

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

COPPER TERRACE 91 TECUMSEH ROAD

AIM	Measure	Current performance	Target	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change	Comments
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Safety	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRB, CHH (All reports) / Q2 FY 2014/15	S1222*	14.52	10	Benchmarking is 10.00 and is to come close to the benchmark
								1) Interdisciplinary team review of falls Q2 and quarterly Fall Prevention meeting to review residents who have experienced a fall. Using PCC dashboard, falls tracking tool and falls risk assessment to PCC to track all falls and analysis and review change ideas. Interventions to decrease risk and prevent falls are reviewed and implemented. Review care plans to ensure appropriate
								2) Residents identified at high risk for falls to have appropriate multidisciplinary interventions implemented
								3) Addition of fall prevention equipment
								4) Medication review with pharmacist/physician to reduce medications with potential to increase risk of falls monitor the BEERS list
	To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	% / Residents	CCRB, CHH (All reports) / Q2 FY 2014/15	S1222*	6.69	5	We believe this is a realistic goal for our population
								1) Staff and resident education on prevention of skin related breakdown
								2) Ensure residents with impaired mobility are turned and repositioned every two hours
								3) To ensure appropriate therapeutic devices are being used for pressure reduction
								4) Staff education on early identification/risk assessment and general wound care to all relevant staff as Registered staff and Personal Support workers
Effectiveness	To Reduce the Use of Restraints	Percentage of residents who were physically restrained (daily)	% / Residents	CCRB, CHH (All reports) / Q2 FY 2014/15	S1222*	7.16	5	We believe this is a realistic goal considering our current resident population
								1) Upon determining that a restraint is required the interdisciplinary team shall immediately begin planning for the removal of the restraint
								2) Establish what supportive measures can be put in place to maintain the safety of the resident and others in the home
								3) Educate staff through GPA training courses. Ensuring that staff have the expertise and confidence to support residents who exhibit responsive behaviours
								4) Interdisciplinary quarterly meetings to review all restraints with a focus on reduction
	To Reduce Worsening Bladder Control	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRB, CHH (All reports) / Q2 FY 2014/15	S1222*	24.4	20	We believe this is a realistic goal as the acuity of our residents is much more acute
								1) Continue to promote individualized toileting plans
								2) Use the Identify program through TENA to assist in developing toileting plans for new admissions
								3) Assess residents for Nursing restorative to focus on residents who have potential to maintain or improve incontinence
								4) Review medications that may increase incontinent episodes
Integrated	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRB, CHH (All reports) / Q2 FY 2014/15	S1222*	28.5	15	We believe this is a realistic goal
								1) Safely reduce antipsychotic drug usage while closely monitoring effects
								2) Increase staff awareness of early identification and potential triggers and interventions for responsive behaviours
								3) Referral to external support services for complex cases
								4) Review the use of antipsychotic medications focusing on negative side effects
	To Reduce Potentially Avoidable Emergency Department Visits	Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions (AACSC) per 100 long-term care residents	% / Residents	Ministry of Health Portal / Q1 FY 2013/14 - Q2 FY 2014/15	S1222*	37.02	25	This would be a starting value to work towards the benchmark
								1) Timely assessment by Registered staff on changes to health status
								2) Timely assessment by physician on changes of health status
								3) Timely assessment by Registered staff on changes in health status
								4) Timely assessments by outside health providers