

2019/20 Quality Improvement Plan
"Improvement Targets and Initiatives"

Bethammi Nursing Home



St. Joseph's Care Group 35 North Algoma Street Box 3251

AIM		Measure						Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Efficient	Efficient Transitions	Number of emergency department visits for modified list of ambulatory care-sensitive conditions per 100 long-term care residents.	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2017 Sept 2018	10.4	10.4	Maintain current performance as well below ON average 23.1 and NWLHIN average 17.2	1)Continue to review emergency department transfer data to identify opportunities to reduce future transfers.	Long term care home clerk will maintain list of emergency department transfers including reason for transfer. The list will be reviewed quarterly by Administrator, Director of Care, and Physician Lead.	Percent of emergency department transfers reviewed each quarter.	100%	This change idea is a continuation from 2018-19
								2)Provide resident and family orientation at admission	At admission, the RN will provide information to residents and family about medical/clinical services available in the home to reduce need to transfer residents to the emergency department for ambulatory care sensitive conditions.	Percent of admissions receiving orientation	100%	
Client Centred	Service Excellence: "Having a Voice"	"How often did staff listen carefully to you?" Percent responded "Always"	% / Survey respondents	In house data collection / 2018	28.8	31.68	Improve results by 10% from current performance	Each care area will implement strategies focused on daily communication between our people, clients and families that promote listening, understanding, and client centered care principles.	Guided by the client satisfaction and client-nurse therapeutic relationship survey results, clinical directors and managers with their teams will develop and implement a daily communication method.	1)Percentage of care areas implemented by June 30, 2019	100%	Listening is key to developing a therapeutic relationship with clients and their families and supports the principles of our Client-Centred Care model.
Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment	% / LTC home residents	CIHI CCRS / Oct 2017 -Sept 2018	12.2	11	Reduce by 10% current performance below provincial average 19.5%	1) Review all residents prescribed antipsychotic medication with currently no symptoms of delusions and hallucinations documented.	Physician to complete a quarterly review.	Percentage of residents receiving a review.	100%	This priority also supports reducing resident falls as there is a link with antipsychotic medication use and falls

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	Restraint use	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment	% / LTC home residents	CIHI CCRS /Oct 2017 -Sept 2018	15.85	12.5	Reduce by 20% moving to provincial average 4.5%	1)Regular review of restraint use.	An interdisciplinary restraint team will be developed to review and reduce restraint use. Registered staff will review restraint use on a monthly basis.	Percentage of residents with restraint reviewed.	100%	This change idea is a continuation from 2018-19
								2)Provide information for residents and families around the risks of restraint use.	Include restraint use information as part of admission and annual care conference process.	Percentage of care conferences where restraint information is provided	100%	This change idea is a continuation from 2018-19
	Skin and Wound Care	Pressure Ulcer - Percentage of residents who had a stage 2 to 4 pressure ulcer that worsened since previous resident assessment.	% / LTC home residents	CIHI CCRS /Oct 2017 -Sept 2018	7.28	5.8	Reduce by 20% moving to Provincial Avg 2.7%	1)Ensure skin and wound care program is consistently applied	1) Wound care nursing champion will conduct audits to ensure weekly wound assessment and completion of treatments have been completed, results reported to the Administrator and Director of Care for follow up.	Percentage of residents receiving weekly wound assessment and required treatments.	100%	
								2)Improve consistency of repositioning and cushioning for residents	2)Manager ensure proper equipment is available and nursing to provide reminders to personal support workers to reposition	Percentage of residents repositioned as required.	100%	
	Workplace Violence	Number of workplace violence incidents reported by long-term care home workers (as defined by OHSa) within 12 month period.	Count / Worker	Local data collection / 2018	28	28	Target based on not exceeding current performance.	1)Complete violence risk assessments in all areas	1)Occupational Health & Safety will schedule and support programs/departments to complete assessments.	1)Percent of violence risk assessments completed	80% by Mar 31, 2020	FTE = 179
								2)Complete Code White evaluation after each code white incident.	1)Manager of area calling code white, review and submit completed code white evaluation form to Occupational Health & Safety.	1)Percent of code white incidents with evaluation form completed.	85%	
3)Conduct root cause analysis of code white incidents to evaluate the effectiveness of harm reduction tactics.								1)Occupational Health & Safety along with each clinical division, conduct root cause analysis to identify and implement improvement factors to reduce future incidents.	1)Percent of code white incidents with root cause analysis completed	20%		
4)Review incidents and risk assessment data to identify themes								1)Occupational Health & Safety conduct data review, identify risk themes and work with Collaborative Practice to develop action plan to address.	Data review complete and action plan in place	June 30, 2019		