continue to include resident quality data on the care program review presentations for families and residents. Resident Quality Inspection report indicated a non-compliance for Resident survey to include program review. Next resident survey will also include program review and resident satisfaction questions. 4. FCH food services department has implemented the new menu. 5. QI articles are included in monthly newsletters.			

2018 February Progress Report	1. Continued monthly review of resident concerns and complaints and FCH management meeting, quarterly review at FCH DQC and yearly analysis conducted indicating a 20% increase in compliments and a 15.5% decrease in concerns. 2. Resident quality data continues to be included in program review at resident and family council meetings. 3. FCH food services has included 5 new menu items to the winter menu which is an improvement to one at the last quarter. 4. QI articles continue to be included in the monthly newletters.

Quality Dimension & Objective	Planned improvement initiatives Change Ideas)	Methods	Process measures	Goal for change ideas
Resident Centred: Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction" This Year: 97.6% Last Year: 74.4% Target: >90%	1) Promote family and resident engagement by sharing ROQI report clinical indicator data and actively seeking their feedback for improvement 2) Continue to promote person-centered care 3) Continue to implement the Engagement Model 4) Continue to simplify the care plan language so residents and families can be better engaged	1. Add ROQI data to program review presentations that will be presented at resident and family council 2. Implement phase 3 and 4 of care plan update 3. Corporate documentation committee is developing phase 4 of the care plan library update.	1. Care program presentations with ROQI data 2. Phase 3 and 4 care plan updates completed 3. Completed phase 4 library.	100% inclusion of QI section in newsletter 100% inclusion.
2017 May Progress Report	1. All program review presentations for resident and family council now include RoQI data related to that clinical program. In the first quarter, medication management and responsive behaviour presentations with FCH RoQI data was presented. In the second quarter, quality improvement and safety, skin and wound, continence and bowel management were presented with accompanying FCH RoQI data. Resident and family council members showed interest in FCH performance and asked questions about our programs and performance. 2. Phase 3 of the care plan update is almost complete. At the April RN/RPN meetings, staff were informed that Phase 4 of the care plan library update is ready for implementation.			
2017 August Progress Report	1. RoQI data included in all resident and family council program presentations which also have Chinese translation. For quarter two, the topics of falls, restraints and restorative care program included FCH RoQI data. Residents and family council members asked questions and complimented Yee Hong staff on performance on RoQI indicators. 2. Phase 4 of the care plan update is complete. At May RN/RPN meeting discussed care plan update timeline and audit that will occur in the summer and fall. 3. Monthly newsletter includes QI articles each month about upcoming surveys and QI projects occurring at FCH.			
2017 November Progress Report	1. RoQI data included in all resident and family council program presentations which also have Chinese translation. For quarter three, the topics of palliative care, peritoneal dialysis and abuse included FCH RoQI data. The Peritoneal Dialysis presentation was new this year and included infection rates. Residents and family council members asked questions and complimented Yee Hong staff on performance on RoQI indicators. 2. Ongoing audit of care plan update by Nursing Clerk and ADRCs. Audit has indicated some care plans that require updating to the new language and missing items. ADRCs are follow-up with RN/RPNs to ensure all care plans are up to date with the new care plan language and include the appropriate resident information. 3. Monthly newsletter includes QI articles each month about upcoming surveys and QI projects occurring at FCH. Most recently the newsletter included information about bed rail safety, and Yee Hong University.			
2018 February Progress Report	1. RoQI data included in all resident and family council program presentations which also have Chinese translation. For quarter four, the topics of medication management and responsive behaviours was included. Residents council members did not have any questions at this time. Family council meeting is upcoming. 2. All new residents will now have care plans based on the new language. 3. Monthly newsletter includes QI articles each month and QI initiatives occurring at FCH. Most recently the newsletter included information about infection prevention and control, Resident Quality Inspection results and vaccine information.			