

Collingwood Nursing Home Continuous Quality Improvement Action Plan

Year: 2023

Instructions: Complete Continuous Quality Improvement Action Plan as a part of the CQI Report annually. Create action plan for targeted quality improvement initiatives identified during review of Resident & Family Satisfaction surveys, CQI Audits and Program Evaluations.

The following items need to be addressed each year in this action plan: QI Indicators (I.E. Skin, ED Transfers, Fall Prevention); Innovation (I.E. MST, PE/SC, Epic PCC integration); Resident/Family Survey action items; BPSO Indicators (i.e. Pain assessment and management, restraints, PFCC); CQI Audits action items and Program Evaluation action items

Item Number	Quality Improvement Indicator	Current Performance	Target Performance	SMART Goal & Quadruple Aim (1. Resident Experience, 2. Outcomes, 3. Care Team Experience, 4. Effective Resource Utilization)	Practice Change Idea	Action Items	Target Completion Date	Responsible Person	Date Action was Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken	Description of how and when that actions taken were communication to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any) 5) Staff of the Home
1	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	10.00	8.5%	Goal: Implementation of A Palliative Approach to Care in the last 12 months and End-of-Life Care in the last days and hours Best Practice Guidelines to support early identification and assessment of change in condition while promoting effective communication, and effective group functioning amongst the entire healthcare team with regards to assessment, information sharing, decision making, care planning, care delivery and confirmation. Aim: To decrease the quantity of unrequired admissions to the emergency department by increasing the quality of care that we provide within the facility.	The BPSO Steering Committee and Palliative Care Committee will track the progress of implementation of these two guidelines with the use of the palliative care and end-of-life care action plans. BPSO Committee and Palliative Care committee will meet quarterly to review progress and effective change. Audits will be completed to ensure appropriate screening for individuals that would benefit from a palliative approach to care are assessed during admission and that the care plan has been created in collaboration with the Resident and their family members based on the residents values, wishes, beliefs, preference and goals for care and services.	1) Number of new admissions screened for palliative care or end-of-life care needs. 2) % of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs. 3) Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	June 30th 23	SSW					
2	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	61.11	75%	Goal: To increase staff responsiveness to the unique and individual needs of the resident through staff education and training sessions. Aim statement: To improve the residents experiences of having their needs and wishes met in accordance to our resident-and family centred standard of care.	Educate staff on communication methods through workshops, webinars, or other offered courses.	At least one education session on communication is offered to staff members by June 30th 2023.	June 30th 23	Admin					
3	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	68.42	75%	Goal: To increase resident participation in our Resident, Family, and Quality Improvement council in order for the residents to have awareness into the homes policies and procedures, and give the residents a change to have input on the development and implementation of changes within the facility. Aim statement: To improve residents ability to express their overall opinions on the policies and procedures within the home and implement change measures that are in accordance to our resident and family centred care approach.	Increased resident participation in the council meetings.	2% increase in resident attendance in council meetings by May 30th 2023.	June 30th 23	CQI Lead					
4	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	34.29%	25%	Goal: To decrease the amount of psychotropic medication administered to residents without a formal diagnosis of psychosis, delusions, hallucinations, schizophrenia, huntingtons, etc. Aim statement: To improve the appropriate use of psychotropic medications among residents in the adult population, by identifying those who qualify to receive them and those who need to be referred to an external source in order to re-evaluate the effectiveness of their use.	1. Identify diagnosis that preclude an indication of psychosis and adding diagnosis of psychosis in PCC. 2. Identify current residents prescribed psychotropic medications without a diagnosis of psychosis 3.	1) Identify all current residents with a diagnosis of; Delusions, Hallucinations, Schizophrenia, Huntington's chorea and add additional diagnosis of psychosis (F29)	1. Quarter2, 2023 2. March 1 2024. 3. Ongoing on admissions, 4. Annually and when needed	RAI/MDS/ADOC/Designates					

