

2017/18 Quality Improvement Plan for Ontario Long Term Care Homes  
 "Improvement Targets and Initiatives"



St. Joseph's Villa, Dundas 56 GOVERNOR'S ROAD

AIM		Measure								Change					
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Priority level	Planned improvement initiatives					
										(Change Ideas)		Methods		Process measures	
Patient-centred	Person experience	Improve same day (SD) resolution rate for verbal and written complaints (within 24hrs from the date/time of receipt)	% / LTC home residents	In house data collection / 2016 Average per quarter	51966*	23	30.00	This improvement will affect both residents and family members who issue a verbal or written complaint internally through quicker engagement and resolution.	Improve	1) Develop a process for weekday review of complaint report by leadership team	Develop and implement a process	Process to review complaint report implemented	Approach implemented		
										2) Quarterly report of SD resolution rates	Provide a quarterly data summary of complaint log	Number of reports provided	4		
Safe	Safe care	Reduce % of Residents Who Fell in the Last 30 days	% / LTC home residents	CIHI CCRS / 2016/17 Q2 FY	51966*	25.9	23.30	Team feels that the target is set to move indicator closer to provincial average and is a stretch goal for one year	Improve	1) Education to nursing and therapy services staff (PT/OT/Recreation/Spiritual Care) regarding the 4 P's (addresses pain, positioning, personal needs and placement)	Monthly audit of Surge Learning for completion of 4P's education	Percent of education completed via Surge Learning on 4 P's	90%		
										2) Monthly falls rounds with focus on residents identified for "Unsafe Ambulation" (FRAT score of 13-17) at admission using the Falls Risk Assessment Tool	Audit electronic health record for residents identified for "unsafe ambulation"	Number of residents identified as "unsafe ambulation" at admission using FRAT	80%		
										3) Complete monthly falls rounds using the multi-disciplinary Villa Falls Round Checklist (collaborative adaptation from BEEACH checklist in Dec 16-Jan 17)	Audit electronic health record for residents identified for "unsafe ambulation" to ensure monthly rounds complete	Number of rounds completed per month	1 per tower per month		
Safe	Safe care	Reduce the % of Residents with Worsening Stage 2-4 Pressure Ulcers	% / LTC home residents	CIHI CCRS / FY Q2 2016/17	51966*	3.7	3.30	This target builds on the outcome from 2016-17 QIP and moves indicator closer to provincial average.	Improve	1) Completion of monthly interdisciplinary wound rounds (direction of NP- for residents with no improvement or worsening wounds)	Monthly audit of 2-3 charts per tower of residents with stage 2-4 pressure ulcers to determine whether round was completed	Number of monthly rounds completed per month	1 per tower per month		
										2) Lifemark assessment completed by PT for residents identified at high or very high risk for skin integrity issues at admission as per Braden risk assessment	Monthly audit of residents who are identified as at high risk for skin integrity issues at admission for completion of Lifemark assessment	Number of Lifemark assessments completed by PT	90%		
										3) Provide education to PSW's on early identification and reporting of skin integrity issues via Surge Learning	Training/education module to be uploaded to Surge Learning	Number of participants who have completed education	90%		