

Excellent Care for All

**Quality Improvement Plans (QIP): Progress Report for 2016/17 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 (HQP) 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 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	Hand Hygiene - Percentage of hand hygiene compliance among staff ( %; Residents; Jan - Dec 2015; Hand Hygiene Audits)	51585	70.10	100.00	94.4	Improvement towards target: The use of positive reinforcement has led to more engagement and diligence in completing hand hygiene.

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 2016/17)	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?
All staff to be 100% compliant in hand hygiene	Yes	Be visible – when staff know you are watching compliance is increased and by maintaining a presence has contributed to the formation of the ‘hand hygiene habit’. Be a role model for staff and practice hand hygiene. The observations need to happen at different times throughout the course of the day, so being unpredictable, but visible.

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2	Percentage of positive overall resident experience ( %; Residents; Jan-Dec 2015; In-house survey)	51585	94.60	95.50	98.00	Target met: Conducted polls with the residents and their families for events that would provide a sense of enrichment resulted in: excursions to the casino, the butterfly conservatory, a restaurant popular with the residents.

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Develop programs that enhance resident experience and quality of life	Yes	Resident involvement and engagement helping to enhance the resident's self-esteem as a valued member of the community.

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3	Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment ( %; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	51585	3.94	3.30	4.32	Target not met

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Prior to admission, the resident will be pre-screened for pressure ulcers	Yes	Pre-Screening occurs prior to admission. Wound Assessments are also conducted weekly. To assist staff in the completion of the assessments, the information is entered on the individual resident's Treatment Record/TAR.
Implementation of Swift Slide sheets	Yes	EVS staff are provided a list of those residents using the Swift Slide sheets to ensure that when they make the bed on bath days the sheets are reapplied to the bed.
Implement interventions to promote skin integrity	Yes	Introduction of a standardized wound assessment tool along with a formalized schedule for wound assessments to be completed.

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4	Percentage of residents who fell during the 30 days preceding their resident assessment ( %; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	51585	19.64	13.30	15.82	Improvement towards target: Reduction in restraints being used including side rails results in an increase in falls.

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Prior to admission, the resident will be pre-screened for their falls risk	Yes	On admission, all residents are assessed using the "Fall Risk Assessment". At the completion of the assessment a numerical score is generated along with the fall risk i.e. low, moderate or high fall risk.
When a resident is identified as a fall risk, they will be assessed	Yes	See Above. A resident specific care plan with appropriate interventions is developed for the type risk identified.
All falls will be analyzed	Yes	Any resident who experiences a fall, will have a "Post Fall Assessment" conducted.
Use visual cues for residents at risk for a fall	Yes	Ensuring safety devices to minimize injury are in place has reduced the severity of injury when a fall occurs.
Interprofessional Medication Reviews	Yes	

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5	<p>Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" or "I would recommend this site or organization to others". ( %; LTC home residents; Apr 2015 – Mar 2016 (or most recent 12-month period). ; In house data, InterRAI survey, NHCAPHS survey)</p>	51585	86.40	95.00	100	<p>Target met: Resident involvement and giving them a voice is key to creating an environment where people feel valued and an important part of the community</p>

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<p>Create a homelike environment – Method 1</p>	<p>Yes</p>	<p>The therapeutic recreation program has been expanded to include evening coverage 5 days a week in addition to programming 7 days per week.</p> <p>The completion of the environmental renovations including the room lighting, flooring, cabinetry and mill work in resident rooms, bathrooms and shower rooms.</p> <p>At special meals i.e. Christmas, Thanksgiving, bring in turkey pieces to cook and carve for the meal.</p> <p>Special seasonal table settings to create a festive feel to celebrate the holiday. The residents participate in the making of decorations for the home to give the home a 'home-like' feel.</p> <p>Working with the residents to give them a sense of contributing to the home i.e. the preparation of seasonal fruits, vegetables, deserts, grilled cheese and baked potatoes. Assists in creating a sense of belonging as a valued member of community. Residents even grow their own chives for the baked potatoes.</p>

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6	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment ( %; LTC home residents; July – September 2015 (Q2 FY 2015/16 report); CIHI CCRS)	51585	12.24	10.40	14.78	Target not met: Recognition of side rails as a restraining device. With assessment of the need to use a side rail being conducted on admission and with condition change has resulted in the number of restraints being used in the home to be reduced.

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Initiate alternatives to restraints prior to their implementation	Yes	The acquisition of 37 new beds with 'turn assist' bars in place of side rails. The turn assist bar promotes independence, creates a spatial definition where the surface ends, and creates a bed system that is entrapment free.
Use of standardized tool for the documentation of restraint use	Yes	Side rails are a restraint unless being used as a tool to aid in turning in bed. All residents are assessed using a standardized assessment tool to determine the need for a side rail.
Consistent communication strategies for staff to indicate restraint use	Yes	Expansion of communication/education to hospital sector on side rail usage in LTC.

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7	The percentage of positive responses regarding food choice, food quality, dining experience, food quantity, availability and helpfulness of food services staff ( %; Residents; Jan-Dec 2015; In-house survey)	51585	88.10	89.00	89.0	Target met: It is the recognition that along with the food it is the dining experience that has an impact on what residents say. It is creating a pleasurable dining experience through pleasing table settings, compatible tablemates, staff involvement in the dining service.

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Maintain or improve the current rating of food services	Yes	Resident input on new menu items. Resident taste testing of potential new menu items Incorporating resident ideas into the menu Having the residents assist in the preparation of meal items i.e. grilled cheese, baked potatoes, seasonal veggies and fruit and desserts.