

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



UNIVERSALcare

Mackenzie Health LTC Facility 10 TRENCH STREET

AIM	Measure	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target Justification	External Collaborators	Change	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 II: Service Excellence	Patient-centred	Number of complaints that have been received in 2019 fiscal year per 100 LTC residents	C	% / LTC home residents	In house data collection / 2019	54252*	82	77.90	The percentage of complaints can be reduced with 5 percentage by improving our current practices related to the complaint process.	Mackenzie Health Hospital, Residents representatives	1)Continue utilizing an appropriate process as stipulated in the LTC Act and regulation for any or all complaint resolutions.	Ongoing -taking prompt action for satisfactory outcomes and preventing issues from escalating; - identifying unnecessary delay in the complaint process. -resolving complaints immediately upon being received -utilize a process that is simple in plain language	Number of complaints received that were investigated and resolved within a targeted timeframe (LTC act section 21)	100% of verbal complaints received were addressed within 5 days -100% of Percentage of complaint issues received by complaint category, by the
											2)Continue supporting complainants by fostering a culture of openness	Ongoing encouragement of residents and their loved ones to bring their concerns to the attention of the staff, LTC administrators or the Director, as soon as possible, after they occur; LTC staff will continue to be receptive - available to provide assistance to	Number of complaints received by complaint category	100% of UC employees will be educated on the complaints process by the end
											3)Continue providing feedback regarding management of complaints. Effective communication and decision making to UC	Ongoing educational sessions to existing and new UC employees via online iTacit, poster sessions & class presentations, ... Ongoing one to one feedback, distribution of information materials to residents and their representatives. Train and educate our staff in Collection of the Palliative Performance Scale on	Number of UC employees, residents and their loved one who received feedback	100% of all residents will be assessed using the Palliative Performance Scale
Theme III: Safe and Effective Care	Effective	Residents with a progressive, life-limiting illness have their palliative care needs identified early through a comprehensive and holistic assessment.	C	% / LTC home residents	In house data collection / 2019	54252*	35	100.00	The residents who are admitted to our LTC facility present with complex medical diagnoses and comorbidities, such as hemodialysis dependent, g-tubes, end stage dementia, quadriplegia, ...	Central LHIN, Hospice Palliative Care Team Central LHIN, and visiting hospices, LEAP Long Term Care education.	1)A pilot study was conducted on one of the floors in conjunction with the IDEAS Project. The project used the Palliative Performance Scale on admission, daily (as needed), quarterly, annually, and as significant change occurs. Those with a score of 40% or less are considered to be individuals who would benefit most from the palliative philosophy	Number of residents who were assessed using the Palliative Performance Scale as a tool to identify residents who would benefit most from the palliative approach to care.	100% of all residents will be assessed using the Palliative Performance Scale	
											2)Ongoing review of provincial data reports as available regarding the percentage of palliative care residents.	Presented on a quarterly basis at the Palliative Care Committee meeting comparing statistics from other organizations such as Health Quality Ontario, Canadian Institute of Health Informatics.	Provincial data will be reviewed, gathered and presented. The percentage of palliative care residents from our home will be measured against provincial data reports.	The percentage of palliative care residents from our home will closely reflect that of
											3)Encourage change in clinical practice related to palliative care philosophy; Effective communication between clinicians, the	Educate registered staff to complete the Palliative Performance Scale on admission, daily (as needed), quarterly, annually, and as significant change occurs. Special care conferences are held to discuss PPS and overall health status in order to document resident's	Percentage of staff who received feedback regarding PPS and develop the necessary interventions for residents care plan.	100% of staff will be educated on completion of Palliative Performance Scale
Safe	Percentage of residents in daily physical restraints	C	% / LTC home residents	In house data collection / 2019	54252*	55	52.25	The percentage of restraints can be reduced with 5 % by changing the old beds (have side rails) and by reducing the use of assistive bars; Currently there	Registered Nurses' Association of Ontario, Residents representatives, Cardinal Health	1)Continue decreasing the percentage of restraint use or decreasing in the duration of restraints episodes	Ongoing completion of monthly analysis to determine the need for restraints in the facility. Review of alternative approaches, efficacy of using those devices, potential for discontinuation and resident & family responses. Ongoing use of least restrictive restraint	Percentage of restraints are used as recommended by guidelines.	By the end of 2019 fiscal year, 100% of restraints are reviewed as needed or on a	
										2)Enhance understanding of the legislative and our policies regarding restraints, including PASD restrictive to optimize	Evidence-informed best practices related to restraints, including PASD restrictive continue to be reviewed with nursing staff and interdisciplinary team; Ongoing discussion with residents and their representatives on the type of restraints, the risks associate with their use	Percentage of staff participation in the educational sessions regarding restraints utilized in LTC and how to minimize restraining the resident. Percentage of residents and family members who consulted with our interdisciplinary team regarding the need for a	100% of UC employees will receive education on restraints policy by the end of 2019	
										3)Reduction of falls amongst new admissions and frequent fallers by utilizing an Interdisciplinary Fall Case study	Complete an interdisciplinary Fall Case study within 7 days for newly admitted resident; Complete an Interdisciplinary Fall Case study within 7 days for residents who have repetitive falls	Percentage of residents who have completed an Interdisciplinary Fall Case study	100 % of residents who were newly admitted have completed an Interdisciplinary	
Percentage of residents who fall during the 30 days preceding their resident assessment	C	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / 2019	54252*	8.4	8.40	The percentage of long-term care home residents who fell during a 30 day period to be maintained in the fiscal year 2019	Registered Nurses' Association of Ontario, Cardinal Health, Residents representatives	1)Continue to complete the falls assessment to identify the fall risk factors & target interventions for each resident on admission, quarterly, and when resident has a significant change in his/her health condition. 2. Continue to reduce anti-psychotic drug	The interdisciplinary team will continue to meet with the resident & family member(s) prior to resident's admission to the home to collect necessary information.	Percentage of residents who were assessed for risk of falls and have the appropriate prevention measures in place. Percentage of residents who fell and had a post fall analysis completed to prevent the reoccurrence.	Percentage of residents who have a RAI MDS	100% of residents newly admitted have a pre-admission meeting	
									2)Continue the utilization of the RNAO Best Practice recommendations for fall prevention.	1. Continue to complete the falls assessment to identify the fall risk factors & target interventions for each resident on admission, quarterly, and when resident has a significant change in his/her health condition. 2. Continue to reduce anti-psychotic drug	Percentage of residents who were assessed for risk of falls and have the appropriate prevention measures in place. Percentage of residents who fell and had a post fall analysis completed to prevent the reoccurrence.	Number of pre-admission meetings were completed and valuable resident data was collected (to utilize the pre-admission form).	100% of residents identified as high risk for falls due to responsive behaviors have a	
									3)Continue to conduct the pre-admission meeting for each resident newly admitted to the facility.	1. Identifying residents with responsive behaviors during pre-admission or soon after admission and refer immediately to assist with transition to placement in our home. 2. Identifying current residents with responsive behaviors that may increase the risk for	Percentage of referrals sent to Behavior Support Services for residents with high risk of falls due to responsive behaviors	100% of residents identified as high risk for falls due to responsive behaviors have a		