Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for the 2016/17 QIP

St. Joseph's Health Care London – Mount Hope Centre for Long Term Care

*(Please note that St. Mary's and Marian Villa have the same indicators, however are reported separately)

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	% Yes to "Do you feel you can express your opinions and feelings?" (%; St. Mary's and Marian Villa combined; Annual; Long Stay Resident Experience (LSRE) Survey)	53885	CB	CB	75.40	Current performance noted is based on our final survey results received June 2016. Last year's survey was delayed due to respiratory outbreaks. Next survey is scheduled for May 2017.

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?
Implement an automated complaint management system	No	Initial steps were taken to use an electronic system for monitoring and managing complaints but it was not determined to be operationally efficient. Instead, the manual system was improved by centralizing and standardizing documentation.
Communicate summary report for the Board, Staff, Resident and Family Councils at regular intervals	No	Every 6 months, complaint trend analysis was presented to the Quality Committee of the Board. Quarterly, the documented complaint record was reviewed and analyzed for trends. The results of the review and analysis were taken into account in determining what improvements are required in the home; and a written record is kept of each review and of the improvements made in response. A summary report for resident and family councils will be implemented in 2017-18.
Include resident/family council representatives on Patient Engagement Corporate discussions to ensure resident and families are partners in their care.	Yes	St. Joseph's has embarked on a journey to enhance our partnership with patients and their families. Mount Hope residents and family council members provided input through focus groups to inform our current state of resident partnership and to help us envision our

		future state. Residents and family council members actively engaged to assist in preparing a patient partnership framework, as well as, the development of a spectrum of engagement for implementation including areas of direct care, program initiatives or advocacy, how residents and families inform, consult, involve, collaborate and empower the process.

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2	% Yes to "Would you recommend this facility?" (%; Residents; Annual; Long Stay Resident Experience (LSRE) Survey)	53885	CB	CB	75.90	Current performance noted is based on our final survey results received June 2016. Last year's survey was delayed due to respiratory outbreaks. Next survey is scheduled for May 2017.

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?
Hiring a coordinator of therapeutic programs to address improved satisfaction results - eg. Increase activities on evenings and weekends.	Yes	A Coordinator of Therapeutic Programs was hired in April 2016. A priority goal for this role was to address resident satisfaction survey concerns as identified in our February 2015 survey. Changes completed to enhance our activities are: 1) Developed a new therapeutic recreation service delivery model (Leisure Well Being Model) focused on delivering meaningful programs to residents; 2) Increased the number and quality of therapeutic recreation programs for evenings, weekends, holidays and special events; 3) Offered therapeutic recreation programs that challenge the mind as resident satisfaction surveys indicated need for 'enough activities to keep the mind active'; 4) Improved entertainment offerings; 5) Updated staff schedules to support new activities. 6) Developed Program Protocols and Task Analysis for all Therapeutic Recreation Programs. Outcomes of these deliverables include an increase in the number of therapeutic programs offered to residents per week that have a greater level of meaning and sophistication, completed program

		development for a Resident Ambassador and Resident Dreams program(s) with a plan for implementation in 2017, and a Space Enhancement and Optimization project which has enhanced spaces for Resident leisure programming.
Based on Mar 2016 Resident Satisfaction Survey, implement change ideas to address top 3 priorities where we had a low score and highest correlation to overall satisfaction - eg. Activities, food, call bells.	Yes	Our 2016-17 focus was on priorities where satisfaction survey results were lower in domains that had highest correlation with overall satisfaction. To improve our food service we improved our menu planning cycle and increased engagement of residents through resident food council. This included comprehensive food testing with all residents before any menu changes were made. To improve resident's ability to talk to a doctor when needed, we educated physicians on resident concern in this regard and reviewed with physicians opportunities and strategies to enhance communication. To reduce the frequency of lost laundry, quarterly 'lost and found' days were launched and workers were assigned to review and relocate clothing in resident rooms as required after reviewing labels. Through newsletters, resident and family council, direct mail and new admission orientation, Mount Hope has enhanced resident and family education related to complaint management procedure and availability of contact information. Efforts to improve consistency of staffing, recruitment and scheduling resulted in decreased incidence of using agency staff and improved backfill of shifts using 'job shadows'. On the Resident Satisfaction / Experience Survey, residents are asked several questions about staff. The overall Staff domain results showed consistent improvement in positive responses: 58.9% in 2013, to 68.1% in 2014 and 75.7% in 2015.

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
6	Number of Falls with Injury (Number; St. Mary's and Marian Villa combined; 2015-16 Q3; Patient Safety Reporting System)	53885	65.00	62.00	65.00	

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Implement LTC Standard labeling for high risk residents "Falling Star"	Yes	"Fall Risk Indicator (FRI)" Falls risk criteria developed and used during admission assessment or when resident status changes. Visual falls identifiers are placed above the resident's bed, and residents wear colour coded wrist bands. Initially mobility devices or supports were also banded, however upon evaluation this was not found to be effective.
Intentional Comfort Rounds (ICR) implementation based on inclusion criteria	Yes	Developed criteria for high risk residents with whom ICR was implemented. Rounds occurred 14 times throughout a 24 hour period. While this assisted with a reduction in restraint use and falls, an improvement in reduction of skin breakdown has not been observed.
Increase volume of hi-low beds	Yes	Replaced 76 current beds with new high low beds.

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
12	Percentage of residents experiencing worsening pain (%; St. Mary's and Marian Villa combined; Q2 2015-16; CCRS, CIHI)	53885	16.40	15.00	19.30	

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QIP Committee education regarding indicator measurement and MDS coding guidelines	Yes	Improved understanding of specific residents triggering an increase in the HQO indicator relating to worsening pain, so we can target interventions. Improved data quality as clarity lead to education of dedicated RAI MDS coding team by RAI MDS consultants.
Audit residents indicating worsening pain and assess pain, medication, medical conditions and current practice for reducing pain	Yes	Targeted audits for residents experiencing worsening pain implemented and will be ongoing to evaluate strategies to address gaps in best practice and decrease pain.
Compare current practices and do gap analysis with best practice RNAO and LTC Community of Practice	Yes	Representative group of interdisciplinary team reviewed current practice with RNAO best practice guidelines to understand current gaps, primarily areas of screening, assessment and documentation/monitoring. Education and strategies to address gaps included revisions to Pain Assessment Tool, EMAR prompts for screening and evaluation of effectiveness of pain management.

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
13	Percentage of residents receiving antipsychotics without a diagnosis of psychosis (excluding patients experiencing delusions) (%; St. Mary's and Marian Villa combined; Q2 2015-16; CIHI CCRS)	53885	22.00	21.00	17.00	Performance has improved. Target reached and sustaining efforts will continue.

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?
Pharmacy to follow up with ordering Physician on all orders for antipsychotics without a diagnosis of psychosis. Quarterly and annual reassessment of ongoing need for antipsychotics.	Yes	Embedded practice in quarterly and annual resident assessments.
Quarterly and annual reassessment of ongoing need for antipsychotics.	Yes	Implemented quarterly review by pharmacist with recommendations to physician as required.

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
14	Percentage of residents who had a worsening Pressure Ulcer (%; St. Mary's and Marian Villa Combined; 2015-16 Q2; CIHI CCRS)	53885	5.30	4.00	4.10	

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?
Ensure optimal inventory and use of all therapeutic surfaces, positioning devices, incontinent products including; a)Assess the need for additional positioning	Yes	We developed and streamlined daily accountabilities for provision of equipment, including maintenance and inventory tracking.

devices eg. Wedges, tilt chairs for high risk residents. b) Assess current residents for appropriateness for alternating pressure device and highest priority for new or alternating pressure mattress. c)Assess current inventory of alternating pressure mattresses. d) In-service staff on best practices for use of all therapeutic surfaces. e) ensure optimal use of incontinence briefs. f) purchase additional alternating pressure mattresses.		
Ensure optimal staffing for wound care; a) Refresher education for all staff regarding positioning, available tools and revise current practice of rounding to meet best practice positioning guideline(Q2 hours). b) Implement 6 month trial of wound care RPN at Marian Villa. c) Dedicate 2 days per month RN wound care specialist to ensure evidence based practice and products are utilized.	Yes	With the fragile population we serve, wound care and prevention of skin breakdown requires substantial expertise. Therefore, evaluating staff knowledge and capacity for tailoring education and mentoring to optimize outcomes, is required and is resource intensive. At 6 month evaluation, implementation of a dedicated wound nurse showed significant improvement in all wound care being completed as ordered and a reduction in worsening wounds. However, a recent increase in worsening wounds requires further detailed evaluation of the factors impacting resident skin integrity.
Collaborate with clothing boutique and family to ensure proper fitting clothes with adaptations as needed	Yes	A clothing boutique was opened in April 2015 to assist residents who are either admitted with very little clothing, or who do not have the means or support to purchase the items they need. The Clothes Rack is stocked with gently-used clothing, and new personal items such as underwear and socks. Through a referral to our Resident and Family Liaison, residents are able to “shop” for needed items, at no cost to them.
Collaborate with Vendors and staff to ensure optimal use of skin care and products to meet clinical quality specifications	Yes	Identified a variety of skin care products and positioning devices to assist with enhanced skin care strategies to improve and maintain skin integrity. Standard products used have been revised and additional equipment has been purchased and deployed.

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
15	Percentage of residents who were physically restrained (%; St. Mary's and Marian Villa combined; July-September 2015 (Q2 FY2015/16 Report); CIHI CCRS)	53885	32.80	25.00	26.50	

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Admit resident based on "no restraint" policy and monitor the impact on occupancy	Yes	Effective September 2016, Mount Hope worked with CCAC to avoid introducing any new physical restraints for residents. Alternative options to physical restraints are now explored prior to admission to Mount Hope.
Reassess all residents reviewing pharmaceutical and non-pharmaceutical alternatives and educate all staff on social and physical risks of using restraints and potential alternatives	Yes	An interdisciplinary approach was used to increase both pharmaceutical and non-pharmaceutical alternatives to restraint use and educate all staff on risks of using restraints.
Benchmark with other like LTC Homes who have demonstrated a reduction in the use of restraints over past 2 years.	Yes	Benchmarking was helpful in strategy development. We have incorporated the process of a secondary consult for any new restraint. This broadens the discussion and decision-making to include more of the interdisciplinary team, which may result in implementation of alternate measures, prior to a move to use of restraint.
Assess the need for additional current alarms and place on capital for purchase if required. Investigate other alarms eg. Posey Clip Alarm	Yes	In Fall 2016, we began to receive and launch the use of additional capital items aimed at improving positioning and reducing the use of restraints.
Develop Family/Resident Education Brochure defining restraint policy	Yes	In Spring 2016, a resident and family education brochure, ‘Restraints – Making the Right Decision’ was developed to educate families and residents about restraints and their use, to promote our goal to move toward a philosophy of a restraint- free environment, to describe Mount Hope’s approach to restraint free care and advise families how they can help.