

2023/24 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"

West Park Health Centre 103 PELHAM ROAD, St. Catharines , ON, L2S1S9



Measure							
Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target
Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	51554*	14.04	14.00
	Percentage of residents responding positively to: "What number would you use to rate how well	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	51554*		
	Percentage of residents who responded positively to the statement: "I can express my	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	51554*		
Theme II: Service Excellence							

Is must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not w

		Number of residents who responded positively to the statement: "I am satisfied with the	C	% / LTC home residents	In-house survey / 2022 Resident Satisfaction Survey	51554*	82.1	85.00
		Percentage of residents' who responded positively to the statement: "I feel my goals and	C	% / LTC home residents	In house data collection / 2022 In-House Satisfaction Surveys	51554*	70.4	75.00
Theme III: Safe and Effective Care	Safe	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	51554*	37.11	21.00

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

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

Our facility goal is to maintain this indicator as we currently measure under the provincial average.	Southbridge Care Homes, Nurse Led Outreach Team, Medical Director	1)Initiate education to residents and families on admission regarding the benefits of in-home treatments VS	The home will provide education to residents'/SDM's on admission.
		2)Education to all Registered staff on improving Nursing process and SBAR communication tool.	1) All Registered Staff will be educated by the ADOC/DOC in Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. 2) All Registered Staff will be re-educated by the ADOC/DOC on SBAR communication
The current tool that the home uses does not include the question of,		1)	
The current tool that the home uses does not include the statement of, "I		1)	

Our target justification is to surpass the Long-Term Care Division overall		1)Staff will continue to receive education on the new Residents' Bill of Rights (Fixing Long-Term Care Home Act, 2021)	All staff will participate in annual education on the new Residents' Bill of Rights via the e-learning platform.
Our target justification is to surpass the Long-Term Care Division overall		1)Enhance the residents opportunity to actively provide input in quality-of-life activities.	Encourage the residents and substitute decision maker(s) to participate in Care Conferences.
Target justification is comparable to the provincial average. It also takes into account our facility demographic. While planning our target goal for this quality indicator we know our resident	Medical Director, Southbridge Care Homes, Care RX Pharmacy/ Pharmacist, Nurse Led Outreach Team	<p>1)Review use of antipsychotic medications monthly, including behavioral charting and observation.</p> <p>2)Certification of the Nursing team with Gentle Persuasive Approaches (GPA) in Dementia Care.</p> <p>3)Continue to involve external resources to assist in managing behaviors, prior to initiating antipsychotic medications.</p>	<p>1) "Pharmacist Consultant will provide a list of residents on prescribed antipsychotic and will be reviewed monthly by the medication management team via antipsychotic reduction meeting. 2) Educate staff on the use of de-prescription algorithm. 3) BSO lead uses</p> <p>Further education to be provided by qualified GPA coaches to the Nursing/front line staff to facilitate resident centered care.</p> <p>Involve resources such as Behavioral Supports Ontario BSO, Alzheimer Society and Psycho Geriatric resource team to assist in managing behaviors prior to medications.</p>

Target for process measure		
Process measures	Target for process measure	Comments

The number of residents'/SDM's receiving educations on admission/ The total number of residents admitted to the home.	100% of residents/SDM's that have been admitted will receive the education.	
1) # of Registered Staff attended the Nursing Process and SBAR education 2) number of times SBAR was used when writing a progress note.	100% of all WP registered staff will be educated on the Nursing Process and SBAR	
		This specific question was not included in the 2022 Resident Satisfaction
		This specific question was not included in the 2022 Resident Satisfaction

# of education modules completed/Total # of staff	100% of staff will complete education module by September 30, 2023.	
# of residents participated in the Care Conference/Total # of Care Conferences completed.	80 % of Care Conferences held will have a resident and/or substitute decision maker	
1) # of residents with prescribed antipsychotics reviewed monthly. 2) # of staff educated on use of deprescribing algorithm 3) # of registered staff educated on risks of antipsychotic use. 4) # of new residents who are on antipsychotics who are reviewed by Pharmacy	1) 100% of residents with prescribed antipsychotics will be reviewed	Outcome will be reviewed by the care team during monthly antipsychotic
# of GPA certificates/total #of Nursing/front line staff in the home.	100% of Nursing staff to be GPA trained by September 30, 2023	
# of referrals being made to external resource/Total # of residents with unmanageable responsive behaviors.	100% of residents with reported, unmanageable Responsive behaviors have	