Let's Make Healthy Change Happen.

2015-16 Quality Improvement Plan (QIP)

3/19/2015

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

Overview

Chester Village has always believed that a formal Quality Improvement Plan (QIP) is an important element for all of the improvement activities currently underway in our home as it allows us to identify areas in need of improvement, to set goals and to monitor the achievement of these goals. Each area of the plan is reviewed at least quarterly through various team meetings and it is never static, but constantly evolving based on our successes, or sometimes lack of success which will also necessitate a change. It is evidence of our commitment to quality care for our residents.

The 2015/16 QIP for Chester Village was developed with the following priorities in mind:

- To reduce falls
- To reduce worsening of pressure ulcers
- To reduce worsening bladder control
- To receive and utilize feedback regarding resident experience and quality of life
- To reduce potentially avoidable emergency department visits

These priorities are in alignment with our five interconnected strategic priorities that were developed at our last Strategic Planning session as well as our Mission, Vision and Values which incorporate Dignity, Respect, Compassion, Accountability and Integrity into our everyday work life. In addition, our QIP aligns with regional and system priorities as well as other key stakeholder and partner plans such as the Toronto Central LHIN and our Service Accountability Agreement, MOHLTC annual inspection standards and report, CARF accreditation and RNAO best practice guidelines.

Integration and Continuity of Care

Chester Village continuously works with our system partners in our development and execution of our quality improvement initiatives in order to best meet the needs of our resident population and to ensure the continuity of care.

In collaboration with our partners, we have several initiatives already underway to better link care across the continuum. Some examples of this include:

- Partnering with the Behavioural Supports Outreach Team (BSOT) and the Psychogeriatric Outreach Program (POP) team members to participate in our monthly Behavioural Rounds. This allows us to identify residents in advance who may need to be admitted to behavioural support programs and to work directly with those people who will be involved in their transition to and from the program.
- Partnering with an ET specialist (wound therapy), community dermatologist and Women's Hospital wound care clinic to assist us in our Skin and Wound Care program with minimal disruption to the resident’s regular routine
- Partnering with Achieva Health Physiotherapy in the development, implementation, training and monitoring of our falls prevention program

Challenges, Risks and Mitigation Strategies

Many of the challenges and risks associated with being able to carry out our QIP have to do with the availability of resources that are required to implement such a plan as well as any unforeseen events such as seasonal outbreaks that can have a significant impact on data and results. In order to mitigate these risks, we currently have a system in place to track and monitor data monthly where any irregularities would first be identified for further initial investigation. Resident Care Team meetings and Senior Leadership meetings will provide an in depth look at all indicators on a quarterly basis and monitor the implementation of each indicator as well as its performance. These scheduled reviews will assist us in identifying early on any potential risks to the execution of our QIP and enable us to make changes as necessary to ensure we meet our goals. These results will be updated quarterly in the QIP as part of the progress plan and shared with the Quality Committee of the Board of Directors.

Information Management

Chester Village currently uses several information management systems that help us understand our resident population and their needs, benchmark our data, set targets and identify areas for quality improvement. Some of our clinical management systems include Point Click Care (PCC), i-Lab Link, Medisystem Client Care Portal, CIHI data and Residents First. Resident and quality data can be accessed by multidisciplinary team members to monitor the performance of our indicators and use this information at team meetings to determine if we are on track with our QIP and make changes as required in order that we meet our goals.

Engagement of Clinicians and Leadership

Our Senior Management team is the driving force behind many of our quality initiatives to ensure alignment with Chester Village's Strategic Plan as well as all other goals of our home. Our quality initiative projects are then appropriately resourced out to the committee that is responsible for monitoring the QIP and all levels of staff will participate in the initiative to ensure its success. All committee members that are involved with any of the QIP indicator initiatives discuss together change ideas, performance targets and improvement plans. They are responsible to monitor the initiative and to ensure targets are achieved and to adapt their plans as they progress through the year. The QIP is then recommended to the Board by the Quality Care Committee of the Board for approval.

Patient/Resident/Client Engagement

Chester Village engages the residents and their families/caregivers by inviting them to participate in an annual satisfaction survey to determine areas of improvement. This data allows us to develop the "how satisfied the residents are" areas of the QIP. We also invite a family member to sit in on the Quality Care Committee of the Board and report back to the Family Council on our quality projects and the progress we are making. All of these reports are regularly shared with the Resident Council as well.

Accountability Management

The CEO and the home's senior management team are held accountable for achieving the targets set out in the QIP. The CEO leads a Quality Committee that will have the senior manager's report on their respective areas of the QIP that they are responsible for on a quarterly basis to ensure they are managing their quality indicators. This information will then be shared at the Board of Directors Quality Care Committee.

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair ____

Quality Committee Chair ____________________________

Chief Executive Officer ____________________________

Director of Care____________________________________

2015/16 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Comments
Safety	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	54653*	16.78	15.78	Chester Village has reached 15% and below in the past.	1)Assess resident's risk for falls	Document all resident falls risk assessment upon admission, following a significant change in health status and post fall.	Percentage of resident falls risk assessment completed upon admission, following a significant change in health status and post fall.	100% compliance of all falls risk assessment on	
									2)Review and understand the root causes, trends and patterns of falls.	The Falls Best Practice Guideline team will review and analyze falls data quarterly and recommend falls prevention strategies for all residents that fell in the last quarter.	Percentage of residents that fell in the last quarter that were reviewed and provided with falls prevention strategy recommendation.	100% compliance on a quarterly basis	
									3)Medication review	All residents with multiple falls and falls resulting in injury causing a significant change in health status will have a medication review completed by the Clinical Pharmacist.	Percentage of completed medication review on residents with multiple falls and falls resulting in injury causing a significant change in health status.	100% compliance on a quarterly basis	
									4)Implement individualized toileting routines	Create individualized toileting plans and share to all front line staff during the unit falls review.	Number of toileting plans created for all residents who fall due to self toileting.	100% compliance on a quarterly basis.	
	To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	54653*	4.69	4	Chester Village has reached a target of below provincial average in the past. The present goal is to be closer to provincial average.	1)Early identification and treatment of Stage 1 pressure ulcers	Educate all front line staff on pressure ulcer prevention and treatment including early identification of Stage 1 pressure ulcer and use of wound care protocol.	Percentage of front line staff that completed pressure ulcer prevention and treatment education. This is a mandatory education.	100% Staff Attendance	
									2)Regular and ongoing assessment of pressure ulcers	Front line staff complete skin assessment for all residents, identify new pressure ulcers and any other new skin impairment and document every shift.	Percentage of skin assessments completed and documented every shift by front line staff.	100% compliance	
									3)Regular and ongoing assessment of pressure ulcers	Pressure ulcer assessment is completed by Registered Staff weekly.	Percentage of weekly pressure ulcer assessment completed for all residents with pressure ulcer.	100% compliance	
									4)Implement a wound care protocol	Use standardized approach in treating pressure ulcers in each stage.	Number of pressure ulcers with appropriate approach in treatment according to the wound care protocol.	100% of residents with pressure ulcers appropriately managed	

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/Indicator**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	Methods	Process measures	Goal for change ideas	Comments
Effectiveness	**To Reduce Worsening Bladder Control**	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	54653*	19.78	19.2	The goal is to be within provincial average.	1)New Admission continence assessments	All new resident admissions will have a urinary continence assessment with appropriate plan of care.	Percentage of new resident admissions who had a urinary continence assessment completed in the last quarter with appropriate plan of care	100% Compliance	
									2)Complete Medication Review	Review medications to identify those that may have an impact on incontinence and tailor care plan to reflect an individualized toileting schedule.	Number of revised care plan on a quarterly basis that include an individualized toileting schedule based on medication review.	100% Compliance	
									3)Promoting continence by using Pelvic Floor Muscle Training exercise such as Kegel Exercises.	Front line staff will be educated on the anatomy and physiology of the bladder and the importance of Kegel exercises to promote continence.	Percentage of front line staff that completes the education.	100% Staff Attendance	
									4)Implement Bladder Retraining Program	There will be qualified residents in the Bladder Retraining program of 4 residents every quarter.	Percentage of residents in the bladder retraining program that gets discharged successfully.	25% success	
Integrated	**To Reduce Potentially Avoidable Emergency Department Visits**	Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents	% / Residents	Ministry of Health Portal / Q3 FY 2013/14 - Q2 FY 2014/15	54653*	26.96	25.96	With the planned improvement initiatives, Chester Village should be able to reach the absolute target of 25.96%.	1)Identify residents that are high risk for possible emergency department (ED) visit using a standardized system.	Develop a standardized system that would allow identification of "high risk residents" for emergency department visit.	N/A	System completed by April 30, 2015	
									2)Early recognition of high risk residents for Emergency Department (ED) visits	Conduct weekly high risk rounds with ED nurses, discuss high risk residents with the interdisciplinary team, make and implement appropriate changes to the care plan.	Percentage of residents that are listed and visited during high risk rounds that were prevented from possible emergency department visit on a monthly basis.	80% of high risk residents	
									3)Improve staff awareness and knowledge on management of ACSC (ambulatory care sensitive conditions)	Educate Registered Staff on routine practices, protocols and best practices on the most common ACSC related Emergency Department visits at Chester Village. Education will be done monthly until all the most common ASCS are covered.	Percentage of monthly education completed and Registered Staff attendance.	100% completed with 80% Registered Staff per session	
									4)Understand the impact of Directives of Level of Care in Emergency Department utilization.	All Registered Staff will have an education/review on the "Directives of Level of Care" and its impact in Emergency Department Utilization.	Percentage of Registered staff attending the education.	100% Registered Staff attendance.	