

2023/24 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"

Southbridge London 3715 Southbridge Ave, London , ON

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) A= Additional (do not select 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 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	96680*	28.38	19.80	Southbridge London home opened on August 25 2022. It is unclear if this is an accurate percentage reflecting the time we have been open. We are confident that this number can be decreased based		1)Active collaboration with Medical Director, Director of Care and Quality Improvement (QI) RN to decrease avoidable ED	Increased awareness of resident's change of condition resulting in attendance at the ED using the LHIN Resident Condition guideline.	QI RN to categorize ED visits to share with Medical Director and Director of Care to identify possible trends and interventions for reducing ED visits.	100% of residents who attend ED will be categorized for analysis and review.	
											2)Implement the Situation, Background, Assessment, Recommendation (SBAR) communication tool to reduce ED visits.	Education will be rolled out to all Registered Staff by May 2023. The SBAR tool will be utilized by Registered Staff to provide pertinent medical information to assist physicians in determining appropriate medical direct and decisions.	The percentage of Registered Staff that will undergo the necessary training of the SBAR communication tool.	100% of the Registered Staff will be educated in the use of the SBAR tool.	
											3)Early education provided to residents and families around the Palliative Pathway and Comfort Care Measures offered through	Monthly report to be generated identifying residents with an MDS RAI CHES score of 3 or more. Those residents and families will receive information on the Palliative Pathway and Comfort Care Measures offered by the Home.	Percentage of residents with a CHES SCORE of 3 or more will be identified	100% of residents with a CHES SCORE of 3 or more, along with their families will	
Theme II: Service Excellence	Patient-centred	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	96680*	CB	85.00	After opening the home in August 2022 we feel further gains can be made in this area and look forward to developing ongoing trusting relationships with our residents and families.		1)Residents will feel comfortable expressing their feedback, needs and concerns with all staff without fear of	The question "I can express my opinion without fear of consequences" will be raised at monthly resident counsel meetings to obtain resident input on ways to gain their trust and comfort in sharing opinions with staff and leadership.	The number of residents each month offering input at the resident counsel meetings will be acknowledged with an action plan for leadership follow-up	100% of all residents feedback to the question above will trigger an action plan by	
											2)All staff will provide the appropriate response, communication and support to residents when they are expressing their	Additional education will be provided for front line staff and leadership regarding Resident feedback, the homes complaint process, residents rights, appropriate responses when receiving feedback and for encouraging residents to express their opinions.	The percentage of staff and leadership who will participate in the education.	100% of all staff and leadership will participate in the education.	
											3)To enhance awareness and knowledge of the many ways residents can facilitate their communication and	1. Promote the role of the homes Social Worker and Chaplain as an open line of communication for residents. 2. Educate families and residents at the time of admission around the homes open door policy for all concerns, complaints and feedback. 3. Increase	All residents and families will be made aware of the different means to communication feedback in the home.	100% of all residents and families will have awareness of how they can	
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	96680*	20.31	17.30	This is a reasonable target based on the planned interventions to reduce antipsychotic usage.		1)Work with pharmacy and physicians to ensure that residents using antipsychotic medications have a consistent diagnosis	Regular review of pharmacy reports for those residents that are on antipsychotic medication to ensure they have a medical diagnosis and reason for documented use.	Regular monthly Pharmacy reports will be reviewed by Quality Improvement Nurse for the residents on antipsychotic medication. These reports will be provided to the treating physicians.	100% of the residents who have been reported as taking antipsychotic	
											2)Registered Staff will consistently document the effectiveness of PRN usage in reducing Responsive Behaviors for review by	Behavioral Support Team Lead (BSO) in the home will audit the Registered Staff charting so an accurate report of PRN effectiveness can be presented to physicians.	Percentage of residents who have responsive behaviors will have their PRN medication usage and effectiveness consistently documented and reviewed monthly.	100% of the Registered Staff will document the effectiveness of the PRN	
											3)To provide an interdisciplinary approach to utilize all resources to manage responsive behaviors in the home.	Those residents with responsive behaviors will be reviewed monthly at an interdisciplinary meeting to utilize alternative means of reducing Responsive Behaviors through programs and engagement that can occur in the home, to include exploring community	Percentage of residents with responsive behaviors in the home will be reviewed monthly by the interdisciplinary team.	100% of residents with responsive behaviors will be reviewed by the team for	