

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

Lakeside LTC Centre 150 DUNN AVENUE, Toronto , ON, M6K2R6

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	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	54481*	19.15	18.50	Provincial Average		1)1) Implement/reassess formalized communication system to alert and monitor resident change in status on a daily basis	1) Implement morning meeting process to review key areas such as change in condition, ED transfers on a daily basis .	1) # of morning meetings held daily	Formalized communication system to alert and monitor resident change in status	
											2)2) Increase awareness of reasons for ED transfers and changes in condition.	2) Review trends on monthly basis for changes in status that result in ED transfer and develop action plan to address 3) Provide the data to the physician team during quarterly PAC meetings to review trends	2) # of residents reviewed monthly 3) # of educational opportunities provided to staff	Process to increase awareness of ED transfers and changes in condition will be in	
Theme II: Service Excellence	Patient-centred	Percentage of residents responding positively to: "I feel my goals and wishes are considered and	C	% / Residents	In house data, NHCAHPS survey / April 2022 - March 2023	54481*	58.8	85.00	Extendingcare Target		1)1) Utilize a resident specific approach to plan of care based on individual needs and preferences	1) complete " All About Me" assessment tool for new admissions and current residents who do not have this completed as yet. 2) Update plan of care based on expressed needs and preferences and review with resident quarterly.	1) # of assessments completed on new admissions monthly # of assessments completed on current residents 2) # of plans of care updated monthly # of plan of care reviews completed with resident quarterly	A resident specific approach to plan of care based on individual needs and preferences	
											1)1) Implement Town hall meetings to engage residents and families feedback on a regular basis	1) Implement Town Hall meetings virtually or in person involving all department managers at minimum on a quarterly basis so residents and families can provide feedback and hear needed updates about the home .	1) # of town hall meetings held on a monthly basis	Town hall meetings will be held on a regular basis to engage resident and family	
Theme III: Safe and Effective Care	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	54481*	31.41	17.30	Extendingcare Target	Medisystem, BSO	1)1) Implement medication review process for all residents on antipsychotic medications	1) Complete standardized and systematic review of all residents currently on antipsychotics using an interdisciplinary approach.	1) # of medication reviews completed on a monthly basis.	Standardized medication review process will be implemented by June 2023	
											2)2) Engage BSO to review potential triggers for responsive behaviours	2) Involve BSO resource to review potential triggers and assist with implementing effective strategies to decrease behaviours when reducing antipsychotics.	2) # of residents reviewed by BSO for potential triggers and alternatives to antipsychotic medications on a monthly basis	Process for engaging BSO in review of potential triggers when decreasing	
											3)3. Residents admitted on antipsychotics will have this discussed at their admission care conference.	1. Physicians & Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics by the time of the admission care conference. 2. If appropriate, Pharmacy consultant will make recommendations for tapering antipsychotics.	1. # of new residents who are on antipsychotics who are reviewed by Pharmacy consultant. 2. # of pharmacy recommendations to taper antipsychotics of new admissions.	All new residents on antipsychotics will have medication reviewed by	
		Percentage of LTC residents who had a recent fall (in the last 30 days)	C	% / Residents	In house data, InterRAI survey, NHCAHPS survey / April 2022 - March 2023	54481*	15.4	15.00	Extendingcare Target	Achieva, Arjo, BSO	1)1) Root cause analysis of falls occurring in home to determine strategy for risk mitigation	1)Falls huddles to be completed by interdisciplinary team after each fall to review and determine strategy to mitigate further falls	1) # of fall huddles completed by interdisciplinary team on a monthly basis	Root cause analysis of falls occurring in home to mitigate risk will be implemented by	
															2)2) Implement comfort rounds process (4 P's) for residents with high fall risk and new admissions
		Percentage of LTC residents who were physically restrained daily	C	% / Residents	In house data, InterRAI survey, NHCAHPS survey / April 2022 - March 2023	54481*	1.1	2.50	Extendingcare Target	Achieva, BSO	1)1) Review utilization of alternatives to restraints	1) Review all residents on daily restraints and consider alternatives that can be trialed 2) Hold Meetings with family members/residents to discuss alternatives to restraints	1) # of reviews completed on a monthly basis 2) # of meetings held with family members/residents to discuss alternatives to restraints	Review of utilization of alternatives to restraints will be completed by Oct	
															2)2) Enhance awareness of least restraint strategy with LHIN's and other stakeholders to create restraint reduction plans
Percentage of residents who had a pressure injury that recently got worse	C	% / Residents	In house data, InterRAI survey, NHCAHPS survey / April 2022 - March 2023	54481*	2.2	2.00	Extendingcare Target	3M, Prevail, Wound,Ostomy and Continence institute of Canada, Women's College Hospital	1)1) Enhance assessment process for pressure injuries	1) Accurate wound assessment and product selection education provided for all Registered staff	1) # of education sessions provided to Registered staff monthly	Wound assessment process for pressure injuries will be enhanced by July 2023			
													2)2) Enhance nutrition focus as part of a holistic skin health program	2) Involve Registered Dietitian in plan of care when resident has pressure injury to ensure adequate hydration and nutrition for healing.	2) # of referrals to Registered Dietitian monthly