

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2019/2020 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020	Comments
1	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Rate per 100 residents; LTC home residents; October 2017 – September 2018; CIHI CCRS, CIHI NACRS)	53422	19.10	19.00	19.19	ED transfers are standing agenda items in key quality committee meetings.

Change Ideas from Last Years QIP (QIP 2019/20)	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?
Improve nursing communication with on-call physicians regarding resident condition and history.	Yes	SBAR education took place in 2019 with the registered staff. Leadership team has started to review and discuss ED transfers through the implementation of the resident safety committee meetings.
Continue to improve nursing communication with families	Yes	NP has initiated meeting with resident families upon move-in to discuss goals of care as well as making families aware of the type of services provided on site. Formal education re: Health Care Wishes done for all Registered Staff.

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2	Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days. (%; LTC home residents; Most recent 12-month period; Local data collection)	53422	CB	CB	100.00	Acknowledging concerns within a timely manner has been, and continues to be a key priority in line with the LTCH Act. In meeting this target SHC promotes transparency in reporting, clear lines of communication and peace of mind to the individual who made a complaint.

Change Ideas from Last Years QIP (QIP 2019/20)	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 that all complaints receive prompt attention and that at least preliminary discussion occurs within 1-2 business days.	Yes	Preliminary discussions occurred when a complaint was received within 1-2 business days. All complaints received, were acknowledged to the individual who made a complaint within 10 business days.

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3	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (%; LTC home residents; 2018-19; In-house survey)	53422	81.00	85.00	77.00	Cooks will obtain feedback from residents during dining to enhance the pleasurable dining experience

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Establish dining quality task force to use survey comments and resident input to improve and to include residents, family, volunteers, cooks, DA, PSWs and management. 2. Establish ongoing regular audit that addresses comments in survey. 3.Cooks to go to dining room to get feedback.	Yes	Dining Quality Task force established. Pleasurable dining audits completed. The home did not meet the target of 85%, but will address areas of dissatisfaction from the survey.

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4	The proportion of residents with a progressive, life-limiting illness, that are identified to benefit from palliative care, who subsequently have their palliative care needs assessed using a comprehensive and holistic assessment.	53422	CB	CB	1.00	SHC will continue to monitor, trend and analyze the number of residents who die at home vs. in hospital after being deemed palliative, in collaboration with SHC NP and the Freeman Team.

Change Ideas from Last Years QIP (QIP 2019/20)	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?
1. Use morning nursing meeting to highlight residents who require GSF (numerator). 2. Monthly team meeting (Comfort Care and Palliative) using CHESS and PSI outcome scores; will also review clinical indicators of decline. 3. On admission establish resident's baseline PPS score (and use that for discussion going forward); add to agenda for admission care conference. 4. Initiate Palliative Care Order Sets as indicated.	Yes	Numerous successful transitions in 2019, based on PPS and GSF assessments, overseen by NP. Moving forward the home will be tracking CHESS and resident's who are coded as End-Stage in MDS. Partnered with NYGH Freeman group re: formal palliative referrals to and from hospital.