

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"

Yee Hong Centre - Scarborough McNicoll 2311 MCNICOLL AVENUE

AIM	Measure								Change						
	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
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)															
Theme I: Timely and Efficient Transitions	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	53711*	15.58	14.02	Based on the current performance, a ten percentage improvement is expected	Scarborough Health Network, Central East Local Health Integration Network: Stat NP	1)Identify the most common reasons for referral to ED	Based on ED transfer tracking sheet to identify reasons for ED transfer in 2018. Once identified, then actions such as education and training needs to be developed	# of different reasons for referral grouped by disease	Complete data analysis by Mar, 2019 Identify top 5 reasons for avoidable ED visits	
											2)Further develop staff knowledge and physical assessment skills in order to early identify residents' condition changes while	Collaborate with NP-Stat and NP of the home to provide training to staff. The content will be based on the identified needs.	# of staff attending education sessions	80% registered nursing staff to attended the training by Dec, 2019	
											3)Increase utilization of NP STAT consultation at the time of residents' condition change to decrease avoidable ED transfer	Registered Staff is encouraged to contact NPs when available prior to transferring to the emergency department unless condition does not allow.	# of NP consultation per quarter for residents who are potential for ER transferring	Nurse Practitioners to involve in 20% of the ED transfers by Sep 30, 2019 and	
Theme II: Service Excellence	Patient-centred	Percentage of residents responding positively to: "I would recommend this site."	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	53711*	CB				1)				Current performance for this indicator is above target and consistent
											2)Reinforce staff to explain what they are about to do for residents and take time before, during and after care	Provide staff active listening and communication skills at annual training, bi-monthly department meeting or floor meeting	# of staff attended the training	100% staff to attend annual training by the end of Sep, 2019	
											3)Encourage capable residents to participate in their daily care planning and annual team conference	Promote staff awareness of involving resident to the care planning and annual team conference decision making process.	# of residents involved in the care planning # of residents participated in the team conference	100% residents/families to involve in the care planning # of residents	
Theme III: Safe and Effective Care	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	53711*	CB	90.00	This is a new indicator. However, a target is set based on the current performance	Scarborough Centre For Healthy Communities: Palliative, pain and symptom management consultant, Central East Local Health Integration Network NP STAT	1)Define "in need of palliative care" residents to start using PPS 30% or below as the definition	Discuss with the team and collaborate with palliative pain and symptom management consultant to define "in need of palliative care"	# of residents have been identified as "in need of palliative care"	% of residents with a PPS of 30 or below have been identified as "in need of palliative care"	
											2)Conduct PPS assessment on admission, re admission and with a change in health conditions. (if feasible, may consider to pilot the Clinical	Reinforce to nursing staff the timeline to conduct Palliative Performance Scale and complete it accordingly.	Denominator: total number of residents with identified palliative care needs. Numerator: number of residents in the denominator who have a documented PPS.	100% residents to have a PPS completed on admission and re admission and	
											3)Discuss advance care planning with cognitively well residents and goals of care with SDM for cognitively impaired	Social worker to discuss advance care planning and goals of care for newly admitted cognitively well residents. Inter-professional staff to discuss with residents/SDM at new admission or annual team conference about advance care planning and goals of care	Denominator: total number of new admission residents. Numerator: number of residents have been approached for advance care planning /goal of care discussion.	80% newly admitted residents have been approached for advance care	
Equity	Equitable	% residents on anti psychotics without a diagnosis of psychosis	C	Rate per 100 / Residents	CIHI eReporting Tool / Quarterly	53711*	18.4	16.00	The target is set based on the current performance		1)Monthly review residents on anti psychotic medications without a supporting diagnosis with inter professional team	Monthly review by attending physician and pharmacist. Monthly discussion at floor meeting to receive front line staff input related to residents' behavior issues, as well as effect and side effect of the medications	# of residents on anti psychotic without a supporting diagnosis have been reviewed by inter professional team members	100% residents on anti psychotic without a supporting diagnosis to be	
											2)Provide education to staff to support change related to behavior management including Gentle Persuasive Approach, P.I.E.C.E.S etc	Provide GPA full course and recharge course internally: Send staff to attend eternally training course such as P.I.E.C.S	# of staff attended behavior related training	At least 50% staff to attend behavior related training	
											3)Engage residents with responsive behaviors in non-pharmacological programs and/or interventions	Collaborate with resident, family and the care team to develop individualized interventions and activity program for the management of responsive behavior	# of non-pharmacological programs scheduled to engage residents with responsive behaviors	# of residents engaged in scheduled activity programs will be increased by 10 %	