

2024/25 Quality Improvement Plan for Ontario Long Term Care Homes
 "Improvement Targets and Initiatives"

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) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)															
Access and Flow	Efficient	Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	51742*	6.52	6	The goal is to improve by 50% each year, working toward the theoretical best target of 0 (data suppression). The target for 2024 is a reduction to 4, and in 2025 decreasing another 50%. Goal is to have our data suppressed when the 2025 QIP is released.		Ensuring resident's goals of care are assessed and respected with regards to ED transfers and improving clarity of documentation of these goals.	The process of developing nuanced goals of care will begin during the admission process. The Nurse who is completing the admission will have a conversation about whether the resident would like CPR or not. Thereafter, based on the resident's level of functioning and with acute and gradual changes, the Home's Medical Director (or Nurse Practitioner) will discuss goals of care with the resident and POA as needed. Ideally, the initial conversation will occur during the resident's first care conference at 6 weeks post-admission. This will give the resident time to settle in, and allows care providers to develop a trusting relationship with the resident before having this conversation. The medical practitioners will document details of these discussions in the resident's eHR so that all clinical team members have access to this information.	Staff will complete a survey now and in 6 months re: ease of use and accessibility of these discussions in the resident's eHR. The Home's Pain and Palliative Care Committee will also track changes using data collected with End of Life Surveys completed with the resident's families.	Improvements in survey responses. Targets to be determined.	Our current goal of care document is antiquated and not legally binding and the OLTC has been encouraging replacement with more nuanced and individualized goals of care discussions. We will trial this process and continue to refine it with time.
Equity	Equitable	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	51742*	CB	100	Our target of 100% is set to ensure all employees have received education on equity, diversity, inclusion, and anti-racism (EID-AR).	An EID-AR Plan has been developed by the HPA-OHT and therefore adopted by Knollcrest.	All employees at the Home will be assigned mandatory modules of education on EID-AR. Additionally, the leadership team will organize educational opportunities at monthly Town Hall Meetings and inservices to promote professional growth, self-awareness, and enhanced communication with the goal to develop employees' skills for fostering and promoting an inclusive respectful workplace for everyone.	A survey measuring one's inclusivity or biases will be completed prior to and periodically throughout the next year in order to measure change.	The leadership team will analyze the survey results, determine a baseline and set goals and plan further improvements based on feedback from employees.	Targets to be determined when survey is selected.	
	Safe	Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	51742*	16.38	14	Our target is set to be achievable, reasonable and sustainable. 14% is below the provincial rate of 15.54%. Our goal is to reduce our rates by 10% each quarter until we reach our target of 14%.		In recognition of the risks of polypharmacy in long-term care residents, our clinical team will track the number of residents on 3 or more CNS-active medications. This metric is consistent with Ontario Health prescriber reports.	Pharmacy will flag residents who are on 3 or more CNS-active medications during their quarterly medication reviews. This will provide an additional opportunity for prescribers to assess appropriateness of the involved medications which can be associated with negative effects including mental clouding and fall risk.	Statistics for the number of residents on 3 or more CNS-active medications will be tracked during quarterly medication management meetings.	Number of residents on 3 or more CNS-active medications will be reduced by 10% through the next year.	
											New equipment including the 'Ex N Flex' will be implemented to compliment our robust restorative care program.	The restorative program coordinators will collaborate with physiotherapy services to ensure the residents are working with the correct equipment to build strength, tolerance and balance leading to fewer falls.	Decreased number of falls.	Trending downward to reach and surpass our goal of 14.	