2023/24 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

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AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Timely														
	Efficient	Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	51742*	10.98	10	Provincial average: 18.50, Oct 2021-Sept 2022		We are significantly below the provincial average. This can be contributed to having a consistent medical team (MD/NP) present in the home to develop goals of care throughout the resident's illness trajectory (at admission, during resident care conferences and with any significant changes in status) and discuss the benefits of and approaches to preventing ED visits prior to the need to arrange transfer to hospital.	Transfers and ER visits are tracked on PCC's Hospital trackin portal and reviewed quarterly at PAC meetings.	The Home will remain below the provincial average and continue to maintain its current performance.	Registered staff, NP and MD will continue to provide feedback regarding benefits of and approaces to preventing ED visists to residents and family members. Changes in health conditions and goals of care will continue to be promptly communicated to all members of the care team, residents and their family members.	
Theme II: Service Excellence	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	51742*	92.31 (based on Q55 on the resident satisfaction survey)	90	Goal for target performance set to maintain a high rate of excellence in resident-centred care		More frequent communication between residents and management staff.	Continue with monthly Resident Council meetings. At each meeting include an open forum for residents to discuss how well they feel staff listen to them, to provide open and honest feedback.	Areas of concern identified by residents to be addressed and brought forward at weekly management meetings with the rest of the senior management team. Any concerns identified at Resident Council meetings to be put in writing and directed towards the appropriate departmental manager for resolution.	100% of Resident Council meetings to include discussion regarding resident perceptions on how well staff listen to them and if their needs are being met.	
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	51742*	75.57 (average of Q55,57 and 66 from the resident satisfaction survey)	90	Improve percentage of residents responding positively. Goal for target performance set to reach a high rate of excellence in resident-centred care		Continue to provide staff with education upon orientation and annually. Education on Residents' Bill of Rights, Zero Tolerance for Abuse and Negelct, and Mandatory Reporting Requirements.	Utilize surge learning platform for annual education requirements. The following education and policies to be reviewed at monthly Corporate Orientation sessions, open-forum discussions to be had.	Management team to review number of staff/care-related complaints received by residents reported to the DRC.	Goal is to have minimal written complaints on a monthly basis, stay below 1 complaint at the most.	
Theme III: Safe and Effective Care	Effective														
	Safe	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	51742*	5.65	5	Provincial average: 21.4%, July 2022-Sept 2022		We are significantly below the provincial average. This can be contributed to having a consistent approach to using alternative interventions and approaches to prevent the need for antipsychotic medication use.	A quarterly report will be reviewed by the MD/NP. Individual plans to reduce medications will be implemented by MD/NP with nursing team and BSO involvement, including a plan for residents experiencing low risk behaviours or who do not have symptoms of psychosis.	Number of residents wo are being provided antipsychotic medications without a symptom(s) of psychosis.	To remain well below the provincial average for residents treated with antipsychotic medications without a diagnosis of psychosis.	
Equity	Equitable														