

Theme I: Timely and Efficient Transitions

Dimension: Efficient

Measure

Indicator #1	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Safe Emergency Department Avoidance	C	Number	Local data collection / April 1, 2020 to March 31, 2021	0.00	2.00	We would like to develop and implement care pathways based on best practices and SJV policy. They will include order sets to improve care and treatment related to pneumonia and urinary tract infection at the Villa, and prevent unnecessary transfers to the Emergency Department.	

Change Ideas

Change Idea #1 Develop care pathways and order sets for pneumonia and urinary tract infection

Methods	Process measures	Target for process measure	Comments
The care pathways and order sets will be developed and implemented through the interdisciplinary Medication Management committee, based on SJV policy and best practices.	Number of care pathways implemented	2 by March 31, 2021	

Change Idea #2 Educate Registered Nursing staff on how to use the care pathways and order sets

Methods	Process measures	Target for process measure	Comments
The chair of the Medication Management committee will organize education to all registered nursing staff regarding the pneumonia and urinary tract infection care pathways by March 31, 2021. Signatures of staff who have completed the education will be collected.	Percentage of Registered Nursing Staff who have completed education	100% by March 31, 2021	

Theme III: Safe and Effective Care

Dimension: Effective

Measure

Indicator #2	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve Medication Safety	C	%	Local data collection / April 1, 2020 to March 31, 2021	33.00	100.00	The team is working to improve medication safety related to Coumadin therapy due to the risks associated with this type of anticoagulant. Recent internal/external audits have identified safety concerns re: completion of INR's in a timely manner.	

Change Ideas

Change Idea #1 Implement Coagucheck as primary process to complete INR's (internally by SJV Reg. Staff)

Methods	Process measures	Target for process measure	Comments
Implement improved Coagucheck process	Coagucheck process implemented	Implementation of new Coagucheck process	INR stands for international normalized ratio. This blood test determined how quickly and effectively blood clots in patients taking anticoagulants (Coumadin). Physicians use this information to determine proper medication dosages. INRs were previously completed through Lifelabs, our contracted lab. We will have better control over timeliness of INRs if they are done by our Reg. Nursing staff via Coagucheck.

Change Idea #2 Re-educate all Reg. Nursing staff on medication safety, specifically Coumadin

Methods	Process measures	Target for process measure	Comments
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Chair of the Medication Management committee/DOC to coordinate re-education of all Registered Nursing staff by March 31, 2021. Signatures will be collected from all staff who complete this education.

Percentage of Registered Nursing staff who complete the re-education

100% of Registered Nursing staff will complete re-education

All Registered Nursing staff will complete re-education on medication safety; specifically on Coumadin, a high alert anti-coagulant medication.

Change Idea #3 Implement weekly audit schedule to ensure INRs are being done via Coagucheck per physician order

Methods	Process measures	Target for process measure	Comments
DOC's to implement auditing schedule. Audits to be completed by designated Reg. Nursing staff weekly and reported to the DOCs	Percentage of INR's completed per physician order each quarter	100% of INRs will be completed each quarter	

Measure

Indicator #3	Type	Unit	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Prevent (res-staff) Workplace Violence	C	%	In house data collection / April 1, 2020 to March 31, 2021	38.00	100.00	For the safety of staff, the resident and co-residents, all LTC residents with a "High-Imminent" score per the Violence Assessment Tool (VAT) will have a Safety (care) Plan in place with specific interventions to be utilized by PSWs during care.	

Change Ideas

Change Idea #1 Ensure all residents who have a "High-Imminent" score per the Violence Assessment Tool (VAT) have a safety (care) plan in place.

Methods	Process measures	Target for process measure	Comments
Resident VAT scores will be monitored weekly, at minimum, by Resident Care Managers to determine when an individualized safety plan needs to be put in place.	Number of residents with a "High-Imminent" VAT score that have a safety (care) plan in place each quarter.	100% of residents with a "High-Imminent" VAT score will have a safety (care) plan in place each quarter	A safety plan can be put in place for reasons other than a "High-Imminent" VAT score. Residents who have been involved in an incident of (resident to staff) workplace violence will have their VAT assessment repeated to determine if the risk score has changed, and a safety plan is necessary.

Change Idea #2 Re-educate PSWs on significance of following resident care plans/safety plans

Methods	Process measures	Target for process measure	Comments
The Occupational Health & Safety Manager will provide two (2) education sessions to PSWs between April 1, 2020 and March 31, 2021. Signatures of staff who have received the education will be collected.	Number of education sessions provided for PSWs	2 education sessions	Sessions will be provided in the form of "traveling road shows", information booth during OH&S week, publication in the Friday Flyer (organizational newsletter) and/or attendance at department meetings.

Change Idea #3 Provide education sessions on Prevention of Workplace Violence

Methods	Process measures	Target for process measure	Comments
The Occupational Health & Safety Manager will provide 4 education sessions on the Prevention of Workplace Violence between April 1, 2020 and March 31, 2021. Sessions will be available to all staff. Signatures of staff who have completed the education will be collected.	Number of education sessions provided for all staff	One session each quarter (4)	