



2019/20 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"

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) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	54509*	32.62	30.00	Continue to work towards the 2020 goal		1) Nurse Practitioners to provide education to registered staff on physical assessments such as chest assessments.	NP to provide guidance to registered staff on various physical assessments. The home will continue to utilize the NP's in assisting to reduce ED visits.	# of registered staff educated by NP on physical assessments. # of physical assessments completed by registered staff each month.	All full time registered staff will be educated on physical assessment skills	
											2) Annual Client Satisfaction Surveys will be completed by all residents who are capable of doing so.	Identify residents who are capable and agree to complete the survey. Life Enrichment staff will assist identified residents to complete the survey.	# of capable residents that complete the survey.	100 % of capable residents will complete the survey with the Life Enrichment staff in	
Theme II: Service Excellence	Patient-centred	Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	P	% / LTC home residents	In house data, InterRAI survey / April 2018 - March 2019	54509*	76.12	80.00	Continue to work towards the 2020 goal		1) Any positive or negative feedback from resident or family identified during care conferences will be brought back to the Management	Initial and annual care conferences will be held as per policy. Member of Management team will attend care conferences and bring forward concerns raised to the rest of the Management team.	# of concerns brought forward to Management team each month	All concerns raised at care conferences will be brought forward to the Management team	
											3) Increase resident satisfaction regarding food choices	A Theme day will be scheduled for each month with the Resident Council and Food Committee input which will include entertainment and theme food choices.	# of Theme days held in 2019	At least 1 Theme day a month will be done	
											4) Increase resident satisfaction regarding special relationships with staff	Develop individual resident "memory boards" with input from families, POA and resident to be placed in residents rooms. PSW assigned to new resident will attend the Admission meeting.	# of Memory boards developed. # of PSWs attending Admission care conferences.	50% of residents will have a Memory Board in place by Dec. 2019. All Admission Care	