2019/20 Quality Improvement Plan for Ontario Long-Term Care Homes
"Improvement Targets and Initiatives"
South Centennial Manor 240 Fyfe Street

| AIM | | Measure | | | | Current | | | Change | | | |
Issue	Quality dimension	Measure / Indicator	Type	Unit / Population	Source / Period	perform ance	Target	Target justification	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)

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Theme I: Timely and Efficient Transitions	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 / October 2017 – September 2018	31.63	28.50	We are striving to achieve a 10% reduction	1)Identify at-risk residents for emergency department admissions	Involve newly hired RN in identifying at-risk residents on a daily basis	Number of at risk residents who are identified and promptly seen by physician	100% at risk patient will be promptly seen by physician	
									2)Look for changes in health status and identify signs and symptoms that warrant involvement of medical staff	Introduce tools such as Emergency Department Utilization – Clinical and Organizational Change Concepts and Ideas	Percentage of tool implemented	100% tool implemented	
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days.	P	% / LTC home residents	Local data collection / Most recent 12-month period	CB	CB	Complaints received are acknowledged, but no formal process to collect and track this information.	1)Review policy for managing concerns and complaints in LTC to ensure these are managed and acknowledged in a timely manner	Work in collaboration with Patient Relations delegate from Hospital to create database	Percentage of policy reviewed	100% policy will be reviewed by July 2019	
									2)Develop formal process to track and trend activity using a database	Formal reports to be developed and shared at the Quality Committee of the board, Resident and Family councils and staff	Percentage of process developed and fully implemented	100% of process developed and fully implemented by July 2019	
		Percentage of residents responding positively to: "You and your loved ones	C	% / LTC home residents	In-house survey / April 2017-March 2018	72	79.20	We are striving to improve our current performance by 10%	1)Collect continuous feedback from residents	Resident satisfaction survey at care conference. Consider other sources such as medication reviews, resident's choice for dining menu.	Percentage of surveys received following care conferences	70% or greater response rate on experience survey	This indicator will be attached to Executive Compensation

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		are encouraged to participate in our care" (Agree and Totally Agree)							2)Keep residents and families informed about their condition and involving them in decision making in aspects of care including end of life	Provide training for staff regarding Resident Centered Care	Percentage of staff who received education	80% of staff to receive education by Dec 2019	
Theme III: Safe and Effective Care	Safe	Percentage of residents who experience harmful falls (level 2-6 severity on scale of harm)	C	% / Residents	In house data collection / Jan-Dec 2018	14.75	11.80	We are striving to decrease our current performance by 10%	1)Review falls prevention strategies for residents at risk of falling	Conduct post falls huddles and include staff, families and physician as required. Update falls screening at admission, quarterly , post fall and as needed	Percentage of residents with falls prevention strategies in place	100% of at risk residents will have falls prevention strategies in place	
									2)Consider updating RL6 reporting form to ensure all data required is captured.	Review mandatory reporting fields to ensure they capture details required to investigate falls. Update form as required.	Percentage of project completed	100% RL6 form reviewed and updated by July 2019	