

Improvement Charter

A written plan, sometimes called an Improvement Charter, is a documented plan to guide the work of your team. Charters are useful for projects because they:



Improvement Charter Example

Organization, facility or site:

E.J. McQuigge Lodge

Executive sponsor:

A QI team must have leadership support in order to make system wide, lasting change. Make sure that you have leadership engagement from the start to make it easier!

Anita Garland, R. N.
Administrator

Team lead(s):

It is often good to have co-leads on the work so it can continue if there are any staffing challenges.

Sherry R RPN
Lynsey Dietican

Team members:

A QI team should generally have 5-8 people (at least three) to support diverse opinions and experiences, as well as share the work, making it a team effort.

What are we trying to accomplish?

Aim statement – What will improve? By when? By how much? Example: We will reduce the number of falls with injuries in the Smith LTC Centre by 50%, from 12 per month to 6 per month by December 2021.

We will reduce skin condition concerns by 10% by April 6, 2023

How will we know that a change is an improvement?

Measures – what can we track to show us how we are doing?

Outcome measures:

- *# of falls per month*
- *# of falls with injury per month*

Process Measures:

- *Percentage of Residents with Completed Falls Risk Assessment on Admission*
- *Percentage of Residents with Completed Falls Risk Assessment Following a Fall or Change in Medical Status*
- *Percentage of "At Risk" Residents with a Documented Falls Prevention/Injury Reduction Plan*
- *Percentage of Residents Designated "At Risk" and Risk Status Communicated*
- *Percent of residents With Completed Fall Risk Assessment Following a Fall*
- *Percentage of incident reports following a fall*

Balancing Measure:

- *Use of physical restraints*

Review the number of skin concerns first week of each month

Review those at high risk or as status changes monthly

Ensure skin assessments are completed with quarterly Nursing Care Plan Review

What changes can we make that will result in improvement?

Change ideas – what changes can we test to improve care?

Example: Our change ideas include:

- 1. Conduct risk assessment for falls for all residents at admission/re-admission, a change in status.*
- 2. Develop an updated Plan of Care, based on risk assessment and use visual cues to easily identify residents at high risk for falls with injuries.*
- 3. When a resident is identified at risk for falls, ensure that staff implements one intervention at a time, to evaluate effectiveness.*
- 4. Develop and conduct an inter-disciplinary post-fall assessment to identify contributing factors to the fall with injury (e.g., vision, gait, continence, medications, environment, behaviour/cognitive status, footwear, change in health status, the time of day the fall occurred).*

Context and/or information unique to your home that will help tell your home's quality improvement story:

- High number of residents with impaired mobility*
- High number of cognitively impaired residents*
- High number of incontinent residents*
- High number of residents with more than 10 medications*

CHANGE IDEA – Will preventive measures such as turning/repositioning and use of booties every two hours decrease skin concerns

Are NCPs reflective of the risk assessment

Add to NCPs if needed the following:

Make Dietician aware of skin concerns

Review staff compliance and documentation on each resident's Plan of Care Documentation

Review with staff each shift during huddle

Further Skin Care Education will be provided March 22, 2023

How will we manage the improvement project?

How will our team work together? Who will do what? What are key dates?

Your team should work to come up with a plan that works for you and your timeline. Please note that you should be meeting to review the data at least once a month to determine if you should adapt, adopt or abandon the changes that you are testing, and see if you are making progress toward your aim (without negatively impacting other parts of the system).

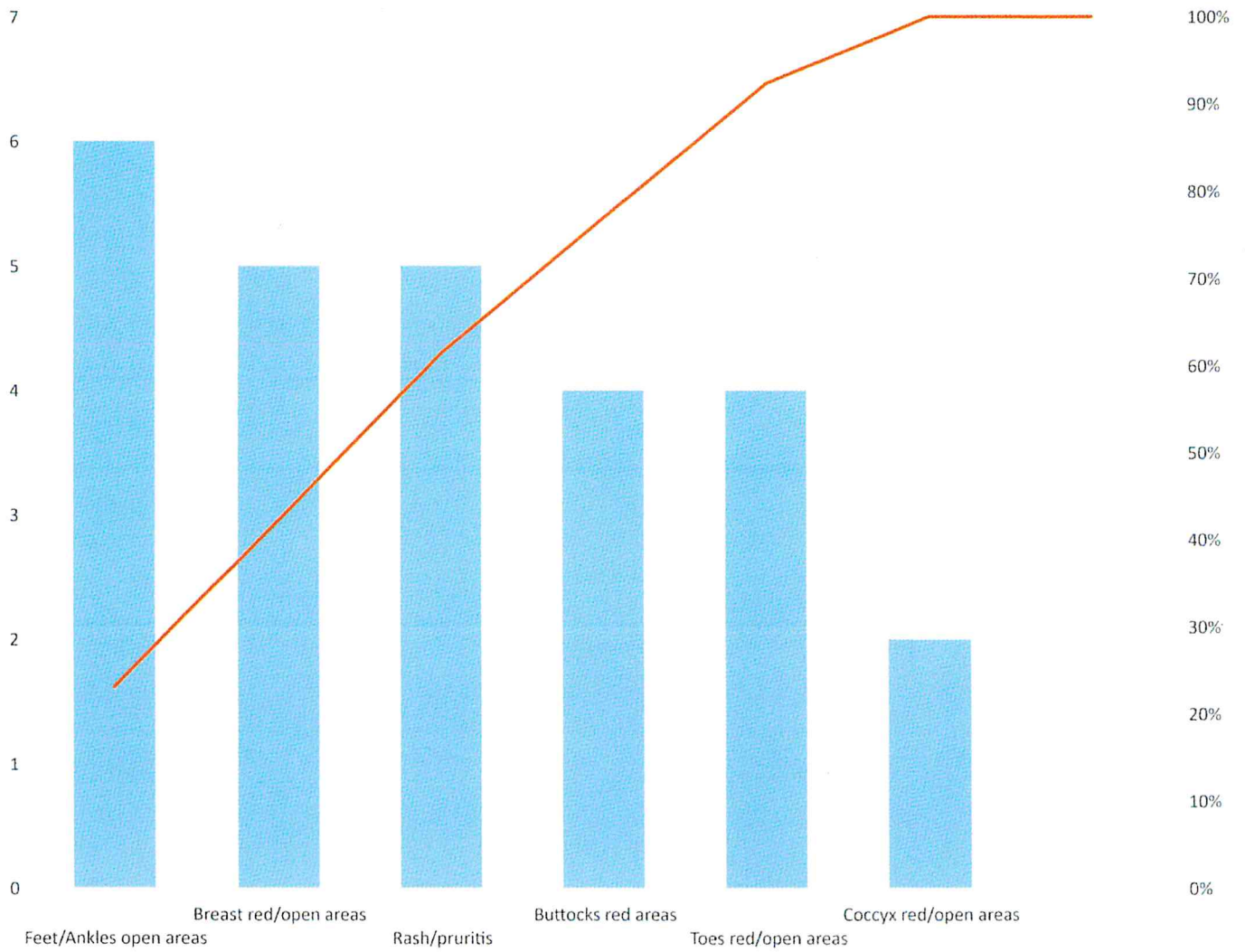
Post the Quality Improvement Plan on Board in Staff Room

Review the QIP processes with staff education

Post on staff portal on website to share by email with all staff

Review statistics first week of Each Month

Wound Tracker February 2023



PROBLEM DATA

PROBLEM AREA	OCCURRENCES	PERCENT OF TOTAL	CUMULATIVE PERCENT
Feet/Ankles open areas	6	23.08%	23.08%
Breast red/open areas	5	19.23%	42.31%
Buttocks red areas	4	15.38%	57.69%
Coccyx red/open areas	2	7.69%	65.38%
Toes red/open areas	4	15.38%	80.77%
Rash/pruritis	5	19.23%	100.00%

Resident	Wound/Type	Rash/Treatment	Resolved
G. Atherton		Rash- Groin/Hydrocortisone Hands/Face-Urisec	Ongoing
H.Barrie	Red area, coccyx	Barrier Cream w/care	Ongoing
S.Clendenning	Open are, Left breast	Interdry	Ongoing
I.Connor	Skin breakdown on feet	Monitor, Booties	Ongoing
P.Elmy	Red area to buttocks Skin breakdown foot	Silicone with care Bootie	Ongoing Ongoing
S.Fitzgibbon	Rash on back	Hydrocortisone 1%	PRN
E.Frederick	Dry skin on feet	Remedy cream at HS	Ongoing
H. Holgate-Reid	Dry/Itchy Areas	Hydrocotrisone 1%	PRN
B.Kerr	Nephrostomy site	Dressing changes OD/PRN	Ongoing
	Left foot irritation/Rash	Betamethasone	Ongoing
H.McEvoy	Red area coccyx	Monitor and Silicone	Ongoing
L. Moore	Stage 2 Left outer ankle	Dressing and Monitor	Ongoing
M.Murray	Stage 1 left outer ankle	Dressing and Monitor	Ongoing
C.Naylor	Reddened heels	Booties	Ongoing
H.Oosting	Bunion, L Great Toe	Dressing and monitor	Ongoing
L.Reimann	Right Breast open area	Dressing and Monitor	Ongoing
M.Reimers	Right Breast open area Left breast open area Abd Fold open area	Monitor Interdry Foam dressing	Ongoing Ongoing Ongoing
B.Roberts	Right Breast open area	Monitor	Resolved 2/7/2023
G.Root	Left Foot-rash	Betamethasone OD	Ongoing
H.Sneldjes	Rash throughout	Betamethasone PRN	Ongoing
M.Spedding	Scratch on Left buttock Red area on coccyx	Dry dressing Silicone with care	Ongoing Ongoing
J.Steele	Stage 1, outer aspect of left ankle	Dry dressing	Ongoing
M.Terry	Open area, right shin Open area on buttocks	Dry dressing Silicone with care	Ongoing Ongoing
E.Wagner	Open area to right neck crease Red area under left breast Red area under left Axilla Necrotic outer aspect, left foot, small toe	Silicone Silicone Silicone Foam dressing, BID and PRN	Ongoing Ongoing Ongoing Ongoing
J. Webb	Second toe, right foot Reddened area	Dry dressing	Ongoing
	Open area, right, rear, upper arm	Foam dressing	Ongoing

J.Webb	Mole left side of neck and base	Saling, skin prep, optisite	Ongoing
	Open are right ankle	Optifoam	Ongoing
	Right great toe, open area	Dry dressing	Ongoing