2015/16 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

MIDDLESEX TERRACE 2094 GIDEON DRIVE

AIM		Measure							Change				
Quality dimension	Objective	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
Effectiveness	To Reduce Worsening Bladder Control	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51475*	22.12	19.2	Want to improve continence within the home to meet provincial level currently and work towards provincial benchmark.	1)-Identify those residents with worsening bladder per the QI report monthly	-Month to month QI reports will be compared -New residents to the list will be identified for further investigated by nurse manager	-Monthly quality reports by RAI coordinator show who has worsening bladder and nurse manager will follow up with staff and progress note. -MDS coding will be corrected after review by the nurse manager.	-To ensure all those who would qualify for a toileting program are assessed. -To	-
									2)Bowel and bladder coding will be reviewed when information is skewed	Staff will be retrained to ensure they are coding accurately.	Staff sign in sheets will be used to record all staff who attend training	60% of the PSWs will have retraining on coding accuracy by Dec 31, 2015	
									3)TENA Identifi system will be used with resident who have noted worsening bladder.	This is a "smart product" that produces a computerized read out of when a resident voids. This will be reviewed by nurse manager and toileting plans created to match the data.	MDS coding will be reviewed quarterly and discussed at continence meeting. Feb.2015 69 incontinent residents with 17 usually continent, 9 occasional and 42 frequent	Coding of bladder incontinence will improve or remain the same through Dec.2015	
	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2014/15	51475*	35.69	29	Want to ensure that all resident receiving antipsychotics have a valid reason for them and to align with provincial benchmark.	1)-Identify those resident who receive antipsychotic mediations without diagnosis of psychosis on the QI report from PCC	-Monthly report will be reviewed by the BSO RPN to identify possible residents for decrease or discontinuing of their medication -	- Number of resident who receive antipsychotic medications will go down on QI report by Dec.2015	-To stop medications for those residents who no longer require them.	-
									2)RAI coordinator will provide monthly list to BSO RPN of those resident who are newly coded as receiving antipsychotics	Coding will be reviewed by BSO RPN and she will follow up with staff to review accurate behaviour charting.	Percentage of residents in low risk category will decline	To ensure residents who continue to receive antipsychotic medications have	Residents in the high risk group have both cognitive impairment and
									3)To review all resident diagnosis to ensure up to date	BSO RPN will create an overview of resident behaviors and/or hallucinations which maybe an indicators of schizophrenia	Information will be presented to Dr. for review and updating of diagnosis to show schizophrenia signs/symptoms Diagnosis report from PCC will be pulled quarterly and reviewed at monthly responsive behaviour meeting. March 4, 2014 9 residnet identified	To ensure all diagnosis are up to date and relevant to noted behaviours by Dec.	Staff will be identifying those residents who show hallucinations but
									4)To ensure all staff have GPA training	Employee records will be reviewed for GPA certificates	All those who have not have the training will receive it by Dec.2015	All staff will have the training to help deal with behaviours instead of drugs	
Resident-Centred	Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos).	51475*	83	90	All resident should feel that the staff listen to them however there will always be resident who feel staff never listen to them so 100% target is felt to be unrealistic.	1)-To ask resident why they feel staff do not listen to them using the resident survey	-Will conduct resident satisfaction survey for by March 2014	-Will review surveys and list all residents who answered negatively	- Establish a baseline to improve on.	- This is the first time we have asked this question on a survey
									2)To ask resident who answered negatively why they feel staff do not listen to them	Will conduct 1:1 chats with the residents who answered negatively on resident survey	80% residents who answered negatively will be asked if they would provide more information on why they felt this way	To determine why resident felt this way and to make staff aware of the ways these	
									3)To provide new hires and current staff with customer service training	Will review surge learning program and choose a module for staff to review	New hires will begin completing this by Sept.2015 and current staff with their annual training beginning Jan 2015	To improve resident satisfaction but having staff be more aware of	
	Receiving and utilizing feedback regarding resident experience and quality of life.	Percentage of residents responding positively to: "Would you recommend this nursing home to	% / Residents	In-house survey / Apr 2014 - Mar 2015 (or most recent 12mos).	51475*	CB	80	We have added this question to our survey to develop a baseline	1)To establish a baseline score of the number of resident who would recommend our home to others.	Question "Would you recommend this home to others?" has been added to our annual resident survey for March 2014	Number of surveys who answered this question in favor and not will be determined.	Baseline will be established that we can use for quality improvements next year.	