

Long-Term Care Quality Improvement Committee Action Plan

2023-2024

OVERVIEW

In 2023-2024 our Quality Improvement Plan is focused on the following measurable metrics:

- 1. Residents who fell
- 2. Worsening pressure injuries (from stage 2 to 4)
- 3. Residents not living with psychosis given antipsychotic medications
- 4. Medication Incidents

Our homes continuous focus on RNAO BPGs:

- 1. Oral care
- 2. Palliative care

ACTION PLAN QUALITY	INDICATORS				
Priority Areas	Data source	Actions	Lead	Timeline	Status update
1. Falls	INSIGHTS reports from CIHI data	 Weekly huddles with staff focusing on falls that occurred. First huddle of the month to include analysis of previous months falls Falls reporting process includes: Assessment, updating care plans, QRM reporting, review with care team of resident who fell Statistics are documented on a quarterly basis and reviewed with the LTC Quality Committee RNAO GAP analysis to be completed 	QLC RN	Ongoing	
 Use of antipsychotics without diagnosis 	INSIGHTS reports from CIHI data	 Charts have been reviewed for all Residents who are on antipsychotic medications and appropriate diagnosis has been received or medications have been discontinued Charts are reviewed of every admission and 	BSO RPN	Ongoing	

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		 antipsychotics use is discussed with the Care Team BSO Lead, QLC and NM meet on a monthly basis to review statistics Providers engaged in common goal of decreasing antipsychotics as they review patients charts who have potential for LTC placement
 Worsening pressure injuries (from stage 2-4) 	INSIGHTS report from CIHI data	 Weekly wounds assessments are conducted with pictures. RPNs monitor for deterioration in wounds and consult RN or MRP as required Monthly review of all wounds done by QLC Nursing measures with adding wound care and assessments added to TAR for monitoring and consistency in dressing changes, and monitoring effectiveness of interventions Obtain and implement PCC module for wound care assessment and monitoring QLC completing best practice champion workshop in wound management, develop education to share with front-line staff
4. Medication Incidents	Data received from NSHN Quality Coordinator	 Medication safety training provided to all staff on a yearly basis Medication safety training provided to all new Registered staff Huddle reviews of medication incidents/errors and ways to prevent errors QRM online tracking system for all medication errors In the process of decreasing medications pass burden by moving any medications from supper that can be with another pass With quarterly medication reviews use lens of decreasing polypharmacy Change "medication night" from Wednesday to Thursday to reflect changes from Wednesday medication reviews

North Shore Health Network



TION PLAN RNAO BPGS								
1. Oral Care	 Dental Hygienist visits home every 6-8 weeks Consent form completed on all current residents, reviewed with all new admission and annually at care conference RNAO BPG GAP analysis done and action plan formed QLC RN and NM review action plan on a monthly basis Uploaded QIP in Insights 	Lisa, NM	Ongoing					
2. Palliative Care	 Committee meets on a bi-monthly basis to review actions formed from RNAO BGP GAP analysis Advanced Care Planning booklet given to all new admissions, brought to annual care conference for Resident who have been here before process began Advanced Directives reviewed at annual care conference and PRN basis review and update advanced care booklet with committee CADD pump on unit and staff trained 	Lisa, NM Sarah B, PSW	Ongoing					

- QLC Quality Lead Coordinator
- QRM Quality Risk Management
- BSO Behavioural Supports Ontario
- NM Nurse Manager
- **RPN** Registered Practical Nurse
- RN Registered Nurse
- MRP Most Responsible Provider
- PCC Point Click Care
- QIP Quality Improvement Plan
- PSW Personal Support Worker

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