

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

"Improvement Targets and Initiatives"



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ESCENT PARK LODGE
DIVISION OF CONMED HEALTH CARE GROUP

AIM		Measure						
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target
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)	51535*	16.44	10.00
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	51535*	11.11	100.00
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, NHCAHPS survey / Most recent consecutive 12-month period	51535*	96.3	100.00

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 wo

		Percentage of residents who responded positively to the statement: "I can express my	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	51535*	98.15	100.00
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	51535*	8.29	8.00
		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	51535*	26.88	17.30

		Change	
Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods

Working on this indicator) C = Custom (add any other indicators you are working on)

We feel that this is a realistic achievable goal.		1)Increased education to staff regarding managing mental health behaviours.	GPA, PRC involvement and education.
		2)Increase safety equipment use to prevent injuries related to falls.	Collaborate with residents and family to educate and ensure proactive safety interventions in place to meet residents needs.
		3)Dedicated IPAC lead to consult as needed for appropriate infection control measures to minimize potential for	Auditing of PPE and hand hygiene to promote compliance with staff
We hope to have all staff educated in the upcoming year either by in person training		1)To ensure all staff receive applicable training on cultural sensitivity by the end of the year.	This is to be incorporated through our online learning platform.
Realistic goal based on current performance.		1)For any family members who do not attend care conferences, we will send out a paper copy of the survey with prepaid return	Satisfaction survey results will be reviewed at CQI/PAC.

Realistic goal based on current performance.		1)For any family members who do not attend care conferences, we will send out a paper copy of the survey with pre paid return	Satisfaction survey results will be reviewed at CQI/PAC.
We feel that 8% is a reasonable target, as it is already below the provincial average of 16.5%		1)Implementation of safe storage of footrests when not in use to prevent missing equipment and reduce risk of falls related to	Storage bags for footrests applied to each resident's wheelchair for easy storage and access for staff when needing to put into place for safe portering.
		2)Recertification of resident safe handling team leads to ensure access to trainers on shift for all direct care staff.	Corporate training provided for team leads and training for direct care staff provided during orientation shifts.
		3)Promotion of interdisciplinary collaboration including the resident and their family, nursing and physio to	Adoption of RNAO clinical pathways admission assessment to ensure family involvement from admission onward including a focus on resident safety.
We feel this is a realistic, achievable goal that is below the provincial average.	Dr. Spencer, Dr. Scher, Dr. Gholam	1)Run report of prescribed antipsychotics quarterly to ensure coinciding diagnosis on file.	This will be done in conjunction with out CQI/PAC meetings.
		2)Incorporation of Delirium clinical pathway on admission to ensure registered staff are able to identify and set	Education for all registered staff regarding clinical pathways.
		3)Collaborate with pharmacist during three month medication review to highlight any need for indication of antipsychotic	Nursing managers to discuss this with pharmacist lead
		4)Implementation of pharmacist led medication reconciliation program.	Ensures an indication for use for each medication ordered at time of admission.

Target for process measure		
Process measures	Target for process measure	Comments

decrease in transfer to hospital related to mental health behaviours.	decrease in ED transfers to meet our target goal.	
Decrease in number of injuries related to falls.	Decrease in number of transfer to hospital as per target goal.	
Statistics reviewed at CQI/PAC and education scheduled as needed	Decrease in transmission of infection and need for hospitalization related to	
Will be reviewed for completion by end of year cut off date.	To ensure 100% completion by the end of the year.	
To see an increase in response rates.	To meet our satisfaction goal of 100% satisfaction.	

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To see zero falls or injuries related to lack of foot rests.	To meet or exceed our corporate target.	
To see a decrease in falls related to unsafe transferring. Incidents reviewed at CQI/PAC	To meet or exceed our corporate target.	
Decrease in falls related to lack of or improper use of mobility aids.	To meet or exceed our corporate target.	
Number of residents with antipsychotics without a diagnosis will decrease.	To meet or exceed our corporate target goal.	
Recognition of delirium as opposed to an underlying diagnosis requiring long term medication.	All residents will be screened on admission and careplanned interventions	
Effectiveness of this strategy will be reviewed at CQI/PAC meetings with coinciding reports.	To meet or exceed the corporate target outlined.	
Review statistics quarterly with CQI/PAC.	To meet or exceed our corporate goal.	