

STARTING THE LTC QIP JOURNEY

GLL Management
Consulting
Making Operational Excellence Stick

Qi
CONSULT



REDUCE FALLS AT BLACKFISH HOME



Activity

WHAT KIND OF QUESTIONS DO YOU ANTICIPATE YOU MIGHT GET IN YOUR ORGANIZATION WHEN YOU HAVE THE DISCUSSION WITH YOUR TEAM ABOUT THE QIP?

HOW WILL YOU HANDLE THEM?

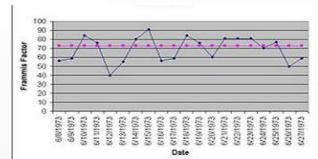


INPUT

Ontario
Ministry of Health and Long-Term Care
Inspection Report under the Long-Term Care Homes Act, 2007
 Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch
 Division de la responsabilisation et de la performance
 Toronto Service Area Office
 3700 Yonge Street, 8th Floor
 TORONTO, ON, M2M 4K3
 Telephone: (416) 325-8900
 Facsimile: (416) 327-4486



carf INTERNATIONAL

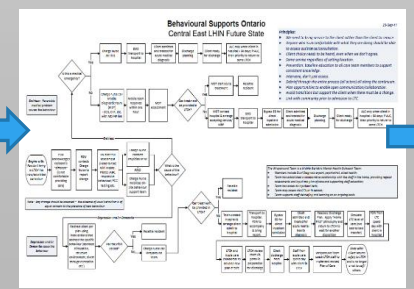
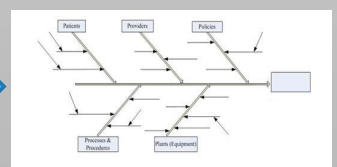
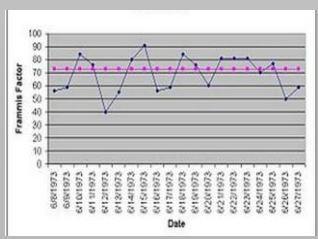


ROADMAP

Long-Term Care Home Quality Improvement Plan Workplan 2014/15

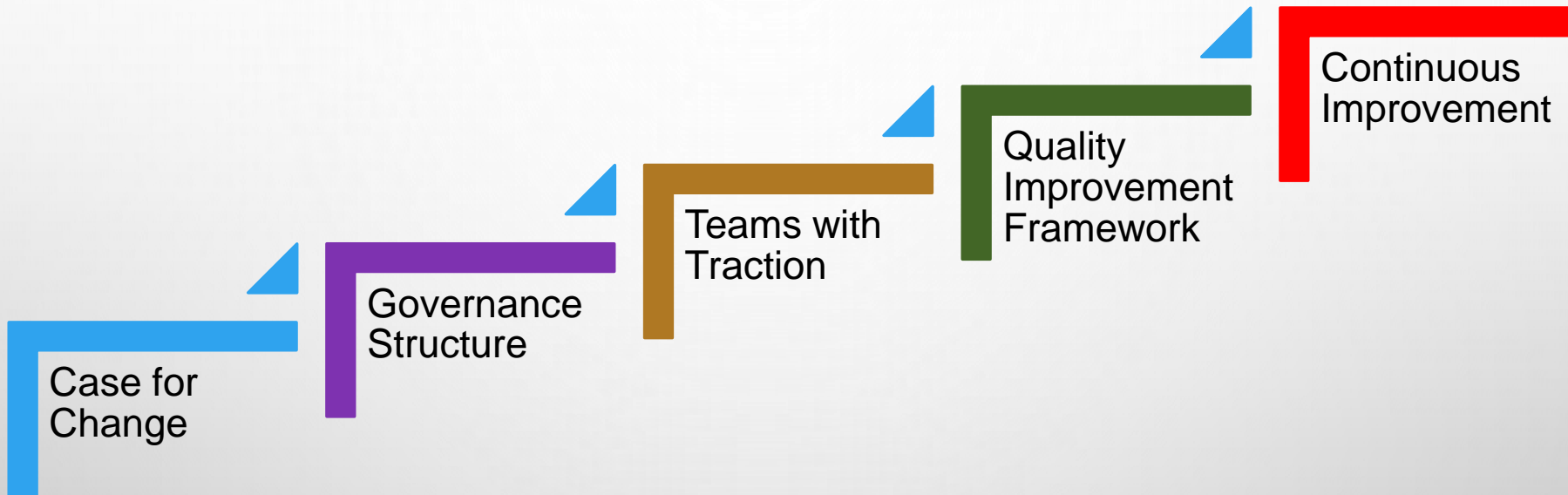
AIM		MEASURE				CHANGE			
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2014/15	Target justification	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2014/15)	Comments
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Integrated	Reduce ED visits	ED visits: Number of ED visits per 100 residents				1) 2) ...N)			
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Resident-centred	Receiving and utilizing feedback regarding resident experience and quality of life					1) 2) ...N)			
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DO THE WORK



EXTENDICARE
 MODEL FOR IMPROVEMENT DATE: _____
 Objective for this PDSA Cycle: _____
 Is this cycle used to develop, test, or implement a change?
 What questions do we need to answer on this PDSA cycle?
 Plan:
 Plan to collect data on: What, Where, When
 Predictions for questions above based on plan:
 Do:
 Carry out the change or test. Collect data on the process.
 Study:
 Compare process of data.
 Compare the data to your predictions and determine the learning.
 Act:
 Plan to make a change? Plan to test next cycle.

BUILDING BLOCKS FOR A SUCCESSFUL QIP



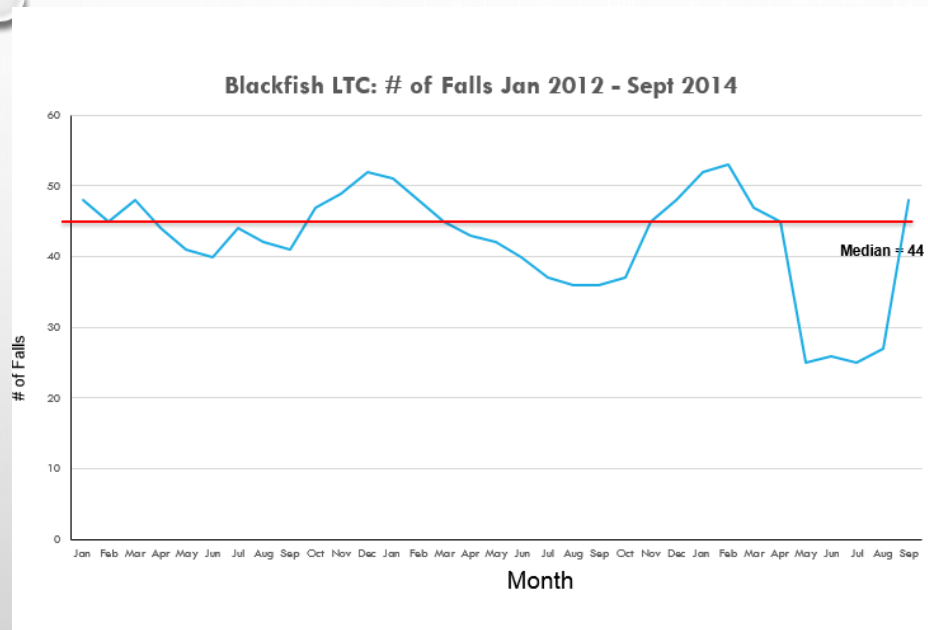


**DO YOU KNOW WHAT YOUR DATA SOURCES
ARE IN YOUR HOME?**

**WHERE TO START LOOKING TO
UNDERSTAND YOUR CURRENT
PERFORMANCE?**

PAUSE and PONDER

BLACKFISH HOME: CASE FOR CHANGE



Resident Council Complaints





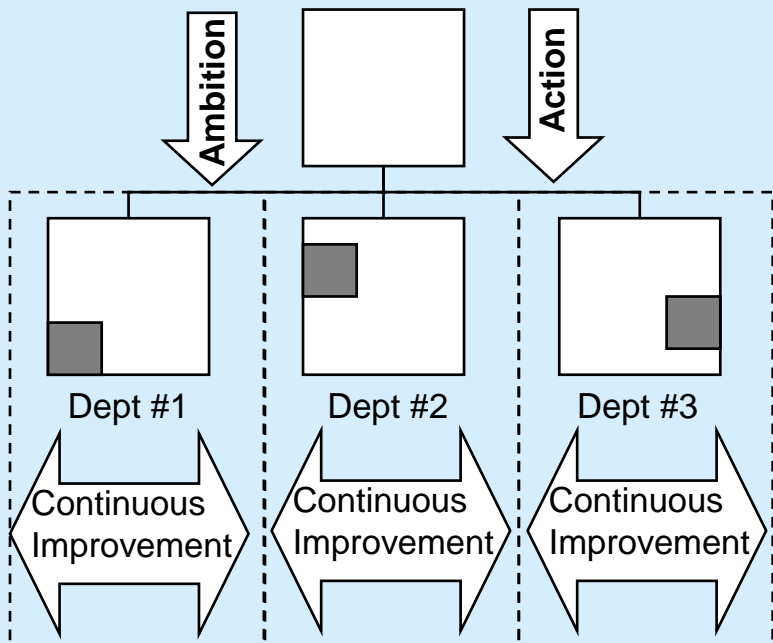
Time for Change



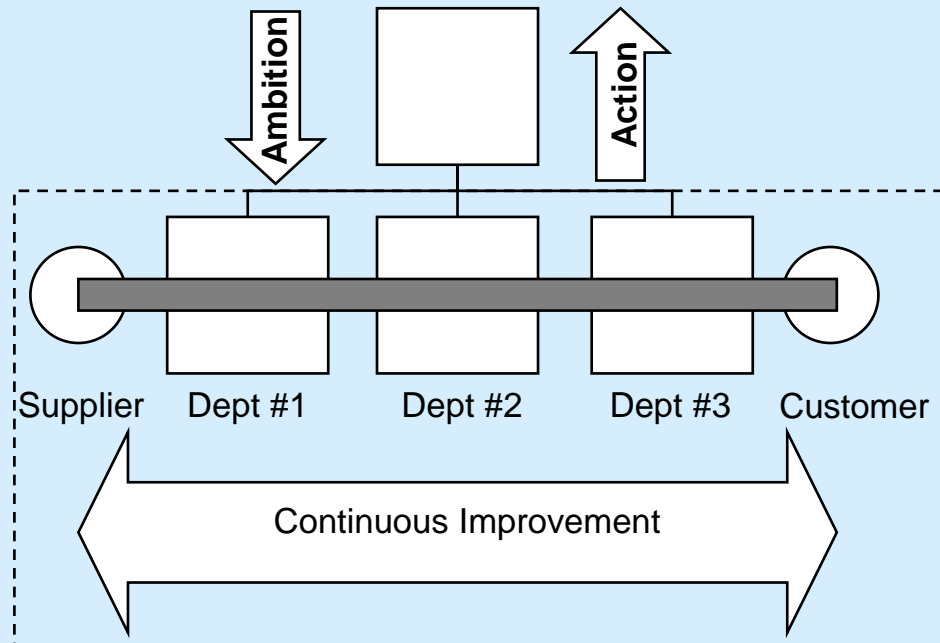


FROM SILO TO TEAM

SILO Organization



Team Traction Organization



Restraints
Committee

CQI
Committee

Pain
Committee

IPAC
Committee

OH&S
Committee

Ethics
Committee

Skin and
Wound
Committee

Falls
Committee

BSO
Committee

Incontinence
Committee



HOME-LEVEL QUALITY IMPROVEMENT



Long-Term Care Home Quality Improvement Plan Workplan
2014/15

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Falls (TL)

Incontinence (TL)

BSO (TL)

Pain (TL)

Admissions (TL)

Dietary (TL)

Care Planning (TL)

Skin & Wound (TL)



TEAMS WITH TRACTION

Teams with Traction



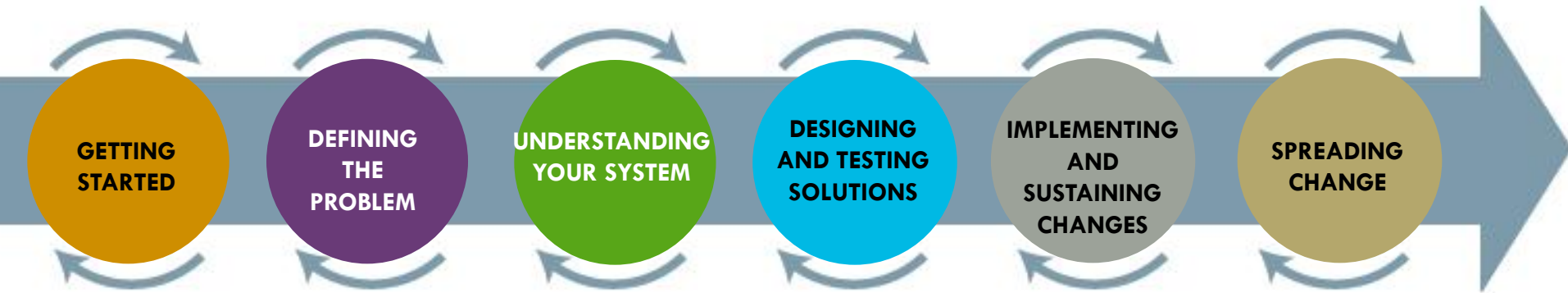
Activity

CONSIDER THE TEAMS IN YOUR HOME.

**HOW ARE THEY LIKE OR UNLIKE QUALITY
IMPROVEMENT TEAMS?**



QUALITY IMPROVEMENT FRAMEWORK

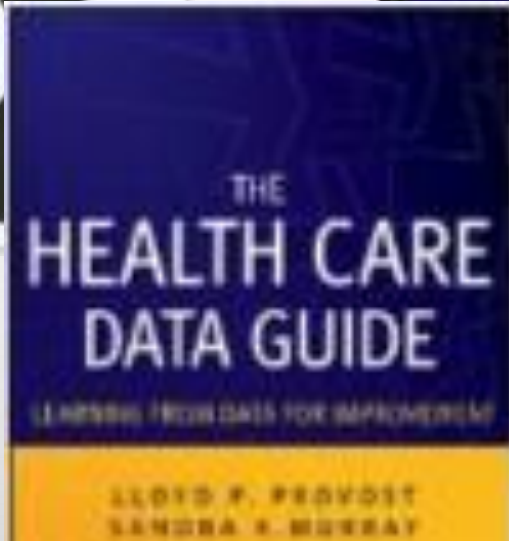
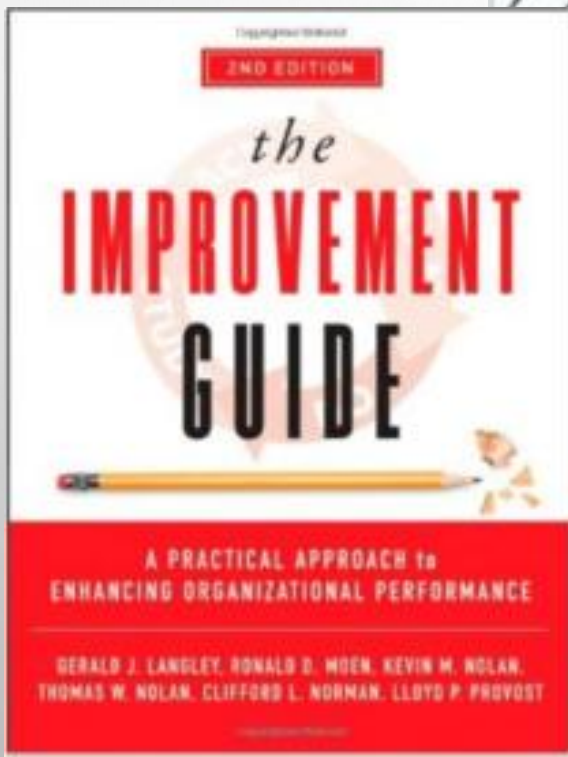
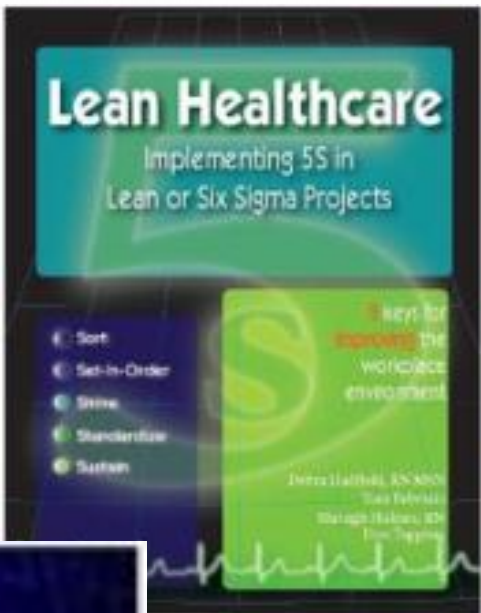
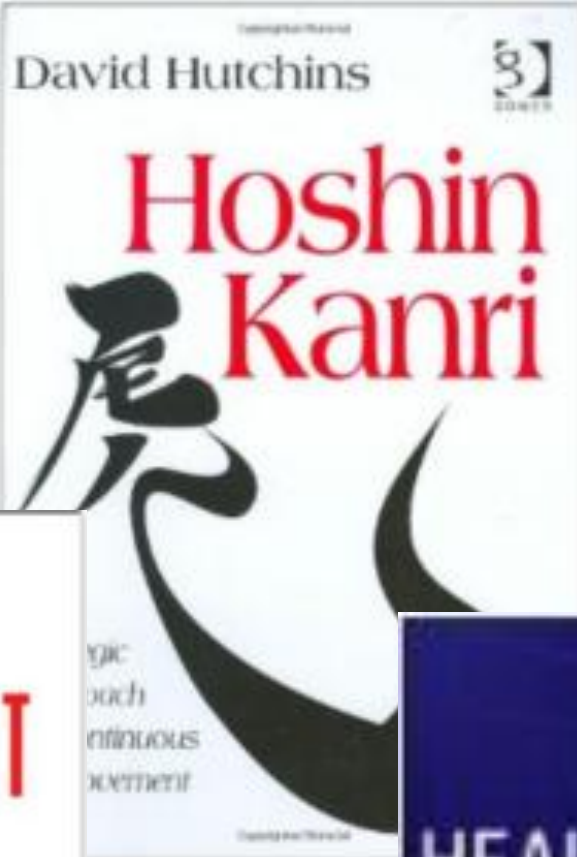


Falls: Percentage of residents who had a recent fall (in the last 30 days) – Q2, FY 2013/2014 eReports

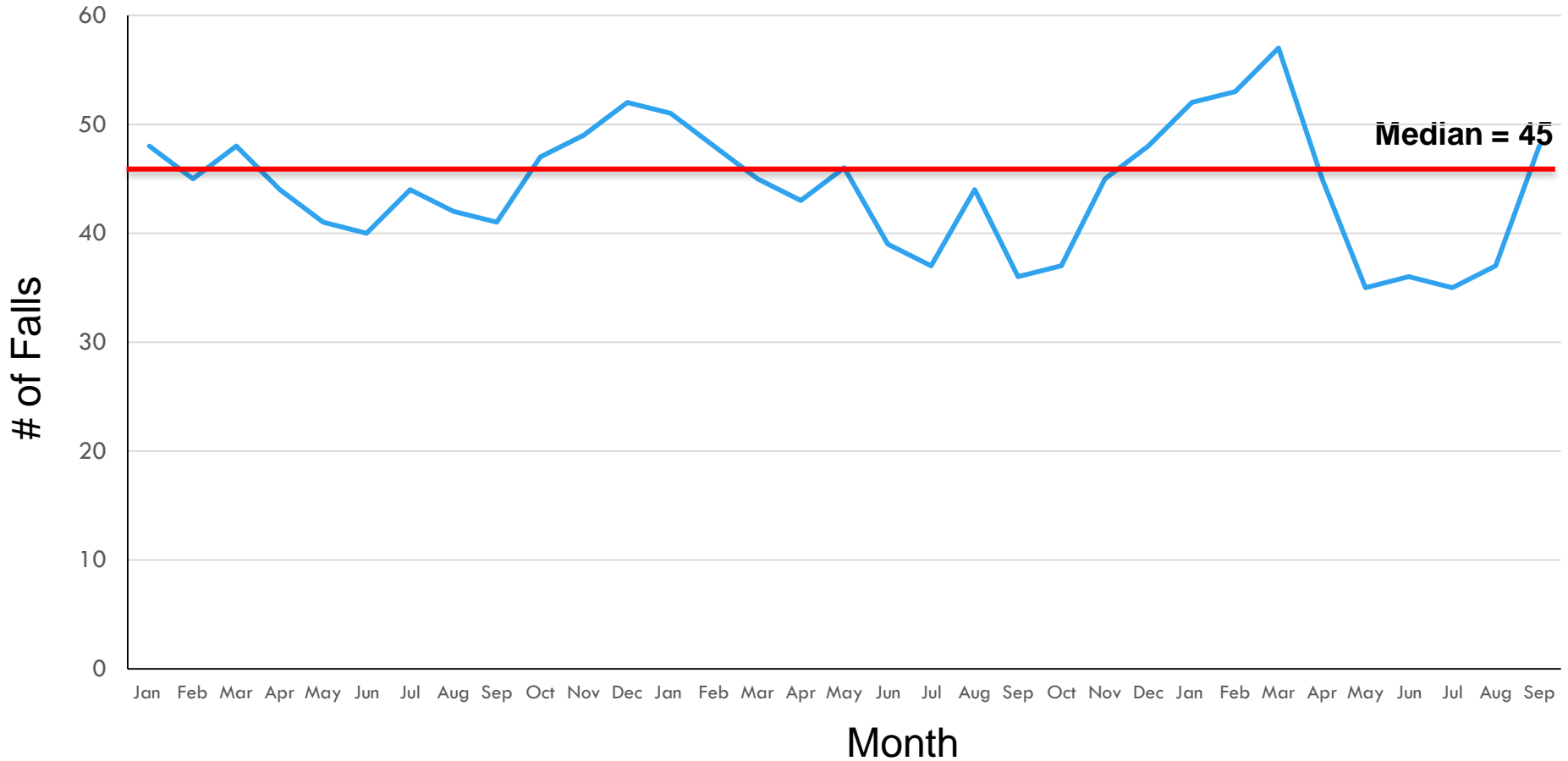


A FEW CANADIAN DAYS LATER...





Blackfish LTC: # of Falls Jan 2012 - Sept 2014

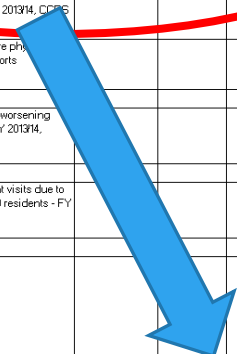




Long-Term Care Home Quality Improvement Plan Workplan

2014/15

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MEASURE			
Measure/Indicator	Current performance	Target for 2014/15	Target justification
Falls: Percentage of residents who had a recent fall (in the last 30 days) - Q2 FY 2013/14, CCRS eReports	18%	9%	Provincial average of 13.6%, Provincial target of 9%

Source: MOHLTC LTC Homes Website



AIM STATEMENT

The Aim of _____ **BLACKFISH LTC** _____ is to

REDUCE THE NUMBER OF FALLS_by _____ **50%**____ (**at the median**)

(improvement) from _____ **45**____ (current performance) to _____ **22**____ (goal performance)

by _____ **30 / 06 / 2015**.



Project Charter

QUALITY IMPROVEMENT PROJECT CHARTER WORKSHEET	
Project Title:	
Team Leader:	Executive Sponsor:
Team Members:	
Name:	Position & Organization or Department
Patients/clients/family who will benefit:	Types of clinical & administrative staff, suppliers, etc. involved:
Problem / Opportunity Statement (what's wrong with quality?)	
Aim Statement (what are we trying to accomplish? Numerical target for improvement, over what time?)	
Measures (how will we know if we are improving? Outcome, process and balancing measures?)	
Change Ideas (what can we try that will result in an improvement?)	
Business Case (are health system costs reduced by addressing the problem?)	
Link to Strategy (corporate or Ontario Ministry of Health & LTC priorities)?	
Term of Project (start and stop dates):	Project budget:
Estimated time required for staff participation:	



Activity

TAKE A LOOK AT THE QIP IN FRONT OF YOU.

ARE THESE THE INDICATORS THAT YOUR HOME WILL FOCUS ON? DO YOU HAVE OTHER INDICATORS YOU WILL WANT TO FOCUS ON?

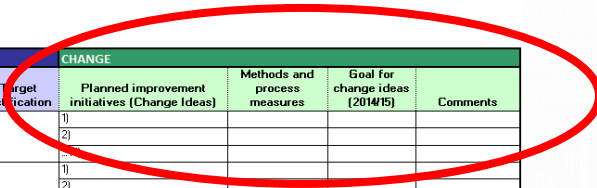
DO YOU KNOW WHAT YOUR REPORTED PERFORMANCE IS? DO YOU HAVE AN IDEA OF A TARGET FOR IMPROVEMENT?



Long-Term Care Home Quality Improvement Plan Workplan

2014/15

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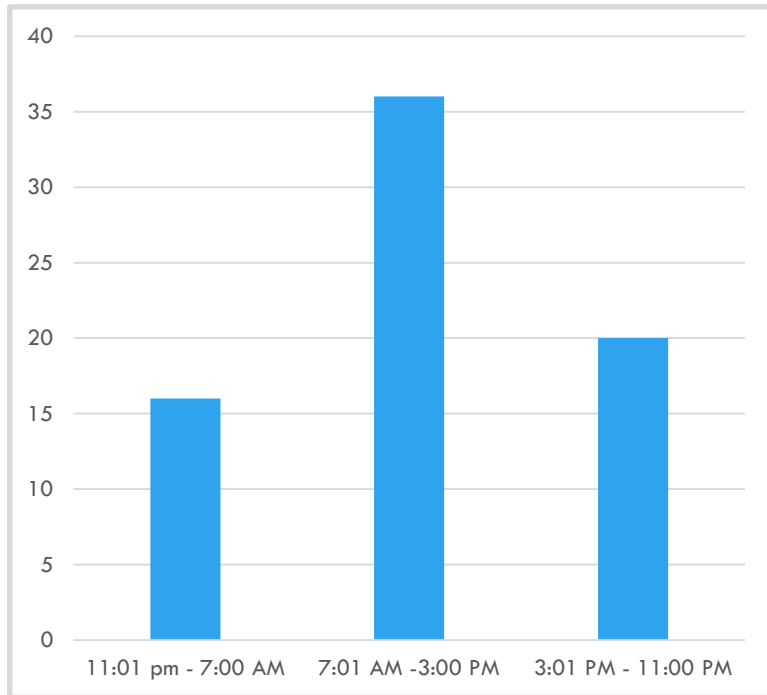


CHANGE			
Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2014/15)	Comments
1)			
2)			
... N)			



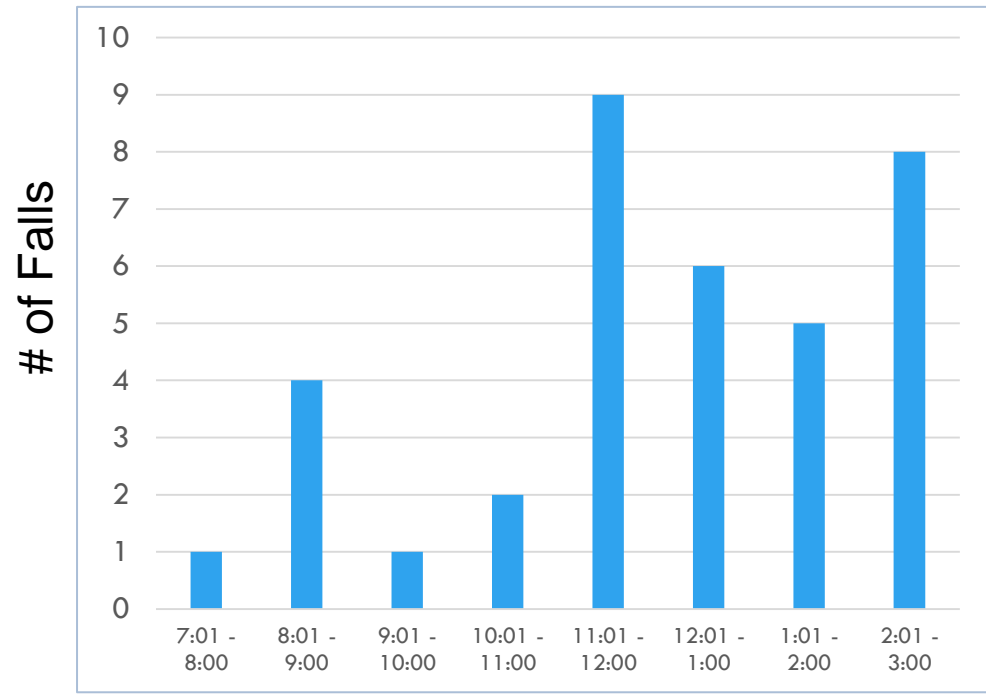
DIGGING INTO THE DATA

of Falls/Shift
(Nights, Days, Evenings)



Shift

of Falls/Hour
(Day Shift)



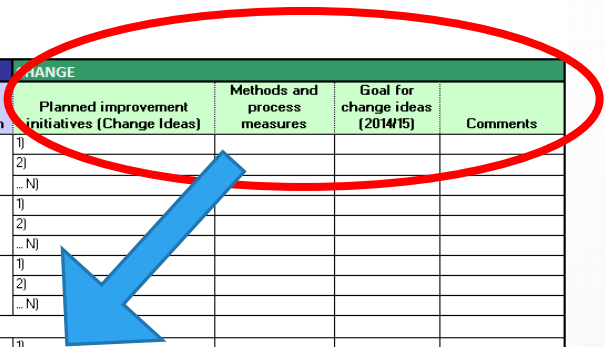
Hour of the Day



Long-Term Care Home Quality Improvement Plan Workplan

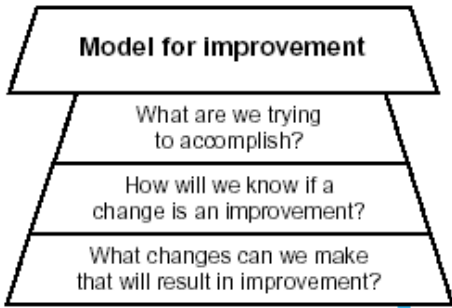
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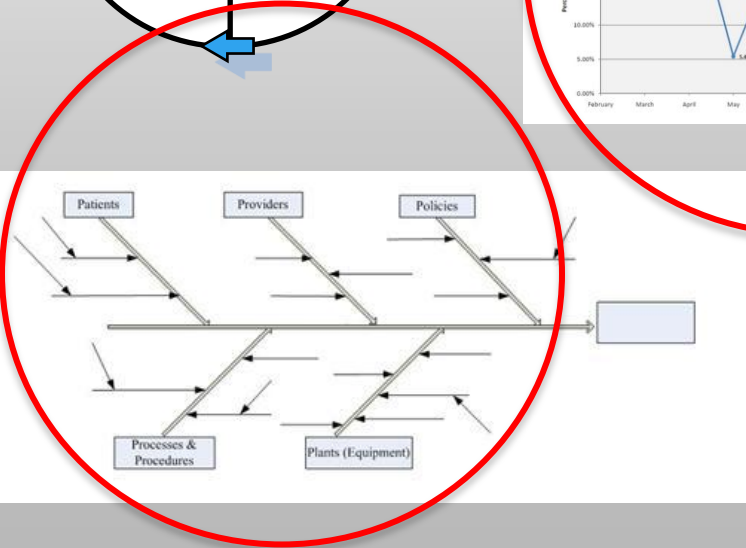
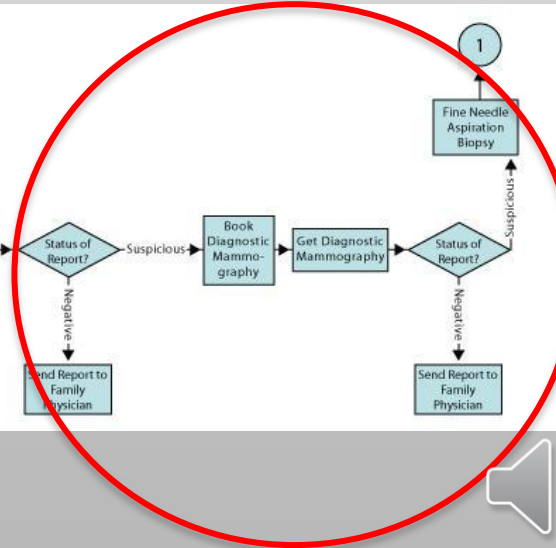
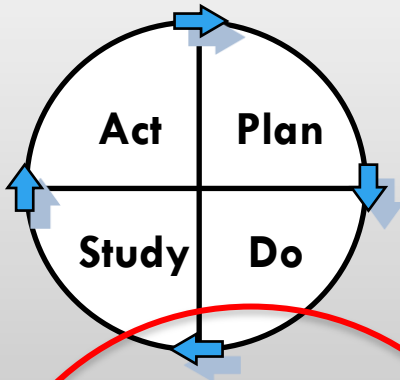
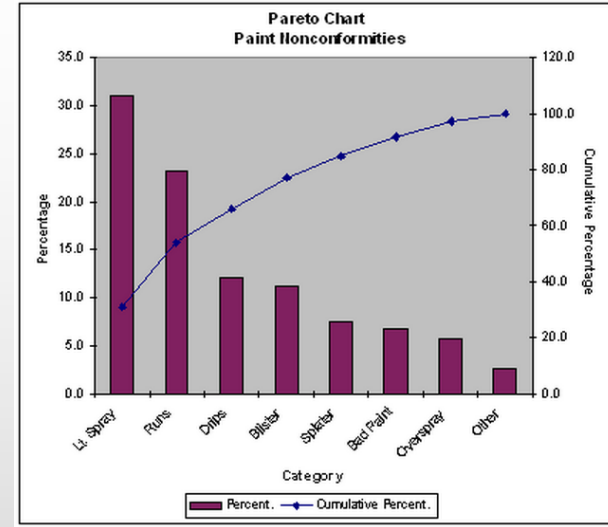
		CHANGE		
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	<i>Space for additional indicators</i>			
	Resident-centred	Receiving and utilizing feedback regarding resident experience and quality of life		
<i>Space for additional indicators</i>				
		1) Evaluate and design or re-design the Falls Assessment process.	<p><u>Methods:</u> Conduct VSM, identify bottlenecks, and put new processes in place. Communicate to staff, family and residents.</p> <p><u>Measures:</u> # of falls assessments fully completed quarterly as indicated by RAI-MDS guidelines.</p>	<p>100% of falls assessments are complete completed correctly according to RAI-MDS timelines.</p> <p><u>Deadline:</u> Feb.27th, 2015</p>
		2) Evaluate and design or re-design the Post-Fall Huddle process.	<p><u>Methods:</u> Conduct VSM, complete process map for huddle and implement. Communicate to staff, family and residents.</p> <p><u>Measures:</u> # of post-falls huddles completed compared to total falls.</p>	<p>100% of falls have a post-fall huddle.</p> <p><u>Deadline:</u> Feb.27th, 2015</p>
		3) Design a process for the team to suggest falls prevention interventions from the Post-Falls huddle. Complete the process by testing different interventions, agreeing on the best and implementing.	<p><u>Methods:</u> Conduct VSM, complete process map for suggesting and testing 'real-time' interventions. Implement. Communicate to staff, family and residents.</p> <p><u>Measures:</u> # of post-falls huddles interventions that are tested and measured for effectiveness.</p>	<p>100% of post-fall huddle interventions are tested and evaluated for timeliness and effectiveness</p> <p><u>Deadline:</u> June 23rd, 2015</p>





改善

kai "change" zen "good"



Activity

REFER AGAIN TO YOUR QIP

WHAT KINDS OF CHANGE IDEAS MIGHT YOU DISCUSS WITH YOUR TEAM? ARE THERE SYSTEM-LEVEL PROCESSES THAT YOU MIGHT BEGIN WITH?

ARE THERE OTHER CHANGES IN THE FORM OF BEST PRACTICES THAT COULD IMPROVE THIS INDICATOR?



COMPLETED QIP

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SUSTAIN AND SPREAD THE CHANGE

- GOVERNANCE
- MEASURES
- TEAM WITH TRACTION
- RECOGNITION
- WORD OF MOUTH
- LEVERAGE THE KNOWLEDGE



CONCLUDING REMARKS

- START EARLY
- BUILD A MOTIVATED TEAM
- START SMALL
- USE DATA THAT IS RELEVANT AND MEANINGFUL
- A STRONG QIP IS A STRONG FOUNDATION FOR BOTH IMPROVEMENT AND OPERATIONAL EXCELLENCE



IN NEED OF SUPPORT? GLL AND QI CONSULT CAN HELP!

GLL Management
Consulting
Making Operational Excellence Stick

Gen Lukenda-Lund
E: gen.l.lund@gllconsulting.com
Tel: 514.449.5250
www.gllconsulting.com

Qi
CONSULT

Patsy Morrow
E: patsy.morrow@qiconsult.ca
Tel: 416.892.9616

