

2022-23 QIP WORK PLAN

HOUSES

Pressure Injuries				
	Quality Dimension	Safety		
Objective	To reduce the number of new internally acquired stage II, III, IV, unstageable and deep tissue pressure injuries in the Houses of Providence.			
Indicator	Number of stage II, III, IV, unstageable and deep tissue pressure injuries newly acquired while in the Houses	Target	25 (10 per cent reduction)	
Unit/Population of Focus	Houses			
Baseline Source / Period	<i>Safety First</i> system – April 1, 2021-March 31, 2022	Current Performance (Baseline)	28 TBC	
Working Group	Rita Mah, Pat Colucci, Jube Walker, CNS, Ops Leaders			
Change Ideas				
Planned Improvement Initiatives	Methods	Process Measures	Target for Process Measures	Comments
Educate front line staff in best practices in skin health for the prevention of pressure injuries	<ul style="list-style-type: none"> Implement in-person education and scenario based training sessions for full time and part time staff Implement and sustain monthly wound rounds for high risk residents Explore Houses staff attendance at Hospital CNS Wound Care Workshops 	<ul style="list-style-type: none"> Number of in-person education sessions held 	<ul style="list-style-type: none"> One session for full time and part-time staff every quarter 	
Implement transfer rails	<ul style="list-style-type: none"> Implement transfer rails for resident identified high risk of pressure injuries 	<ul style="list-style-type: none"> Number of residents transfers rails implemented for 		

<p>Increase the accuracy of assessment and reporting of pressure injuries</p>	<ul style="list-style-type: none"> • Process map identification and reporting of stage II and above deep pressure injuries • Re-design process to include validation of stage II and above deep pressure injury by wound care specialist and engagement of team in wound care planning 			
<p>Pro-actively stock floors with appropriate wound care supplies</p>	<ul style="list-style-type: none"> • Consult with Hospital to establish formulary for wound care supplies • Establish reasonable supply type and quantity and pre-stock floors 			

Antipsychotic Medication Use				
	Quality Dimension	Effectiveness		
Objective	To reduce the use of antipsychotic medications in residents of the Houses of Providence			
Indicator	Number of residents taking an antipsychotic (average)	Target	50.3 (10 per cent reduction)	
Unit/Population of Focus	Houses			
Baseline Source / Period	Medical Pharmacies' data — April 1, 2021-March 31, 2022	Current Performance (Baseline)	55.9	
Working Group	Marnelle Hilao, Caroline Filon, Jube Walker, Analizza Belga, Dr. Ashley Verduyn			
Change Ideas				
Planned Improvement Initiatives	Methods	Process Measures	Target for Process Measures	Comments
Share audit results of all residents prescribed antipsychotics with Operation Leads and RNs				BSO and clinical team (RNs) review every resident who is prescribed antipsychotic medication to ensure dosing is appropriate. Percentage of residents prescribed antipsychotic reviewed in audit.
Provide education for staff on process for management of responsive behaviours, , response training, dementia training and non-pharmacological strategies	Process for management of responsive behaviours <ul style="list-style-type: none"> • Printing and laminating document • Include in behavioural rounds • Include in unit staff meetings Specific role education <ul style="list-style-type: none"> • List of behaviours that should be escalated • List of behaviours that appropriate for non-pharmacological strategies 	<ul style="list-style-type: none"> • # of professional training sessions • Completion of Mock Code White Scenario 		

	<p>Explore professional training options for new staff (GPA training, U-first, PIECES Scenario Training</p> <ul style="list-style-type: none"> • Mock Code White • Blocking kicks and punches 			
<p>Implement and sustain trigger for monthly inter-professional review of dosing</p>	<ul style="list-style-type: none"> • MD to write order to allow for trigger of re-assessment • Create process steps for reassessment – involve Inter-professional team to review information to decide if new medication dose is safe • Revamp of how information/evidence (DOS and behavioural notes) is completed/captured • With Inter-professional team, create process steps around one month cycle (trigger when resident is on 3rd week to complete five day DOS and update behavioural notes) • As part of the reassessment, build into process of referral to Dr. 	<ul style="list-style-type: none"> • Completion of process steps (roles and responsibilities) for Inter-professional monthly reassessment 		

	K (if behaviours is worse or not better at one month)			
<p>Ongoing use and implementation of non-pharmacological strategies</p> <ul style="list-style-type: none"> • hand massages • reminiscing • pet therapy • music therapy • Doll therapy 	<ul style="list-style-type: none"> • Continue with life story initiative for new admissions • Purchase additional pet toys • Identify additional non-pharmacological strategies 	<ul style="list-style-type: none"> • % of new admissions that have life story complete within first 30 days • # of pet toys purchased 		
<p>Deep dive data analysis into appropriate inclusion/exclusions for indicator</p>	<ul style="list-style-type: none"> • Perform analysis to determine appropriate indicator for subsequent years – i.e., <i>Number of Residents taking Antipsychotic without Diagnosis of Psychosis</i>. This would involve defining psychosis and determining if residents on Palliative Care should be excluded. • Residents with PRN Antipsychotics also need to be more closely examined. 			

Palliative Care				
	Quality Dimension	Resident Experience		
Objective	To increase the percentage of residents who receive palliative care for greater than one month prior to passing			
Indicator	Percentage of Residents who Received Palliative Care for Greater Than One Month	Target	55%	
Unit/Population of Focus	Houses			
Baseline Source / Period	Point Click Care – April 1, 2021-March 31, 2022	Current Performance (Baseline)	48%	
Palliative Care Steering Committee	Dr. Ashley Verduyn, Dr. Richard Brodie, Nadia Carnevale, Jube Walker, Pat Colucci			
Change Ideas				
Planned Improvement Initiatives	Methods	Process Measures	Target for Process Measures	Comments
Provide staff and physician education	<ul style="list-style-type: none"> Provide Pallium Ontario LTC course to staff and physicians of the Houses 	<ul style="list-style-type: none"> # of staff/physicians who receive Pallium education 		<ul style="list-style-type: none"> Staff completing the education will become Palliative Care champions
Purchase and display of Palliative Care resources for families and residents on all units				
Implementation of SPICT (Supportive and Palliative Indicators Tool) prognostic tool to identify residents earlier for palliative care	<ul style="list-style-type: none"> SPICT will be administered quarterly and on any re-admission 	<ul style="list-style-type: none"> # of goals of care conversations initiated by SPICT tool # of SPICT tools completed 		
Implementation of a serious illness conversation team to provide prompt support for goals of care conversations		<ul style="list-style-type: none"> # of referrals to serious illness conversation team 		
Notify families/residents of Palliative Care Program within first month of admission		<ul style="list-style-type: none"> # of families/residents who are aware of the Palliative Care program within first month of admission 		