## 2019/20 Quality Improvement Plan "Improvement Targets and Initiatives"



## **EXTENDED CARE UNIT**

AIM		Measure							Change				
			Unit /			Current		Target	Planned improvement initiatives				
sue	•	Measure/Indicator Type	Population	Source / Period				justification External Collaborators	(Change Ideas)	Methods	Process measures	Target for process measure	Comments
= Mandatory (all c	cells must be complete	d) P = Priority (complete ONLY the co	nments cell if you a	re not working on thi	is indicator) C = c	custom (add any c	other indicators	you are working on)					
Theme II: Service Excellence	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	51585*	86.36	90.00	Expectation is to achieve a 90% positive rating.	1)Review survey methodology to ensure that all voices are captured of Residents who are cognitively aware, as well as families/caregivers.		2. Number of unique responses	1. Completed by June 2019 2. 2. 30%	Organizationally surveying has been conducted on a monthly basis and through a review of data, understood is that the same people were responding and concert around the response rate and inclusion of all voices. A preliminary environmental scaindicated NH was over sampling and required is a course correction in methodology in this population.
		Percentage of Presidents who responded positively to the statement: "I can express my opinion without fear of consequences".	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	51585*	89.09	90.00	Expectation is to achieve a 90% positive rating.	1)Create a safe environment for Residents to express concerns	Discuss concerns and trends at Resident's Council to identify improvement ideas.     Conduct weekly rounding to capture Resident concerns to be discussed in Council.	Number of improvement ideas implemented     Substituting the second	1. One improvement per year 2. 100%	
heme III: Safe and ffective Care	Safe	Falls - Percentage of residents who had a recent fall in the last 30 days (rolling 12 months)	% / Residents	CIHI CCRS / October 2017- Septeber 2018	51585*	17.7	16.82	The target is set at a 5% improvement from the current performance.	1)Encourage Residents with no cognitive impairment to participate in exercise programming for balance and strength	1. Complete 'active list' of Residents able to participate in exercise programming.     2. Monitor Residents attending exercise programming.	Nof physiotherapists completing the 'active list' of residents weekly     Nof 'appropriate' Residents brought to exercise programming weekly	80% of active lists completed     80% participation of appropriate Residents	
									2)Conduct Quality of Care Reviews on all falls	Staff to conduct Quality of Care Reviews on all falls and integrate improvement opportunities into care plans	Completion of reviews on falls     We of improvements integrated into individual care plans	1. 100% of falls reviewed     2. 80% of improvements integrated	1
									3)Explore innovative equipment in the environment to decrease falls		1. Development of project plan for procurement of new equipment to prevent falls 2. Implementation of new equipment (e.g. fall protection flooring) in high risk resident rooms	2. Completed by December 2019	
		Pressure ulcers - Percentage of residents who had a new, worsened or existing stage 2 or higher pressure ulcer (rolling 12 months)	% / Residents	CIHI CCRS / October 2017- September 2018	51585*	11.52	10.94	The target is set at a 5% improvement from current performance.	1)Assess skin integrity to monitor changes	Conduct 'Skin and Wound Management Assessment Tool' and implement interventions for Residents at high risk for pressure injuries.	<ol> <li>% of clinicians conducting the 'Skin and wound management assessment tool' at predetermined intervals</li> <li>% of 'high risk' residents having interventions in place (e.g. turning, additional repositioning, therapeutic surfaces) within their care plans</li> </ol>	1. 80% conducting assessment too 2. 80% of interventions in place	
									2)Leverage alternative bed surfaces available	Newly purchased bed surfaces to be integrated into practice and utilized by those at high risk for pressure injuries.	•	90% utilization rate	
		Restraints - C Percentage of residents who were physically restrained daily (rolling 12 months)	% / Residents	CIHI CCRS / September 2017- October 2018	51585*	11.24	10.68	Target is set as a 5% improvement on current performance.	1)Leverage the 'Standardized Electronic Assessment' tool	Standardized tool utilized to contemporaneously monitor status changes to reduce the time residents need restraints.	Note that the second seco	1. 90% of reassessments complete 2. 100% of education completed	
									2)Partner with Residents and families to assess and discuss restraints for safety	Develop a 'refined' process of communication with families for initial and ongoing assessment/need of restraints	Process developed	Completed by December 2019	