2016/17 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

RICHMOND TERRACE 89 RANKIN AVENUE

AIM		Measure								Change				
Quality dimension	Issue	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
Effective	To Reduce Potentially Avoidable Emergency Department Visits	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100	% / Residents	Ministry of Health Portal / Oct 2014 – Sept 2015	51065*	27.37	24.60	Richmond Terrace is currently above the provincial average.		1)All potential emergency room transfers from the facility are to be evaluated for appropriateness prior to sending.	All potential Emergency Room transfers are to be reviewed thoroughly by the nurse manager to ensure sending resident out of facility is required. The Director of Nursing is to gather and analyse data on the number and reason for emergency room visits. Identifying	% of residents sent to emergency room from the facility for an ambulatory care sensitive condition.	A 2% decrease in the number of residents sent to the emergency room from the	N/A
	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to include those experiencing delusions.	% / Residents	CCRS, CIHI (eReports) / July – September 2015 (Q2 FY 2015/16 report)	51065*	41.65	25.00	Richmond terrace is currently above the provincial average. The absolute target is based on the provincial average.		1)To ensure the MDS coding of Antipsychotic use without a diagnosis of psychosis is accurate.	Audit the MDS assessments of the residents who were coded as Antipsychotic use without a diagnosis of psychosis for accuracy. Review EMAR, PCC documentation, diagnosis.	The number of residents reviewed on antipsychotics without a diagnosis of psychosis.	% of residents on antipsychotics without a diagnosis of psychosis will decrease by 5%	N/A
										2)Identify the residents who are currently receiving an antipsychotic without a diagnosis of psychosis and review the history, diagnosis	Continuous Quality Management Team (C.Q.M) will meet to review each resident who is receiving an antipsychotic without a diagnosis of psychosis.	The number of residents on antipsychotics without a diagnosis of psychosis.	% of residents on antipsychotics without a diagnosis of psychosis will decrease by 5%	
										3)Review the findings of the above review with the Physician and Pharmacy team members.	Director of Nursing to meet with the physician and pharmacy consultant quarterly to review the use of antipsychotic's for those residents without a diagnosis of psychosis.	The reviews and results to be noted in the progress notes quarterly.	% of residents on antipsychotics without a diagnosis of psychosis will decrease by 5%	
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)	51065*	20.95	14.40	Richmond Terrace is currently above the provincial average. The absolute target is based on the provincial average.		1)Interdisciplinary weekly Continuous Quality Management (C.Q.M.) Meetings to include high risk falls prevention/discussion.	Our interdisciplinary (C.Q.I.) team meets weekly to review all falls in the facility. A personalized fall risk assessment, root cause analysis and intervention evaluation is completed for each fall.	% of residents who had a recent fall (in the last 30 days).	A decrease of 2% each quarter in the number of residents who had a recent fall (in the	N/A
										2)Residents noted to be high risk for falls are to have appropriate interdisciplinary interventions implemented and noted in care plan.	Use of fall risk assessment tool in Point Click Care to determine those residents who are high risk for falls. All residents noted to be high risk for falls are to have "falling star sticker" as per corporate fall prevention policy. Care plan to be completed to ensure proper fall	Care plan audit to include fall risk, noting/ensuring appropriate interventions documented.	100% of those residents deemed as high fall risk have the "falling star sticker" in	
										3)Rehabilitation referral initiated with every fall in the facility.	A rehabilitation referral will be automatically triggered for all falls documented in the risk management section of Point Click Care.	% of rehabilitation referrals as a result of falls	100% of falls in the facility will result in a rehabilitation referral.	
	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)	51065*	4.52	3.30	Richmond Terrace is currently above the provincial average. The absolute target is based on the provincial average.		1)Staff and Resident education on the prevention of skin breakdown.	In service coordinator to offer annual education on prevention of skin related breakdown to all relevant staff in the facility. Director of Nursing to provide education to residents through resident council on the prevention of skin breakdown.	% of staff who completed surge learning;and % of residents who attended the preventative skin breakdown in-service.	95% of staff will complete the education on prevention of skin related	N/A
										2)Staff to be educated on the signs and symptoms noted when an existing pressure ulcer is deteriorating or worsening.	In service coordinator to offer annual education on the signs and symptoms associated with wound deterioration to all registered staff in the facility.	% of staff who completed surge learning education session on wound deterioration.	95% of staff will complete the education session on wound detoriation	
										3)All wounds and their healing status to be reviewed at the facilities weekly Continuous Quality Management (C.Q.M.)	Unit managers to ensure that all wounds are noted and reviewed at the facilities weekly Continuous Quality Management (C.Q.M.) meeting. Specifically noting the level of deterioration/healing status.	% of wounds quarterly with deterioration noted.	Less than 25% of wounds in the facility will have deterioration noted.	