

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

Measure							Change			
Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	External Collaborators	Change Ideas	Methods	Process measures	Target for process measure
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	17.37	17.40	We are currently performing better than the TC LHIN (26.9) & the provincial average (23.2). The target of 17.4 represents the 25th percentile 4 quarter rolling performance and reflects a 3.1% improvement over last year's target and translates to an avoidance of 99 transfers/year compared to the 2018/19 target of 120 transfers/year.		1) Incorporate family and emergency physician feedback into Acute Care Emergency Reviews (ACER).	Develop survey to capture family and physician perspective about ED transfer process. Track survey completion	% of completed surveys	At least 40% by Q3.
							2) Deliver education to registered staff on falls risk assessment tool.	Clinical educator will monitor participation rates.	% of registered staff who received training on the falls risk assessment	80% of registered staff have completed training on falls risk assessment tool by Q2.
							3) Sustain the Plan for Life Sustaining Treatment (PLST) and Goals of Care through monthly distribution of performance data to physicians.	Audit resident record and/or automated report developed to monitor PLST completion rates.	% improvement in overall PLST completion for all residents	At least 10% improvement in PLST by Q3.
Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days.	% / LTC home residents	Local data collection / Most recent 12-month period	CB	100.00	This is a new indicator and measures resident centeredness and responsiveness in the complaints process. By regulation, LTC homes are required to have complaints acknowledged and actioned within 10 business days.		1) Conduct current state map of existing complaints process. Based on the current state review, standardize the process for acknowledging complaints. Develop & implement a complaints form/tracking tool.	Apotex leadership to review use of new tool at monthly meetings	Complaints tracked on new tool	Current state map of complaints process completed by Q1; complaint documented on the tracking tool on the pilot unit by end of Q2. All floors using tracking tool in Q4.
							2) With input from Resident and Family Councils, develop resident centered communication tools to increase awareness of the home's process for reporting complaints	Monthly monitoring of the resident quality of life survey question about complaint awareness.	% improvement in resident's awareness of complaints process (% of residents who are aware of the process to initiate a concern/complaint)	5% improvement by Q4
Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL)	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	76.67	80.00	The target of 80% represents the international median performance of nursing homes who use the interRAI Quality of Life Survey	Seniors Quality Leap Initiative	1) Spread the 'All About Me' tree to all new residents	Manager to conduct audit of new admissions every month and report on number of trees completed	% of new residents who have a completed 'All About Me' tree in their rooms	80% of new residents on pilot unit will have an 'All About Me' tree in their rooms by Q2; 80% of new admissions have all about me tree spread on a second unit in Q3
							2) Implement strategies that enhance staff engagement in the workplace	Managers to hold at least 10 meetings with clinical staff and discuss strategies as a standing item	Number of strategies implemented that encourage positive staff - resident interactions	New strategies to be introduced in Q2
							3) Conduct an analysis of least desirable foods	Dietary staff to conduct audit of food wastage; FSS & team to obtain feedback from residents and families at Food & Resident's Council Committee meetings	# of food items wasted	Analysis of least desirable foods to be completed by Q1; 3 undesirable food items removed from menu based on food waste by end of Q2.
							4) Collaborate with the provider and partners from the Seniors Quality Leap Initiative to implement relevant components from the Quality of Life Toolkit	Participation in SQLI meetings; Monitor implementation of selected improvement tactics and the monthly changes in Quality of Life scores through the InterRAI surveys.	% of residents who respond positively that 'staff ask how their needs can be met'	At least 5% improvement in 'staff ask how my needs can be met'
Proportion of long-term care home residents with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	CB	CB	As this is a new indicator for Baycrest. 2019-2020 will be used to understand the current state. Therefore, our baseline data will be used as a measure of our current performance and once a baseline is established, a target can be set for future years.	Cedarvale Terrace, TC LHIN, Copernicus Lodge, Elm Grove Living Centre Inc., Garden Court Nursing Home, The Kensington Gardens, Maynard Nursing Home, Norwood Nursing Home, Oneill centre, Rose of Sharon, West Park LTC Centre, O Connor Court, O Connor Gate	1) Implement provincial LTC palliative Clinical Support Tool (CST)	Clinical educator to track registered staff who received training on tool.	% of registered staff and physicians receiving training on LTC palliative CST	70% of RNs, RPNs and attending physicians completed training by Q2. Tool implemented by registered staff by end of Q2.
							2) Participate in Toronto Central LHIN Palliative Approach to Care in Long Term Care (PACLTC) project (cohort #3 collaborative community of practice)	Clinical educator to track staff participation.	Interdisciplinary staff participation in LEAP LTC and QI training. Completion of the QI project charter for PACLTC at Apotex.	LEAP and QI training to be completed by end of Q2. Charter developed by Q3. Project implementation in Q4