



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

## RAINYCREST LTC Home

AIM		Measure							Change				
Quality dimension	Objective	Measure/ Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target 2015/16	Target justification	Planned improvement initiatives (Change Ideas)			Goal for change ideas	Comments
									Methods	Process measures			
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	52152*	15.58	14.5	Provincial Average	1. ) Improve the documentation of post fall assessment according to MOHLTC Falls Prevention and Inspection Protocol.	Enhance post fall nursing assessment and computer knowledge in determining the reports that generate the most accurate information.	Percentage of falls with a post fall assessment completed in the last quarter	100% completion	
	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	52152*	4.14	3.3	Provincial Average	1. ) Braden Scale done on admission and quarterly/significant change in status.	Review care plans during monthly interdisciplinary meetings.	Number of residents with Braden Scales completed within 24 hours of admission divided by the number of admissions in a month	80%	
									2. ) Weekly bath day assessments by PSWs with accountabilities for follow up by registered staff.	Review care plans during monthly interdisciplinary meetings.	Sample of 10 charts based on schedule audited per month	80%	
									3. ) Weekly wound assessment for those residents with pressure ulcers to track progress of healing.	Review care plans during monthly interdisciplinary meetings.	Number of residents with weekly wound assessments using progress note wound care note completed divided by number of residents on monthly data collection tool indicating existing pressure ulcer (monthly measure )	80%	
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	52152*	11.32	10.30	Reduce current performance by 9%	1. ) Restraint or PASD assessments completed for EVERY resident utilizing restraints.	Restraint or PASD assessment completed.	Monthly audit of Restraint/PASD data collection sheets - for all residents listed, is there a current restraint or PASD assessment in GoldCare.	90%	
									2. ) Educate residents, families and staff on the Home's minimizing restraints policy.	Education sessions provided to residents, families, and staff relating to restraints/PASDs and alternatives.	Conduct education sessions.	3 Sessions held per year	
3. ) Identification of residents currently using physical restraints on a daily basis and to identify resident for restraint removal trial.									Restraint audits conducted monthly to ensure: 1. All requirements are met, 2. Identify those residents who may benefit from restraint removal.	Identify those residents that are candidates for restraint removal trial. (utilize monthly restraint/PASD data collection sheet)	50% of residents on restraints trialled with restraint removal.		



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

## RAINYCREST LTC Home

AIM		Measure							Change					
Quality dimension	Objective	Measure/ Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target 2015/16	Target justification	Planned improvement initiatives (Change Ideas)		Methods	Process measures	Goal for change ideas	Comments
To Reduce Facility Acquired Infection	Hand hygiene compliance before resident contact: The number of times that hand hygiene was performed before initial resident contact divided by the number of observed hand hygiene indications for before initial resident contact multiplied by 100 - consistent with publicly reportable patient safety data.	% / Health providers in the entire facility	Publicly Reported, MOH / 2014	52152*	88.50	89.90	Higher than provincial benchmark of 86.2%	1. ) All staff to participate in annual on-line Hand Hygiene module.	Compliance reports.	Percentage of staff completing the OHA Discovery Campus on-line Hand Hygiene module.	100% of all staff participate in Hand Hygiene education.			
								2. ) Participate in the national STOP! Clean Your Hands Day on May 6, 2015	Track newsletter submission and distribution of promotional material to all sites.	Newsletter submission for first week of May to entire corporation. Promotional materials distributed.	All sites to have promotional material in place for the event.			
								3. ) Ensure process in place for refilling Hand Sanitizer stations.	Conduct random audits of Hand Sanitizer stations.	All Hand Sanitizer stations are kept filled.	100% of Hand Sanitizer stations filled.			
								4. ) Hand Hygiene Committee maintained to increase Hand Hygiene awareness and involvement for RHC employees.	Monthly newsletter submissions and activities for employee hand hygiene awareness.	Infection Prevention & Control Committee report to Quality Committee annually on staff participation rates.	75% of working staff participate in each activity			
To Implement a Smoking Cessation Program for Residents	Percentage of residents identified as smokers, who are introduced to at least one element of the Smoking Cessation program	% / Residents	Home collected data / Apr 2014 - Mar 2015 (or most recent 12 mos)	52152*	3	2	33.33 % decrease	1. ) Increase Physician and pharmacy support for resident access to Nicotine Replacement Therapy aides.	Resident access to Nicotine Replacement Therapy will improve the ability to provide assistance to those who are trying to quit smoking.	Number of residents provided access to NRT	100% of residents who currently smoke are offered NHT.			
								2. ) Increase resident participation in Diversional Therapy to achieve positive health outcomes by incorporating leisure programmes gentle exercise, music, arts and crafts into their lifestyles	Continual encouragement and support for residents to be involved in Diversional Therapy	Number of residents in Diversional Therapy	50% increase in number of residents participating in Diversional Therapy			
To Reduce the time in Restorative Care Program	Percentage of residents/month who need restorative care program	% / Residents	Facility Collected Data / most recent quarter	52152*	C/B	50%	Decrease time residents spend in restorative care program.	1. ) Involve Occupational Therapy /Physiotherapy in targeted activities to help residents regain/increase their strength, functioning, and independence.	A specialized care plan is created for residents in need of Restorative Care with involvement from Occupational Therapy / Physiotherapy.	Percentage of residents with specialized care plan created.	100% of residents requiring Restorative Care have specialized care plan in place by 12/31/2015.			



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

## RAINYCREST LTC Home

AIM		Measure							Change					
Quality dimension	Objective	Measure/ Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target 2015/16	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	52152*	18.29	16%	Reduce current rate by 12.5% and remain below the provincial average of 19.20%	1. ) Continuing education on coding in section H of the RAI MDS assessment.	RAI coordinator to provide education to every registered staff on proper coding and documentation.	Review of care plans.	100% of charts audited correctly reflect actual activity.		
									2. ) Continuing education on the benefits of toileting routines.	Focused education on benefits of toileting routines – decreased falls, maintaining dignity, lower risk for skin integrity issues, time savings, decrease in product cost, etc.	Number of staff receiving the focused education.	90% or registered staff will be educated on various degrees of incontinence.		
	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	52152*	19.47	18.47	Reduce current performance by 5%	1. ) Continuing education for staff on the benefits of reducing the use of anti psychotics.	Provide education sessions for staff through Psychogeriatric Consultant on the benefits of reducing the use of antipsychotics.	Number of staff participating in education sessions.	80%		
	To Reduce Unnecessary Pain	Pain: Percentage of residents with worsening pain in the last 3 months -	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	52152*	10.60	9.80	Reduce current performance by 9%	1. ) Pain assessed on admission as a baseline measurement.	Pain assessment completed within 7 days of admission.	Number of pain assessments completed in GoldCare within 7 days of admission divided by the number of admissions in the month.	80% of admissions have a completed pain assessment.		
									2. ) Pain assessed utilizing an evidence-based tool appropriate to a resident's cognitive ability.	Staff education sessions on appropriate tool to use for resident pain assessment.	Number of staff that attend at least one education sessions.	Hold four sessions year, have 80% of direct care staff attend.		
Resident-Centred	Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos).	52152*	34.00	75.00	Increase to achievable performance target	1. ) Develop two new survey tools one targeting resident perspective and the other for family perspective	Involve technology and paper-based surveys to be conducted at post-admission and annual care conferences for a quicker response time to resident care related issues.	Number of surveys returned	Increase survey returns by 50%		
		Percentage of residents responding positively to: "I can express my opinion without fear of consequences." (InterRAI QoL)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12 mos).	52152*	C/B	75.00	Creating a baseline by including this question resident satisfaction survey.	1. ) Develop two new survey tools one targeting resident perspective and the other for family perspective. Include new questions on survey.	Involve technology and paper-based surveys to be conducted at post-admission and annual care conferences for a quicker response time to resident care related issues.	Number of surveys returned	Increase survey returns by 50%		



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

## RAINYCREST LTC Home

AIM		Measure							Change					
Quality dimension	Objective	Measure/ Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target 2015/16	Target justification	Planned improvement initiatives (Change Ideas)		Methods	Process measures	Goal for change ideas	Comments
	Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction"	Percentage of residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos)	52152*	34.00	75.00	Increase to achievable performance target	1. ) Develop two new survey tools one targeting resident perspective and the other for family perspective	Involve technology and paper-based surveys to be conducted at post-admission and annual care conferences for a quicker response time to resident care related issues.	Number of surveys returned	Increase survey returns by 50%		
		Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12 mos)	52152*	C/B	75.00	Creating a baseline by including this question resident satisfaction survey.	1. ) Develop two new survey tools one targeting resident perspective and the other for family perspective. Include new questions on survey.	Involve technology and paper-based surveys to be conducted at post-admission and annual care conferences for a quicker response time to resident care related issues.	Number of surveys returned	Increase survey returns by 50%		
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	52152*	20.54	18.50	Reduce ED visits by 10%	1. ) Explore opportunities for ED Physician to assess resident in LTC home, instead of transporting resident to ED	Discuss options with ED physicians and LTC Medical Director	Increased percentage of residents assessed in LTC	80%		
									2. ) Provide education to registered staff to improve assessment skills to avoid ED visits	ED staff and physicians to provide assessment mentorship to LTC registered staff	Percentage of staff participating in assessment mentorship.	80%		