

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 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 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	<p>Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.</p> <p>(Rate per 100 residents; LTC home residents; October 2015 - September 2016; CIHI CCRS, CIHI NACRS)</p>	54653	29.02	25.00	28.83	<p>Despite implementing all the change ideas as planned, the Home did not reach its goal of 25%, but still performed better at 28.83% compared to 29.02% last year. We will continue to work on these initiatives and hope to see more progress towards our goal.</p>
2	<p>Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"</p> <p>(%; LTC home residents; April 2016 - March 2017; In house data, NHCAHPS survey)</p>	54653	85.00	85.00	75.00	<p>The 3 year average for this indicator is 77%. The main difference between the 2017 results and 2016 is a 10% shift from 'usually' to 'sometimes'. A positive note is that for the first time there were 0% of residents who answered 'never' compared to 8% previously. We have implemented this as an improvement initiative on our 2018/2019 QIP.</p>
3	<p>Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment</p> <p>(%; LTC home residents; July -</p>	54653	3.33	3.20	4.16	<p>The change idea to increase the residents', family, SDM/POA and staff awareness on pressure ulcer risk prevention and management with the use of the newly created brochure will be fully</p>

	September 2016; CIHI CCRS)					implemented in 2018.
4	Percentage of residents who fell during the 30 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	54653	17.40	16.40	16.56	Although one change idea is yet to be implemented, the Home managed to maintain a better than provincial average performance for falls which is within range of its targeted goal.
5	Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS) (%; LTC home residents; April 2016 - March 2017; In house data, NHCAHPS survey)	54653	90.00	90.00	79.00	The 3 year average for this indicator is 74%. The main difference between the 2017 results and 2016 is a 9% shift from 'probably yes' to 'probably no'. A positive note is that we continued to score high in the 'definitely yes' at 63% compared to 65% in 2017. We are currently above our 3 year average and goal.
6	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (%; LTC home residents; April 2016 - March 2017; In house data, interRAI survey)	54653	89.00	89.00	81.00	The 3 year average for this indicator is 75%. The main difference between the 2017 results and 2016 is a 9% shift from 'usually' to 'sometimes'. A positive note is that there were 0% of residents who answered 'never' compared to 8% in previous years. We are currently above our goal and will monitor to ensure it remains at or above target.
7	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	54653	16.14	15.00	15.67	The Home has maintained a better than provincial average performance in 2017 on this quality indicator. Although, we did not reach the Home's goal of 15%, it is still better at 15.67% compared to last year's 16.14%

8	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; July - September 2016; CIHI CCRS)	54653	2.08	2.08	1.49	<p>performance rate.</p> <p>The Home did not focus on this quality indicator this year as we have always maintained a performance rate that is below the provincial benchmark rate of 3%. However, the Home considers this indicator a priority and will continue to monitor and track this quality indicator to ensure we remain at or better than our current performance rate of 1.49%.</p>
9	Pleasurable Dining Experience of residents. (%; LTC home residents; January - December 2016; In house data, InterRAI survey, NHCAHPS survey)	54653	68.00	75.00	79.00	<p>The new ideas that were implemented for year 2017 worked to improve pleasurable dining experiences for residents. The performance of 79% was better than our target by 4% and last year's result by 11% indicating a successful change idea for the residents.</p>
10	Resident participation in programs off the home area (%; LTC home residents; January-December 2016; In house data, InterRAI survey, NHCAHPS survey)	54653	55.00	70.00	88.00	<p>This quality indicator saw a marked improvement from 55% to 88% and surpassed the target by 18% for the year, mainly because all of our change ideas were successfully implemented. In addition, it was noted that there was an increase in attendance, on average of 10 residents, in our large program events that occur off the home areas.</p>
11	Resident's lost laundry and return time of labeled clothes (%; LTC home residents; January -	54653	46.00	65.00	80.00	<p>This quality indicator saw a marked improvement from 46% to 80% and surpassed the target by 15% for the</p>

December 2016; In house data, InterRAI survey, NHCAHPS survey)

year, mainly because all of our change ideas were successfully implemented. Consistency in making sure change ideas continue to be implemented will ensure the continued success of this indicator.