



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
Safe	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51585*	19.64	13.30	Maintain 2015/16 target	1)Prior to admission, the resident will be pre-screened for their falls risk	The MDS RAI 2.0 will be reviewed for falls risk when application is received and prior to admission	Implementation of falls prevention strategies at time of admission	All residents at risk will have safety strategies implemented at time of admission	Long Term Care residents are becoming increasingly more medically complex and are at a higher risk for falls
									2)When a resident is identified as a fall risk, they will be assessed	Use of standardized physiotherapy assessment tool Use of the MDS RAI 2.0 quarterly, annually or when there has been a significant change in condition.	Assessment by the physiotherapist and use of a standardized assessment tool to report on individual's progress and participation in their individual treatment plan Quarterly Falls Risk Assessment completed by the registered staff using a standardized assessment tool.	To maintain or increase muscle strength, endurance, and balance to prevent falls	
									3)All falls will be analyzed	Use of the post fall assessment tool Analysis of falls with the pharmacist to determine if the fall is related to medication	Successful Fall - Falls will occur but with no injury All injury prevention strategies were in place at the time of the fall All falls will be reviewed by the Falls Prevention and Restraint Reduction Committee which includes a pharmacist	All staff engaged in falls prevention.	The home encourages resident independence and quality of life. The home promotes a least restraint environment which will result in an increase in falls.
									4)Use visual cues for residents at risk for a fall	Place a 'falling star' to the resident's room door to alert all staff in the home of the falls risk	Intervention included in the resident's care plan	Engage all staff	Visual reminder to all staff to 'peek in' and check on the resident
									5)Interprofessional Medication Reviews	Review of medications quarterly by pharmacist and physician	Avoid polypharmacy Avoid the use of antipsychotics which cause a drop in BP	Reduce the incidence of falls related to medications	
	To Reduce the Use of Restraints	Percentage of residents who were physically restrained	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51585*	12.24	10.40	Stretch target is to meet provincial average in 3 years, improve 2% per year	1)Initiate alternatives to restraints prior to their implementation	Least restraint philosophy guides the practices of all staff in the home	Review of Policy with staff annually Education of Policy with all newly hired staff	Stretch target to meet provincial average in 3 years, to improve 2%/year	Our desire is that residents maintain as much independence as possible.
										Staff education on the least restraint philosophy, use of restraints and resident rights			
										When a restraint is to be used, start with the interventions with the least restraining properties first.	The only restraining device permitted for use in the home is a seatbelt that the resident cannot undo or a tabletop that the resident cannot remove		
									2)Use of standardized tool for the documentation of restraint use	Use of standardized restraint assessment tool on Point Click Care®	Assessments will be performed quarterly		
									3)Consistent communication strategies for staff to indicate restraint use	Interdisciplinary Falls Management and Restraint Reduction Committee Use of luggage tags to indicate type of restraint used on wheelchair. Use of 'side rail logos' posted at resident bedside to indicate bed rail use.'	Monthly meetings by Committee to discuss residents using restraints. Use an interdisciplinary approach when considering trials to discontinue the need for the use of a restraint.		The decision to use a restraining device is made using a collaborative process that involves the family as well

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Safe cont'd	To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51585*	3.94	3.30	Maintain 2015/16 target	1) Prior to admission, the resident will be pre-screened for pressure ulcers	The MDS RAI 2.0 will be reviewed for being at risk for developing or being actively treated for pressure ulcers when application is received and prior to admission	Implementation of appropriate wound care strategies at time of admission	To reduce current performance to target	Residents entering LTC are more medically compromised.
										Early identification of skin issues or contributing factors that potentially can lead to pressure ulcer development	Staff education on wound identification and wound care		
									2) Implementation of Swift Slide sheets	Appropriate residents will have Swift Slide sheets implemented and used on their beds to reduce shearing forces	Residents using Swift/Slide sheets will not have a disruption of tissue integrity	To focus on prevention of pressure ulcers	
									3) Implement interventions to promote skin integrity	Use of Skin and Wound Policy and Procedure guidelines for treatment of wounds for the appropriate wound stage	Standardized Wound Assessment tool to be used.	Use of standardized tools for documentation of wounds	
										Referrals to the Dietician, Food Services Supervisor when skin integrity is compromised	Resident care plan indicates interventions that are implemented to promote tissue healing and skin integrity.		
		Monthly meetings by the Skin and Wound Management Committee to discuss wounds Use an interdisciplinary approach when considering trials to discontinue the need for the use of a restraint.	Collaborative professional team approach for treatment										