

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	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; October 2016 - September 2017; CIHI CCRS, CIHI NACRS)	1669	14.81	14.81	17.48	NA

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 impact? What advice would you give to others?
NA		

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
2	Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (%; LTC home residents; July - September 2017; CIHI CCRS)	1669	1.90	1.60	1.70	Q3 (July to September 2018) the rate of pressure upward to 1.8% from 1.6% Quarter (April to June 2018), but lower than provincial average, slightly higher than corporate and HQO. There are 2 cases due to end of life care, continue to review wound/pressure ulcer list on a monthly basis with interdisciplinary team with discussion and action items, continue with monthly ET service from Cardinal Health. All change ideas perform well, indicator is 1.8% (July to September 2018) compared 1.7% (July to September 2017), The team will continue to work on it and will be part of our QIP 2019/2020.

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Conduct root cause analysis when resident has a pressure ulcer that has gotten worse	Yes	Increase interprofessional team communication and awareness of residents who has a pressure ulcer or worsened pressure ulcer 100% of residents with a worsened pressure ulcer reviewed by interprofessional team
Manage skin integrity at the early stage	Yes	Make early referral to wound care champions for prevention and intervention •ET service through Cardinal health or Medical Mart will assess resident who has new pressure ulcer or worsen pressure ulcer or as needed •Residents with

skin and wounds are discussed at the floor meeting weekly •High risk for pressure ulcers are discussed at monthly interprofessional meeting •Referral to NP/LHIN wound care specialist for wound care management of complex cases • Make use of the best practice guidelines on pressure injuries to fragile skin such as turning and repositioning frequently •Use of air mattress, pressure relief/reduction surfaces as appropriated Home acquired pressure ulcer has been reduced by 20% on Q1 (2 cases) and Q2 (3 cases), but increased on Q3 (6 cases) 2018 due to multiply factor such as poor intake/mobility, and end of life care. team will review the change idea and will be one of QIP 2019/2020

Provide the education to RN/RPN on wound care products

Yes

Education session on wound care products will provided to RN/RPN via educator of Cardinal health or Medical Mart There were total 4 sessions on “Wound care products” provided to RN/RPNs by December 2018

Continue interprofessional team meeting monthly to communication and awareness of residents who are at high risk for skin pressure injury/ulcer

Yes

Interprofessional team members (nurses, activation, pharmacist, dietitian, PT, and OT) monthly meeting to discuss on how to prevent the pressure ulcer and how to promote wound healing Weekly floor meeting has been held by ADRCs to review the preventative measures of pressure ulcer

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3	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)	1669	56.70	100.00	33.33	ERCC (Excellence in Resident- Centre Care) which is PSW Education Fund for Long Term Care to enhance staff communication skills has been held on December 16 2018. All change ideas performed well, indicator on "what number would you use to rate how well the staff listen to you" (result were calculated based on the count of highest rating of 9 &10 on a 1 to 10 scale) 33.3% (53.78% scored 7 or 8) compared 56.5% in 2017. The resident stratification survey has been share with residents at Resident Council for the feedback and suggestion for the improvement, The action plan has been developed accordingly. Continue to implement action plan of Family and Residents Satisfaction survey 2018

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Continue to promote customer service framework and training material that align with our Yee Hong Values	Yes	Collect feedback from staff- and residents monthly on Customer service. Include positive feedback in staff's performance review •Collect feedback and add to the compliment template lead by SW "Customer service satisfaction" has been collected by Activation worker
Enhance staff	Yes	Provide education to staff on communication skills

communication skills

100% of staff attend communication skills education sessions by December 2018 Achieved 100% of staff attendance by December 2018

Involve residents in the plan of care

Yes

Invite residents who are competent in care plan discussion to identify their needs and preferences 90% of residents who are capable participated in their plan of care and also documented that care plan has been reviewed/discussed with residents, would continue to work on.

