

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

"Improvement Targets and Initiatives"

Northview Nursing Home 77 RIVER ROAD, P.O. BOX 1139, Englehart, ON, P0J1H0

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
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	52205*	16.67	100.00	All Management staff have completed equity, diversity, inclusion and		1)Equity, diversity, inclusion and anti-racism education has been added to online training modules for all designation of staff. All	Surge Learning mandatory training modules	Ongoing review of reporting mechanism to confirm completion of course modules by all staff members	By November 2024, all staff will have completed the course	
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	52205*	96	100.00	All Residents should feel that they are being listened to by actively participating in the decisions and processes within the Home		1)All Residents living in the LTC home will be invited to their care conference and invite POA or Whomever they voice they would like to 2)All Residents residing in the LTC home will be invited and actively participate in the Council Meetings monthly to provide	Resource Nurse/DOC will ensure Resident is notified of their care conference date with advanced notice and meeting will occur in a private area that will allow the Resident to participate and speak freely, voice concerns etc. The Director of Recreation Services will ensure that all Residents' have advanced notice of all meetings by posting dates and verbally informing and reminding the Residents. Add the question "how well do staff listen to you" as part of the standing agenda of each monthly	Total number of residents who voiced that they feel listened reviewed at the time of care conference Total number of positive responses to rating how well Residents feel that the staff listen to them. Attendance noted at Resident Council meetings.	100% of Residents feel that their input is valued and acted upon and actively 100 % of residents will be invited to attend council meetings and voice any concerns	
		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	52205*	78.79	100.00	Our goal is to respond to and address all Resident/family issues with		1)The introduction of an online format via QR code scan and survey monkey link added to the existing paper copy format will	Online QR code and survey monkey access to Resident/Family Satisfaction survey as well as paper copy for those without internet access	Link has been initiated to review responses on an ongoing basis	100 % satisfaction with being able to speak freely	
		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	52205*	14.29	10.00	Monitor and assess each fall for risk management and intervention updates to reduce the number of falls		1)Implementation of routine use of Falls Tracker, analyzing and trending data to better prevent falls 2)Falls huddles for all Residents post fall to review cause, prevention interventions	Enter monthly data for review with Interdisciplinary Team including Resident and Family. Review quarterly data with Continuous Quality Improvement Committee for input and feedback for additional program improvements RN in charge will host Falls Huddle once the Resident is assessed and safe with staff on duty and will coordinate with the multidisciplinary team specifically for those Residents who have had multiple falls in a month	Evident by completion of monthly falls tracker and assessment Evident by completion and documentation of Falls Huddle in Residents documentation	Reviewed monthly for trends and individual identification of intervention Falls huddles for Residents will be completed for all residents who have had a falls	Preventative measures for Residents specifically that are High Risk for Ensure that falls huddles are in place and documented as per Falls
Safety	Safe	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	52205*	20.79	15.00	Ongoing clarification of diagnosis will assist in reducing the number of antipsychotic medications given without a psychosis or applicable		1)Review of medications and ensure diagnosis if accurate for all Residents receiving Antipsychotic medications 2)Provision of education to Resident/families and care providers on antipsychotics regarding importance of minimizing use and	Usage of the online medication incident report system and online education portal from pharmacy for better tracking, trending & analysis. Review all Residents on antipsychotics and determine if there is a supporting diagnosis. Interdisciplinary care team to review Discussion with Residents/Families on the effects of changes in antipsychotics during care conferences. Provide educational material from pharmacy on the effects of antipsychotic medications	100 % of Residents will have their diagnosis reviewed Reduction of antipsychotic usage or minimalized dosages	100% of Residents on antipsychotics without a supporting diagnosis will be 100% of residents ordered antipsychotics will have education/informa	Continue to monitor and track antipsychotic use Continue to monitor and track change idea progress

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)