2024/25 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Maple Park Lodge 6 HAGEY AVENUE, Fort Erie , ON, L2A5M5

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)

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
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)	54398*	14.73	12.00	We think this is a realistic goal based on our current statistics.	Dr. Scher, Dr. Gholam, Dr. Spencer	1)Improving an open line of communication between resident/family and health care team regarding a realistic	Discuss at time of admission and consult with physician as needed throughout trajectory to meet needs of resident.	Hospital transfers to be reviewed quarterly at CQI with the professional advisory committee.	To see a decrease in avoidable ER transfers to coincide with our corporate target.	
											2)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, as well as resident hand hygiene audits with meal service.	Statistics reviewed at CQI/PAC and education scheduled as needed	Decrease in transmission of infection and need for hospitalization related to	
											3)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.	Decrease in number of injuries related to falls.	Decrease in number of transfer to hospital as per target goal.	
											4)Improve our use of psychogeriatric resource consultant proactively to manage resident behaviours and staff	Review BSO involvement with residents weekly at quality and safety rounds and determine need for PRC involvement to assist with creating effective strategies.	To see a decrease in behavioural incidents over the next year and transfers to ED because of this.	To align with our corporate goal for ED transfers.	
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	54398*	6.67	100.00	This is a realistic goal based on our current statistics.		1)To ensure all staff recieve applicable training on cultural sensitivity by the end of the year.	This is to be incorporated through our online learning platform.	Will be reviewed for completion by end of year cut off date.	To ensure 100% completion by the end of the year.	
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	54398*	60.61	100.00	According to survey results - 61 results are satisfied, 5 not satisfied. This		1)For any family members who do not attend care conferences, we will send out a paper copy of the survey with pre paid	Satisfaction survey results will be reviewed at CQI/PAC.	To see an increase in response rates.	To meet our goal of 100% satisfaction.	
		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	54398*	65.63	100.00	66 surveys were completed and all 66 indicated a form of satisfied which		1)For any family members who do not attend care conferences, we will send out a paper copy of the survey with pre paid	Satisfaction Survey results will be reviewed at CQI/PAC.	To see an increase in response rates.	To meet our goal of 100% satisfaction.	
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	54398*	20.68	15.00	We think this is a realistic goal based on our current statistics and would like to coincide with our corporate goals.		1)Implementation of falling leaf program with the adoption of extendicare policies.	This is implemented on admission and incorporates ongoing assessment over the trajectory of their stay.	Falls will be reviewed weekly through our quality and safety rounds from an interdisciplinary perspective.	To meet or exceed our corporate target.	
											2)Implementation of a portering protocol for safe ambulation in wheelchair.	Staff educated that residents must have footrests on chair for staff to assist with ambulation, or POA consent for living at risk if foot rests are not available.	To see zero falls or injuries related to lack of foot rests.	To meet or exceed our corporate target.	
											3)Recertification of Resident safe handling team leads to ensure that there is an engaged and motivated trainer on each	Corporate training provided for team leads, and direct staff training provided during their orientation period.	To see a decrease in falls related to unsafe transferring. Incidents reviewed at CQI/PAC.	To meet or exceed our corporate target.	
											4)We promote an active collaboration including engagement of the resident and family with the nursing and physio	Adoption of RNAO clinical pathways admission assessment to ensure family involvement from admission onward including a focus on resident safety.	Decrease in number of falls related to improper or lack of mobility aids.	To meet or exceed our corporate target.	
		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	54398*	31.63	20.00	While we would like to coincide with our corporate goal of 17.3%, we think 20% would be a more realistic goal based on our current statistics.		1)Review all charts of residents with antipsychotic use.	Run report from smartlink of any residents with antipsychotic use and compare chart to ensure a coinciding diagnosis as applicacble.	ADOC will run report and review with appropriate physicians on their upcoming rounds date to ensure records are accurate. This will be completed by May 1st.	Decrease number of residents recieving an antipsychotic without a	
											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.	Recognition of delirium as opposed to an underlying diagnosis requiring long term medication.	All residents will be screened on admission and careplanned interventions	
											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.	Effectiveness of this strategy will be reviewed at CQI/PAC meetings with coinciding reports.	To meet or exceed the corporate target outlined.	
											4)Implementation of pharmacist led medication reconciliation program.	Ensures an indication for use for each medication ordered at time of admission.	Review statistics quarterly with CQI/PAC.	To meet or exceed our corporate goal.	