

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

"Improvement Targets and Initiatives"

Southbridge Care Home 100 JAMES STREET, Seaforth , ON, N0K1W0

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	51215*	12.96	10.00	Lower ED visits to meet provincial average.		1)Recruit and on-board Nurse Practitioner in collaboration with Medical Director and sister LTC home.	ED, DOC and Medical Director recruit Nurse Practitioner to support medical care in home. Advertise and post in Jazz HR, Southbridge Care Homes site and through the Medical Director's community of practice. Collaborate with sister LTC home to provide full time hours.	1)Number of NP resumes screened, reviewed and interviewed with medical director and sister home. 2) number of days applicant sits in the Jazz HR pipeline.	1) 100% of qualified Nurse PR actioner applicants will be interviewed for position in	
											2)Educate the registered staff on using their assessment skills and internal resources prior to sending residents to the	Assign education to registered staff through on-line platform, Surge learning and review at next registered staff meeting.	Number of registered staff educated on available resources in the home and how to utilize their assessment skills.	100% of registered staff will be educated on medical options available in home.	
Theme II: Service Excellence	Patient-centred	Resident experience: I can express my opinion without fear of consequence from home staff or leadership.	C	% / LTC Home residents	In house data, NHCAHPS survey / 2021	51215*	87.5	95.00	increase current performance by 7.5% to increase Southbridge Care homes overall performance.		1)Program Manager will interview resident to ensure they understand question without fear of consequences.	Resident interviews will be conducted twice annually by the Program Manager.	Number of resident interviews completed.	100% of residents will be interviewed by the Program manager for comprehension.	27 surveys initiated and 27 surveys returned.
											2)Residents will be re-educated of Whistle Blower protection in addition to including in the admission package and annually	Whistle Blower policy shared in welcome package and at annual care conferences. The program manager will include new education during resident council meeting and minutes will be posted for those to read that did not attend.	Number of residents re-educated in whistle blower protection policy.	100% of current residents will have the Whistle Blower policy reviewed within 6 months	
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	51215*	29.09	17.30	Continue to reduce use of antipsychotics to meet corporate goal.		1)Assess each resident plan of care using antipsychotics for best possible resident outcome with Medical Director, Director of Care	RAI/MDS quarterly assessments will be completed with Medical Director and Director of Care and determined if a reduction program is appropriate for that resident.	Number of resident RAI/MDS assessments reviewed.	100% of resident assessments will be reviewed by the end of their next quarter and	
											2)Develop partnership with Medical Directive, Nurse Pr Actioner, Director of Care and registered staff to evaluate resident diagnosis	Quality initiative reviewed quarterly, interdisciplinary at Professional Advisory Committee meetings.	Number of reviews of resident use of antipsychotics without supporting diagnosis at PAC meetings	100% of residents receiving antipsychotics without diagnosis.	
											3)Educate Medical Director and registered staff on resident care options to address reduction of antipsychotics.	Medical Director complete annual education as assigned through FLTC Act, 2021. Registered staff complete annual assigned education through Surge Learning.	Number of registered staff educated, Medical Director educated.	100% of registered staff and Medical Director will be educated on alternative	