

# 2023/24 Quality Improvement Plan for Ontario Long Term Care Homes

## "Improvement Targets and Initiatives"



Orchard Villa LTC 1955 VALLEY FARM ROAD, Pickering , ON, L1V3R6

Issue	Quality dimension	Measure								Change					
		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	53235*	31.17	25.00	To be at provincial target or better than.	Lakeridge Health, Ajax Pickering Hospital, NP STAT	1)To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; education to staff; Use of SBAR, Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer.	Education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians.	Number of communication process used in the SBAR format, between clinicians per month.	80% of communication between physicians, NP and registered staff will occur in SBAR Format by June 2023.	SBAR is currently being used, however, it is not done on a consistent basis.
											2)Support early recognition of residents at risk for ED visits. by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits. Discussion with residents and families, about role of NP's in LTC. reeducation of registered staff, regarding assessment skills, and become part of standing nurse practice monthly meetings review.	Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending NP will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological status. ED transfer audit will be completed and reviewed monthly by nursing leadership (DOC, ADOC). Reports will be reviewed at quarterly PAC meetings.	The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours.	Decrease by 10% until goal is achieved by reviewing all process measures in a quarterly basis.	

Theme II: Service Excellence	Patient-centred	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	C	% / LTC home residents	In-house survey / 2021	53235*	68.5	80.00	Average number overall for all Homes is 86.9%. Our aim is to be at 80% or higher.	Alzheimer Society, Resident Council of Ontario	1)To increase our goal from 68.6% (as compared to previous year 52.0%) to 80%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else"	Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers.	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by April 30, 2023. 100% of all staff will have education via department meetings on Resident Bill of Rights #29 by August,2023. 100% of resident Council meeting will have Residents' Bill of Right #29, added at each monthly review by December 2023. 100% of Standing Agenda for family Council will have added "resident Bil of Right #29 for review.	100% of all staff and residents and families will have completed the education on resident Bill of Rights #29	Although the results of the home's satisfaction survey comments did not indicate any concerns about expressing opinions with fear or consequences; we believe that this must be reinforced for all staff and families.
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	53235*	20	17.30	Target is based on corporate averages. We aim to do better than or in line with corporate average.	NP STAT, BSO LHIN, Lakeridge Mental Health Services, Ontario Shores Centre For Mental Health Sciences, Alzheimer Society of Ontario	1)The interdisciplinary team will assess and review newly admitted residents who are on Antipsychotic medications.  2)Residents who are prescribed antipsychotics for the purpose of reducing agitations and or aggression will have received medication reviews quarterly and as appropriate, in collaboration with their care team; that being, physician, pharmacist, NP, nurse etc., to consider dosage reduction or discontinuation.	The MD, NP, BSO (including Psychogeriatric Team), with nursing staff will meet monthly to review all new admissions for diagnosis and medications related to inappropriate prescribing of antipsychotics. This is also part of PAC quarterly meeting agenda, which also includes the pharmacy for further analysis and improvement strategies.  BSO lead and nursing team will ensure that residents who receive antipsychotics are reviewed quarterly and as needed, by the physician and appropriate team members. this will be included in team meetings routinely, occurring, as a means to access responsive behaviours and the use of antipsychotics use.	Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics.  Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use.  100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	