

2023/24 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"



West Park LTC Centre 82 BUTTONWOOD AVENUE, Toronto , ON, M6M2J5

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	
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	54337*	19.66	17.80	Goal is to strive to meet Toronto Central LHIN's average of 17.8%.	Humber River Hospital	1)Communicate PreviewED scores to physicians/NP to ensure the residents are seen in a timely manner	#1. Registered staff to communicate with NP if residents flag a PreviewED score of 2 #2. Registered staff to communicate with NP & Physician if resident flags a PreviewED score of 3 or more	# of PreviewED flagged residents communicated to physicians/NP	All residents with a score 2 or more will be seen by an NP or Physician	
											2)ED transfer committee to focus on residents who are repeatedly sent to hospital and their co-morbidities	Look & discuss trends related to reason for transfer to mitigate from occurring	# of residents who have been sent to ED more than once to be discussed	All resident who have been sent more than once to be discussed	
											3)Review focused literature on clinical problems that most often cause ED transfers with the goal of finding best practices/other	NP & Medical Director to conduct research and bring back to multidisciplinary team for discussion & trial	# of focused literature researched	To trial/implement strategies identifies that are suitable for our home	
											4)Collect data on the home's ED visits from 2018-2022 and analyze with the goal of identifying areas of opportunity	NP to collect data and identify areas of opportunity for home to work on	# of opportunities found	To implement opportunities identified that are suitable for our home	
Theme II: Service Excellence	Patient-centred	Percentage of residents who responded positively to the statement, "Overall, I am satisfied with communication from home leadership".	C	% / LTC home residents	In-house survey / 2023	54337*	80	80.00	New indicator for the LTCC. Goal is to maintain current level for a second consecutive year. West Park LTCC is above Extencicare average of 70.5%.		1)Education to front line staff directed at customer service, communication, listening and approach	To utilize online/classroom training to help support and educate the staff on customer service, communication, listening and approach techniques.	Percentage of full time and part time staff educated.	All full time and part time staff to be educated and to achieve an 80% on a post education	
											2)Implement a suggestion box on each floor.	1) Create/purchase a suggestion box and place on each floor. 2) Educate staff, residents and families to utilize for feedback or to express concerns.	Percentage of suggestions received by staff, residents and families.	All suggestions will be reviewed by management team.	
											3)Implement management & Physican picture board on main floor with title so resident knows who they are and can speak to.	1) Pictures to be taken of all managers and physicians. 2) Reach out to vendors to provide designs & order board. 3) Implement board in a visually appealing place on main floor. 4) Educate board to staff, residents and families.	Percentage of managers pictures & titles up on the board	All managers & physicians' pictures & titles to go on the board and to be kept up to date.	
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	54337*	9.58	13.50	More acute resident's being admitted to LTCH.		1)NP to continually review/assess residents who fit within this quality indicator to help reduce it further	1. NP to be included in the homes Antipsychotic Reduction Team 2. NP to provide feedback and input to the physicians on medications and the effects it has on the residents	# of residents reviewed/assessed who fit within this indicator	All residents who fit within this indicator to be reviewed/assessed by NP, continually	
											2)Have the pharmacist onsite every week to help reduce residents who fit within this indicator	Pharmacist to review residents who fit within this indicator and collaborate with multidisciplinary team including physicians, NP, DOC/ADOC, Behavioural Lead and staff	# of residents reviewed who fit within this indicator	All residents who fit within this indicator to be reviewed by Pharmacist	
		Percentage of residents who have fallen in the last 30 days.	C	% / LTC home residents	CIHI CCRS / 2023	54337*	13.6	13.50	13.60% is from Q2 2022 which is the most recent CIHI data at this time. Q1 2022= 14.50%. 2021= 14.47%. Goal will be to at 13.50% for 2023.		1)Implement Fall posters in all resident rooms with 4 the "P's" (Pain, Position, Placement and Personal Needs).	1) Create fall poster. 2) Educate staff on the importance of the 4 P's. 3) Place in all resident rooms.	# of fall posters placed in resident rooms.	All resident rooms to have a fall poster.	
									2)Fall audit to be used focusing on fall intervention compliance.	1) Create fall audit outlining specific fall interventions the home uses (night light, bed/chair alarm, fall mat, non slip socks, hip protectors etc). 2) Conduct audit at least twice per week to ensure fall interventions are in place. 3) Correct & educate staff as required.	# of residents whose interventions have been audited for compliance	All residents who have fall interventions to be audited throughout the year.			
									3)Host a Fall Prevention week in March to heighten awareness - games, prizes, posters/charts with falls & times, steps to mitigate etc.	1) Create educational materials, games, prizes, posters and charts to put out. 2) Interact with residents, staff and family's staff during week to raise awareness of our falls and how to mitigate them	# of residents, staff and visitors interacted with	To interact with as many residents, staff and visitors as possible during the week			

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)