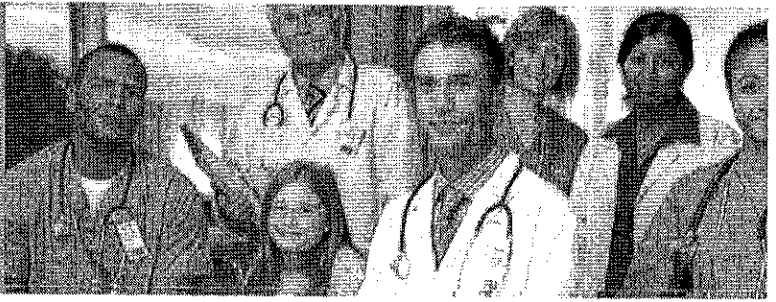


Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



3/29/2016

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Quality improvement program at Villa Colombo Vaughan is driven by the home's mission of providing culturally sensitive long-term care and services to maximize meaningful living, dignity and independence of each resident. Quality improvement is an integral part of daily operations. Through an extensive quality improvement program the home monitors and audits a number of resident, staff and visitor quality indicators. For the year of 2016/2017 Villa Colombo Vaughan decided to work towards further review and reduction of Antipsychotic drug use and to reduce percentage of residents who had a pressure ulcer that recently got worse. Over the last few years internal as well as external statistics have shown a slow decline in the area of pressure ulcers in the home. This could be due to many factors such as increased clinical complexity of newly admitted residents, overall resident health status decline as well wounds acquired during hospital stay. The quality improvement plan focuses on an in-house specialized care team that can assess residents with wounds on a weekly basis to make recommendations and order personalized wound dressings. The plan also identifies extensive education that will be provided to front line staff on the impact of nutrition on skin integrity and wound healing; repositioning and proper wound dressing techniques. The second indicator facility is focusing on is the further review and reduction of antipsychotic drug use. This plan includes continuation of home's current practices with the internal behavioral support resource team while adding compressive assessments for residents by an external geriatric resource team.

QI Achievements From the Past Year

In 2015/2016 the home has been working towards reduction of falls and antipsychotic drug use.

Reduction of falls:

Villa Colombo Vaughan multidisciplinary care team developed an extensive fall reduction program which required a monthly completion of a comprehensive assessments of individual residents with multiple falls when each fall is analyzed, contributing factors identified and plans developed to eliminate/reduce number of falls. The goal was to reduce falls from average of 20 falls per month to 16 or less. Extensive fall prevention and management education was provided to all staff empowering front line staff to identify risk factors and potential preventative strategies and care planning. A comprehensive assessments completed by multidisciplinary staff with development of case studies. Geriatrician consultations were included in fall prevention plans as well. Multidisciplinary team encountered difficulty sustaining falls at the minimum level due to clinical complexity of the residents and staffing levels. Although home's number of falls maintained at the average of 20 falls per month throughout the year, introduced improvements had a positive impact on fall prevention management in the home. Current Villa Colombo Vaughan falls indicator is lower than provincial average.

Reduction of antipsychotic drug use:

During 2015/2016 home has shown significant improvement of resident antipsychotic drug use from 33.5 % to 29.39%. Each resident using antipsychotic medications was assessed by multidisciplinary team as per RAI-MDS schedule, referrals forwarded to Psychogeriatrician for assessment and recommendations on reduction/discontinuation of antipsychotic medications. Following Psychogeriatrician's recommendations resident was monitored by internal BSRT (Behavioral support recourse team) and a front line staff. Established program contributed to great improvement and became a regular practice in the home.

Integration and Continuity of Care

2016/2017 QI Goals and Objectives

The goal to prevent the development or worsening of pressure ulcers will require support from outside agencies and specialists such as wound care clinicians providing education to front line staff and multidisciplinary team on wound care management and best practice as well as wound care suppliers providing an overview of product used for skin/wound care management. The home will collaborate with health care, educational agencies and CCAC for the purpose of education and workshops for front line staff and the internal specialized wound care team. For the further review of antipsychotic drug use the home will be working closely with the Geriatric Outreach Service Ontario (GOSO), GOSO team is available to the home on weekly basis and will be completing a comprehensive resident assessments. This collaboration will identify contributing factors for responsive behaviors and recommend preventative measures. The pharmacy and pharmacy consultant will also play a large role in review of medications and recommendations for change or reduction.

Engagement of Clinicians, Leadership & Staff

Villa Colombo Vaughan QIP will rely on the efforts of the entire multidisciplinary team.

Reduction of percentage of residents who had a pressure ulcer that recently got worse:

The front line staff will complete provided education and assist with implementing best practices learned. Multidisciplinary wound care team of front line staff, leadership and clinicians will work collaboratively with third parties to develop treatment plans for residents with main goal to prevent decline/worsening of pressure ulcers. Villa Colombo Vaughan leadership team will be involved in scheduling and organizing educational presentations and coordinating with third parties. Leadership team will be monitoring, auditing and analyzing improvement outcomes on a daily, monthly and quarterly basis and develop action plans if any gaps have been identified.

Reduction of antipsychotic drug use:

Internal BSRT (behavioral support recourse team) of front line and leadership staff will be involved in monitoring and assessing residents who's antipsychotic drug use was reduced/discontinued to avoid any adverse effects on resident safety and well-being. Clinicians such as attending physicians and internal Nurse Practitioner will collaborate with the GOSO (Geriatric Outreach Service Ontario) team to implement recommendations.

Resident, Patient, Client Engagement

Resident and family will be encouraged to engage in the development and progress of the home's QIP via family/resident satisfaction surveys as well as involvement of family and resident's councils.

Other

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair / Licensee or delegate
Administrator / Executive Director
Quality Committee Chair or delegate



CEO/Executive Director/Admin. Lead _____ (signature)
Other leadership as appropriate _____ (signature)

[Handwritten Signature]
Universitätsklinik (Manager)