

# 2024/25 Quality Improvement Plan for Ontario Long Term Care Homes

## "Improvement Targets and Initiatives"

Oakwood Park Lodge 6747 OAKWOOD DRIVE, Niagara Falls, ON, L2E6S5

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)	51545*	23.42	20.00	To continue to strive to reduce the number of residents transferred to the ED for the modified list of ambulatory care sensitive conditions.		1)Increase/strengthen registered staff knowledge and assessment skills.	Connect and collaborate with internal and external resources for education opportunities for front-line registered staff to enhance assessment skills.	Education is provided in a timely and efficient manner for identified topics.	100% of registered staff will be educated on tools to enhance assessments skills.	
											2)Educate all registered staff on the Modified List of Ambulatory Care-Sensitive Conditions.	Provide education through handouts and possibly Surge education of the list of Ambulatory Care-Sensitive Conditions.	Education is provided in a timely and efficient manner to registered staff, thereby increasing their awareness of the importance of prevention of/exacerbation of some of these conditions (ex COPD, septicemia).	100% of registered staff will be educated on the Modified List of Ambulatory Care-	
											3)Provide families with education on interventions that can be provided at the Home and the benefits of the resident remaining in a	Ensure tracking of the number of visits to the ED that are initiated by family.	The number of ED visits that are initiated by family will decrease.	The number of unnecessary ED visits will decrease to 20% by the end of the year.	
											4)Prior to sending to ED, Registered staff will ensure that they consult with the NP or MD to determine if resident could be treated in	Develop a tracking sheet that will monitor if the MD or the NP was consulted prior to the transfer of the resident to the hospital. Investigate the use of Hospital Tracking Portal in PCC as a different alternative.	There will be improved communication between the Home and the NP/MD prior to resident being transferred to hospital and the number of ED visits will decrease.	In 75% of the transfers to hospital the NP or MD will be consulted thereby	
Equity	Equitable	Percentage of staff (executive-level, management, or all) who have completed relevant equity,	O	% / Staff	Local data collection / Most recent consecutive 12-month period	51545*	CB	100.00	To ensure all staff receive education related to equity, diversity,		1)All staff will complete relevant equity, diversity, inclusion and anti-racism education.	All managers have already completed education on these areas. By the fall of 2024, all staff will have been provided with education (either in-person or through Surge).	Percentage of staff who have completed the appropriate education.	100% of staff will have received education/training on equity, diversity, inclusion	
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well	O	% / LTC home residents	In house data, NHCAPPS survey / Most recent consecutive 12-month period	51545*	CB	80.00	To provide evidence of an effective trust and working relationship		1)Continue to encourage residents and family members to provide suggestions, input and feedback.	Continue to make ensure that residents and families have a contact person they are comfortable coming to if they have suggestions, input or feedback. Present survey and survey results at family and resident council.	There will be increased participation with survey and the positive response to above survey question.	The Home will strive for 100% positive responses to this question by the end of the	
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAL survey / Most recent consecutive 12-month period	51545*	CB	80.00	To provide evidence of the ability of caregivers, support staff and managers to build trust with residents and family members.		1)Educate residents/families from point of admission about the importance of expressing their opinion and that they have a valued role	Timely follow up and response to resident/family member queries will be instrumental in encouraging residents/family members to communicate an opinion to the care giving team when needed.	Track responses to this question on electronic survey tool annually.	The Home will strive for 100% positive responses to this question by the end of the	
Safety	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	51545*	16.58	12.00	To improve our current performance as evidenced by a reduction in the number of falls by 4.5%.		1)Increased focus on fracture prevention. Work with pharmacy and MD to ensure that all residents at risk for fractures are on	Tracking will be done through review of Critical Incidents.	Number of fractures with falls will decrease.	At least 75% of all residents with risk factor for falls and fractures will be receiving	
											2)Strengthen our current falls prevention committee (including registered staff, PSW, physio department and recreation) to discuss	Meet monthly. Fall lead will provide information on monthly tracking to identify trends, high risk fallers, residents with multiple falls.	The number of resident with multiple falls will decrease.	By decreasing the number of residents with multiple falls, our goal is to have an	

											3)Implement Falling Leaf/Star program and educate staff on the program.	Provide education sessions on Falling Leaf/Star Program to all PSW and Registered Staff on all units on all shifts. Audit and monitor progress to ensure implementation.	The percentage of PSW and registered staff who received the education on the implementation of this program.	100% of PSW and Registered staff will have received education on Falling Leaf/Star	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	0	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	51545*	20.07	15.00	To work on decreasing the percentage of residents without psychosis who were prescribed an antipsychotic medication by 5%.		1)Assess residents who are receiving antipsychotic medication without a diagnosis of psychosis.	Continue to use in-house audits, QI trends and pharmacy reports to identify those who may benefit from medication reassessments.	Residents who are on antipsychotic medication will be reviewed routinely and as needed. Alternatives will be explored in collaboration with multidisciplinary team (Responsive Behaviour meetings, Staff meetings and Care Conferences PRN).	The percentage of residents without psychosis who were prescribed an antipsychotic		
										2)Registered staff will receive education related to responsive behaviours/personal expressions,	Work with community partners (Pharmacy, PRC, BSO, and SMHO) to obtain higher level in-service opportunities for registered staff. Utilize Surge for learning modules on responsive behaviours for non registered staff.	Encourage staff to attend in-services held by community partners either internally or externally.	Staff will continue to enhance their understanding on how to provide care for residents		