

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

AIM	Column1	Measure	Column2	Column3	Column4	Column5	Column6	Column7	Column8	Column9	Change	Column10	Column11	Column12	Column13
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)															
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					Working towards Champlain LHN average	SB Clinical Consultant	1) Education on improving Nursing process and SBAR communication tool.	1) All Registered Staff will be educated by the DOC/ADOC in Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. 2) All Registered Staff will be re-educated by the ADOC on SBAR communication and documentation process 3) Post instructional guide on how to use SBAR at the nurses station for quick reference. 4) review SBAR at risk management morning meeting daily	1) # of Registered Staff attended the Nursing Process and SBAR education 2) number of times SBAR was used when writing a progress note.	1) 100% of all OV registered staff will be educated on the Nursing Process and SBAR communication and documentation by July 31/23	DOC/ADOC will help assist and coach nursing staff with recognizing signs and symptoms of resident condition to potentially avoid ED transfers.
											2) Initiate "My Wishes" program in the home	1) Train the trainer education with recreation, nursing departments and the Social Service Worker 2) review with resident and family council	1) # of Staff trained on the My Wishes program. 2) number of residents who are eligible that participated. 3) number of times program is discussed at resident council and family council	1) #1) Interdisciplinary team will receive training/education on how to complete the "my wishes" program. #2) Number of staff trained on how and when to use PPS. #3) Number of avoidable hospital transfers by July 31/23 . 3) decrease avoidable ED visits by 30 % by March 31/23	
Theme II: Service Excellence	Patent-centred														
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents					corporate target	RNAO	#1) Increased participation in resident council including attendance to the home's CQI committee and other required program meetings.	#1) resident council and CQI meeting posters throughout the home posted 2 weeks before the scheduled date. #2) Ensure resident concerns and opinions are heard by engaging residents in the process. #3) Invitation to join the required programs meeting will be provided during resident council meetings #4.) Acknowledge and recognize residents participation, #5) Staff education on person centered care through RNAO best practices.	#1) Number of attendance record from resident council and CQI meetings, #2) Number of residents participation in required programs, #3) Number of input/feedback from residents during meetings, #4) Number of Staff education on person centered care through RNAO best practices.	Increase the resident's opinion on "I" can express my opinion without fear of consequences" to 95 % December 31/23	
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					Meet cooperate target	GMOT team	Launch antipsychotic initiative	1) educate staff on the use of deprescribin algorithm. 2) BSO lead uses tracking tool of all residents taking an antipsychotic, tracks diagnosis, dose, behaviour. 3) review tracking tool at Monthly meetings with antipsychotic deprescribing team which includes BSO team recommendation; 4) Educate registered staff on the risk of using antipsychotics medications.	1) # of staff educated on use of deprescribing algorithm 2) # of registered staff educated on risks of antipsychotic use.	1) 100% of registered staff will be educated on the algorithm and the risks associated with use of antipsychotic	The Home is collaborating with the interdisciplinary team, Pharmacist and Medical Doctors with the appropriate intervention and deprescribing of antipsychotic medication that will have less impact for our residents
											1. 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. # 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 pharmacy consultant prior to admission care conference by October 2022.	