

2024/25 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"



Rosedale Centre 507- 8th Avenue, PO BOX 70, Matheson , ON, P0K1N0

AIM		Measure								Change					
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)			Process measures	Target for process measure	Comments
										Methods					
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 long-term care residents	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	53583*	X	0.00	We strive to maintain a low rate (suppressed) for this site	1)Identify the primary causes of ED visits in order to determine key areas of focus to target prevention strategies and improve health service availability	a. Review each ED visit and determine reason for visit, preventative strategies and gaps in services. b. Review RAI complexity scores (CMI) to identify potential health status changes contributing to ED visit	% of incidents/CIS reviewed % percentage of resident CMI reviewed	80% of all incidents are to be reviewed		
Equity	Equitable	Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and belonging (including anti-racism) education	O	% / Active Staff	Local data collection / Most recent consecutive 12-month period	53583*	30	60.00	We are aiming to achieve 60% compliance in all LTCH	1)Provide Equity, Inclusion, Diversity, and Anti-Racism education to increase awareness and support equity planning	a. Have surge learning modules completed by all staff b. Engage local community partners for educational sessions and awareness training	% active staff who received education	60% for all of MICs LTCH homes		
Experience	Patient-centred	Percentage of residents who responded positively to: "You are your loved one are encouraged to participate in discussions about your care"	C	% / Residents	In house data collection / January-December	53583*	72.7	80.00	We are striving to increase the response rate for our resident experience survey to ensure residents feel heard	1)Fully implement the Resident and Family centered care RNAO clinical pathway and increase accessibility and communication on the resident care survey.	a. Review experience survey with resident and family council to ensure information and questions remain relevant to residents experiences b.Ensure experience survey is being completed during care conferences	% of completed Resident and family survey completion	We are focused on increasing our response rate by 20%		
Safety	Safe	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	53583*	10.34	9.82	We aim to decrease by 5%	1)Improve the Medication review process by re-establishing consistent medication review process with the team including the Care RX consultant for quarterly medication reviews.	a. Involve BSO Lead, physician and pharmacist in antipsychotic quarterly medication reviews and discontinue usage where possible. b. Audit and capture medication profiles accurately in RAI and PCC to reflect appropriate complexity	% of Residents taking antipsychotics reviewed by interdisciplinary team # of residents with reduced or discontinued antipsychotic medication	65% of Residents taking antipsychotics will be reviewed by the interdisciplinary team by March 31, 5% decrease in reflected performance number		