

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 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 (HQO) 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 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	Number of ED visits for modified list of ambulatory care– sensitive conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; October 2016 - September 2017; CIHI CCRS, CIHI NACRS)	53711	13.04	13.04	15.58	McNicol LTC home did not include ED visit as an indicator in the board approved 2018-19 QIP. McN division has been doing well over the past few years. A possible error in copying 4 Yee Hong QIP's to the navigator.

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 2018/19)	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?
Increase utilization of NPSTAT consultation at resident condition changes to provide timely in-house treatment and management	No	
Discuss advance care planning with capable residents and goals of care with SDM	No	
Improve staff skills and confidence in applying knowledge and technologies for residents to reduce ED transfer	No	
Education to resident, family about avoidable ED visit	No	

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2	Percentage of complaints acknowledged to the individual who made a complaint within 6 to 10 business days (%; Individuals who file the complaints; July - September 2017; In house data collection)	53711	100.00	100.00	100.00	All the complaints regardless verbal or written received in 2018 have been acknowledged within 10 days.

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Review existing reporting system	Yes	<ul style="list-style-type: none"> • Review Yee Hong policies • Review LTC Home Act requirement 100% of policy review completed by March 31, 2018
Communication and education to staff	Yes	<ul style="list-style-type: none"> • Review and communicate with staff about concern/complaint handling process according to Yee Hong policies and LTC Home Act 2 review sessions completed by March 2018
Concern and complaint handling	Yes	<ul style="list-style-type: none"> • Staff education on handling resident concerns or voice out • Timely acknowledgement of concern/complaints received • Timely response to resident/family suggestions/concerns/complaints 100% compliance Acknowledged all complaints within 10 days Responded to all complaints within 10 days
tracking and documentation of concern / complaints	Yes	<ul style="list-style-type: none"> • review existing tool for tracking and documentation 100% documentation of concerns /complaints received. Achieved Same as above

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3	Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL) (%; LTC home residents; April 2017 - March 2018; In house data, interRAI survey)	53711	X	97.10	CB	Not Applicable

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NA	Yes	

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4	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (%; LTC home residents; April 2017- March 2018; In house data, NHCAHPS survey)	53711	53.30	54.00	41.94	The indicator of "expression of opinion without fear of consequences" reaches to 100% in 2018 resident satisfaction survey, compared to 90% in 2017, 47.22% in 2016 respectively. However, the survey question of "how well staff listen to you" remains at 41. %. Action plan has been in place.

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Enhance staff effective communication skill	Yes	<ul style="list-style-type: none"> • Provide staff education on communication skill • Encourage staff sit with resident, talk and take time to listen to resident during downtime • Reminder and review of a list of 5 most wanted and unwanted behaviors in the staff's interactions with residents Utilization of the 'wanted and unwanted' list as reminder for staff education: Achieved Review twice in 2018: Achieved
Enhance staff customer service skill	Yes	<ul style="list-style-type: none"> • continue reminder and education on customer service principle utilization of customer service skill in day to day care services 2 reminders/education session to staff completed by August 2018

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5	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS) (%; LTC home residents; April 2017 - March 2018; In house data, NHCAHPS survey)	53711	96.10	97.10	58.62	Overall satisfaction rate is 96.4% compared to 96.1% in 2017, 88.9% in 2016 respectively. Will continue current interventions.

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Enhance resident / family knowledge on Yee Hong services	Yes	<ul style="list-style-type: none"> • Coordinate with resident, family and management team, to set up orientation meeting after admission team conference • Provide information on YH's services, resources and limitation • Provide opportunities for new resident/families to ask question and to provide answers Completed 30 new admission team conference is completed by Sept 18: Achieved Completed 100% new admission family orientation: Achieved

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6	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (%; LTC home residents; April 2017 - March 2018; In house data, interRAI survey)	53711	90.00	95.00	100.00	The indicator of "expression of opinion without fear of consequences" reaches to 100% in 2018 resident satisfaction survey, compared to 90% in 2017, 47.22% in 2016 respectively.

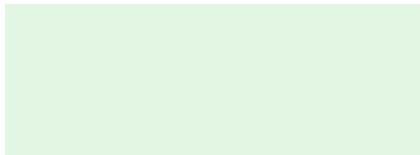
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Review with staff proper procedure of how to handle and response process to resident concern	Yes	Completed staff education

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7	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2017; CIHI CCRS)	53711	13.45	13.45	17.60	As of the end of December, 2018, there were 40 residents on antipsychotic medications, 20 out of the 40 don't have supporting diagnosis. In service of antipsychotics and dementia has been provided by Dr. Lachmann in Nov 27, 2018. Starting in January, 2019, residents who are on antipsychotics will continue to be reviewed by the team on monthly basis. To reduce the Inappropriate use of antipsychotics in LTC will continue to be the QI plan for 2019/2020.

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Review all residents on antipsychotics medication and determine if there are indications for psychotropic medication use	Yes	<ul style="list-style-type: none"> Review physician orders and pharmacy order entry staff education on requirement of indications for medication order communicate with pharmacy and physicians Feb-2019: 20 residents on anti psychotic medications with a supporting diagnosis Feb-2019: 20 out of the 40 residents on antipsychotics don't have any supporting diagnosis 100% of psychotropic medication order has clear indications by Sep 30, 2018 As of Feb 2019 50% of the target achieved Feb-2019: 20 residents on anti psychotic medications with a supporting diagnosis
Review appropriate use of antipsychotic medication use	Yes	<ul style="list-style-type: none"> Monitor appropriate use of antipsychotic medication by using the 'monitoring form' for all new, changed or discontinued antipsychotic



Engage residents with responsive behaviors in non-pharmacological programs and/or interventions

Yes

medication • staff education of use of 'psychotic medication monitoring form 100% of residents who are on antipsychotic medications are being monitored

• Work with resident, family and the care team to develop individualized interventions and activity program for the management of responsive behavioral An increase in number of residents engaged in scheduled activity programs by 10 % at end of Dec. 2017: Achieved May 2018 100% of residents with responsive behaviors have individualized non- pharmacological interventions in the care plan Achieved 100% (796 non pharmacological programs scheduled to engage residents with responsive behavior

Enhance staff knowledge on behavior management, antipsychotic medication use and non-pharmacological intervention

Yes

• Arrange case study sessions with Dr. Lachmann for challenging cases 2 education sessions provided by Dr. Lachmann.

