

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

"Improvement Targets and Initiatives"



Millennium Trail Manor 6861 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	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the	54501*	20.09	18.00	"Transfer to the ED can pose significant health risks and make for an		1)Interdisciplinary team to review resident change in health status during Daily Clinical Rounds (M-F) and nursing huddle to facilitate	Through the QI committee meetings, there is ongoing collaboration with other health care providers on methods of reducing ED transfer. Continue educating families, POA/SDM, and residents upon admission to choose their ideal care goals at MTM. Provide them	1) At the resident care conference meetings, the ADOC or designate will discuss with the residents and their family members and review the current level of care and make changes if needed. 2) Level of care and goals will be thoroughly reviewed at each admissions and	Reduce the number of potentially avoidable ED visits by 10% by the end	Ongoing consultaion with NP/MD and education for registered
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	54501*	CB	100.00	Millennium Trail Manor strives to be a diverse, equitable and inclusive		1)100% of Millennium Trail Managers received training in equity, diversity, inclusion and anti-racism in September of 2023.	External Collaborator provided in person training at Millennium Trail Manor.	Completed Sept. 2023	100% completion	
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	54501*	87.36	100.00	"Survey is issued annually to residents and their families to measure		1)Continue to collaborate with residents and implement feedback on policies, quality improvements processes	Director of Recreation to continue to conduct Resident Council Meetings on a montly basis.	Director of Recreation to obtain feedback from residents at Resident Council meetings.	90% on annual Resident Satisfaction Survey for residents responding	
		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	54501*	83.15	100.00	"Survey is issued annually to residents and their families to measure		1)Increase resident knowledge of who to speak with when they have a concern by implementing a standing section in monthly	Director of Recreation to review Whistle Blower Policy and Complain Process at Resident Council Meetings in May and September, and implement "With Whom Should I Speak?" in April, June and September after consulting with Resident Council and obtaining	Residents indicate that they have a clear understanding of Whistle Blower Policy and Complain process through Resident Council Meetings. Residents express concerns without fear of consequences as they arise resulting in fewer formal complaints received by the home. Director	Increase percentage of residents who responded positively to the	
Safety	Effective	"Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or	C	% / LTC home residents	In house data, NHCAHPS survey / 2024	54501*	4.27	3.00	The nursing management will continue to educate all staff re assess PURS		1)Complete PURS risk assessment with each admission and with any change to skin integrity. Nursing management will	Complete PURS risk assessment with each admission and with any change to skin integrity. Nursing management will continue to educate all registered staff on wound management, treatments protocols and referrals as recived by the skin and wound program	Skin and wound management lead ADOC will audit at least ten residents per week to ensure residents continue to receive quality care in the home.	Residents experiencing worsening stage 2 to 4 pressure ulcer will be reduced by	The Skin & Wound Management Program lead ADOC will
		Percentage of Residents experiencing worsening pain at Millennium Trail	C	% / LTC home residents	CIHI CCRS / Q2, with rolling 4-quarter	54501*	10.43	9.00	Ongoing pain audits, QI pain committee meetings and consultation		1)DOC and ADOCs will review the 24-hour shift report daily. When pain assessments are completed, the RAI Coordinator will	May 2024 is the implementation date for RNOA Clinical Pathways Pain Assessment, to be completed on every admission.	Pain management lead ADOC will audit at least ten residents per week to ensure residents continue to receive quality of care in the home.	Residents experiencing worsening pain will be reduced by 1.5% by the end of	The Pain Management Program lead ADOC will continue to
	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	54501*	18.85	15.00	Ongoing pain audits, QI pain committee meetings and consultation		1)DOC and ADOCs will review the 24-hour shift report daily. When pain assessments are completed, the RAI Coordinator will	May 2024 is the implementation date for RNOA Clinical Pathways Pain Assessment, to be completed on every admission.	Pain management lead ADOC will audit at least ten residents per week to ensure residents continue to receive quality of care in the home.	Residents experiencing worsening pain will be reduced by 1.5% by the end of	The Pain Management Program lead ADOC will continue to
		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter	54501*	24.21	20.00	Antipsychotic medications may be useful in treating behavioural		1)1)A decrease in the indicator of number of residents on antipsychotic medications without diagnoses will demonstrate	1) Non-pharmacological management of responsive behaviours will be sought first prio to using antipsychotic medications by involving BSO, Behavioural Support Manager, therapeutic recreational activities, meaningful tasks completion. 2) Pharmacist- lead	Medication Management Lead-DOC will ensure that at the PAC/QIP meetings, nursing management and CareRx pharmacists will review the medication utilization report every three months. This report will show trends and statistical values for this indicator. The	The pharmacist will continue to collaborate with the medical practitioners, and	The Medication Management Lead-DOC and clinical pharmacist will