

## 2025/26 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 / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the	54501*	30.77	27.70	A 10% reduction is seen as a sustainable improvement over time and		1)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 consultation 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*	100	100.00	Target is 100% completion for 2025 for all new hire managers.		1)1)100% of Millennium Trail Managers received training in equity, diversity, inclusion and anti-racism in September of 2023, with a	External Collaborator provided in person training at Millennium Trail Manor, and will continue to train new management staff in diversity, equity and inclusion.	Surveys will be completed after the training to evaluate its effectiveness and to create a feedback mechanism.	100% completion for all new hire managers for 2025.	
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*	79.69	100.00	The goal of our home is to ensure that every single resident is		1)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 monthly basis.	Director of Recreation to obtain feedback from residents at Resident Council meetings.	100% 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*	82.81	100.00	The goal for our home is to ensure that all residents are completely		1)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 Complaint 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	Safe	Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	54501*	19.13	18.94	A 1% reduction is seen as a sustainable improvement over time,		1)1)DOC and ADOCs will review the 24-hour shift report daily. When falls assessments are completed, the ADOC lead will complete	May 2024 was the implementation date for RNQA Clinical Pathways Falls Assessment, completed on admission. New pharmacy process in place to refer to pharmacist for med review from a falls prevention perspective.	Falls prevention lead ADOC will audit all residents who have had a fall to ensure residents continue to receive quality of care in the home.	Falls will reduce by 1% in 2025.	The ADOC Falls Lead will continue to monitor the QI indicators for
		Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter	54501*	22.32	22.10	A 1% reduction is seen as a sustainable improvement over time,		1)1)1)A decrease in the indicator of number of residents on antipsychotic medications by involving BSO, Behavioural Support Manager, therapeutic recreational activities, diagnoses will demonstrate	1) Non-pharmacological management of responsive behaviours will be sought first prior 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