

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"



Wellington Terrace LTC Home 474 WELLINGTON ROAD 18

AIM											Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	54641*	3.35	3.00	The Waterloo Wellington LHIN is the lowest in the province for avoidable ED visits. For LTC homes in our LHIN the current ED visit rate per 100 residents is 6.3.		1)Continue to participate in the Wellington Collaborative which includes representation from the LTC homes and hospitals in Wellington County. Focus of the collaborative is to ensure smooth transitions between LTC and hospital.	The Director of Care co chairs the collaborative which meets at least quarterly.	Number of meetings attended each year	The home will be participate in four collaborative meetings in 2019/2020.	
											2)Provide education to at the monthly registered staff meeting focusing on best practices and skills that can contribute to emergency room avoidance.	Education priorities are established by the nursing leadership team in January and we engage with external partners to provide the training. Partnerships include: the nurse led outreach team, the diabetic educator and the psychogeriatric resource consultant.	Number of education sessions provided to Registered Staff	The goal is to provide 12 education sessions per year.	
											3)Emergency room avoidance to become a standing agenda item at each Clinical Practice Team meeting.	The Clinical Practice Team meets every 2 months. The Director of care brings the previous two months of data on ED visits for discussion. The interdisciplinary team discusses the details of the visit and potential strategies that can be put in place to avoid a similar visit in the future. In addition the Clinical Practice team reviews and revises clinical policies to ensure that best practices are followed for optimal outcomes.	Percentage of ED visits that were reviewed and evaluated by the Clinical Practice Team. Clinical practice team will review and revise the following policies in 2019: Diabetes, Skin and Wound Care, Falls Prevention, Head Injury Routine.	100% of all ED visits will be reviewed and evaluated in 2019.	

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											4)Advance Care Planning discussions will take place with all residents to identify their values in relation to their care and determine their wishes surrounding end of life care. Discussions will be documented in the residents plan of care.	The Social Worker meets with all residents or their substitute decision maker on admission to initiate the discussion around advance care planning.	Percentage of residents or their sdm who have had a discussion surrounding advance care planning.	100% of residents/sdms will have a documented discussion on advance care planning.	
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days.	P	% / LTC home residents	Local data collection / Most recent 12-month period	54641*	100				1)				As the satisfaction is high in this area the home will focus on other priorities.
		Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	54641*	100				1)				As the satisfaction is high in this area the home will focus on other priorities.
		Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHAHPS survey / April 2018 - March 2019	54641*	94.59				1)				As the satisfaction is high in this area the home will focus on other priorities.
		Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHAHPS)	P	% / LTC home residents	In house data, NHAHPS survey / April 2018 - March 2019	54641*	100				1)				As the satisfaction is high in this area the home will focus on other priorities.
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	54641*	100				1)				As the satisfaction is high in this area the home will focus on other priorities.

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Theme III: Safe and Effective Care	Safe	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	54641*									
	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	54641*	n/a				1)				This is not a priority area for the home. We have advance care planning discussions with all new admissions which includes a comprehensive and holistic assessment. All families are sent a survey after a death to evaluate our palliative care and we have a very high level of satisfaction with families feeling informed and supported through the process.