

2022/23 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

The Palace LTC

AIM	Column1	Measure	Column2	Column3	Column4	Column5	Column6	Column7	Column8	Column9	Change	Column10	Column11
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
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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 2020 - September 2021	53235*	22.54	18	Working towards Central East LHIN average (15.3)	NP stat	1) Education on improving Nursing process and SBAR communication tool.	1) All Registered Staff will be educated by the NP in Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. 2) All Registered Staff will be re-educated by the NP on SBAR communication and documentation process 3) Post instructional guide on how to use SBAR at the nurses station for quick reference 4) review SBAR at risk management morning meeting daily	1) # of Registered Staff attended the Nursing Process and SBAR education 2) number of times SBAR was used when writing a progress note.
											2) Initiate "My Wishes" program in the home	1) Train the trainer education with recreation, nursing departments and the Social Service Worker 2) review with resident and family council	1) # of Staff trained on the My Wishes program. 2) number of residents who are eligible that participated. 3) number of times program is discussed at resident council and family council
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 / April 2021 - March 2022	53235*	86.50%	90%	corporate target		1) Implement Build a Meal program by encouraging family member and/or resident to submit favourite recipes to the home.	1. Ask for family and/or resident favourite recipes on admission or at food committee meetings. 2. Post a Build a Meal poster, to encourage family favourite recipe submissions. 3. Review possible recipes with food committee for approval. 4. Suggest trialing a few approved recipes for a meal at home's menu tasting program. 5. Review feedback with food committee and determine if it will be added or not. 6. Make required adjustments and work with the home's Registered Dietitian to spread the menu item on the different diets. 7. Recipe will run on a special meal day. Evaluation Survey will be conducted every 3 weeks post taste test	# of family favourite recipes presented on a special meal day; # of positive and/or negative feedback from the evaluation from resident
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 / July - September 2021	53235*	22.33	17.3	Meet cooperate target	HEC LTC+ hub	1) Participation in antipsychotic reduction project through HEC LTC+;	1) educate staff on the use of deprescribing algorithm. 2) BSO lead uses tracking tool of all residents taking an antipsychotic, tracks diagnosis, dose, behaviour. 3) review tracking tool at Monthly meetings with antipsychotic deprescribing team which includes BSO team recommendation; 4) Educate registered staff on the risk of using antipsychotics medications.	1) # of staff educated on use of deprescribing algorithm 2) # of registered staff educated on risks of antipsychotic use.

Column12	Column13
Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY	M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if
1) 100% of all OV registered staff will be educated on the Nursing Process and SBAR communication and documentation.	Streamlining roles and job responsibilities of the DCC and Nursing supervisors which will help assist and coach nursing staff with recognizing signs and symptoms of resident condition to potentially avoid ED transfers. Ongoing participation of NP STAT and internal NP/MD
1) Program Manager, SSW, and educator will participate in the train the trainer program. 2) 100% of new admissions that are eligible will participate in the program 3) my wishes will be reviewed at one resident council meeting and one family council meeting.	
The home will run one special meal day a month incorporating resident and/or family favourite recipes;	Responding to one of the lowest areas of resident satisfaction survey
1) 100% of OV staff will be educated on the algorithm and the risks associated with use of antipsychotic	The Home is collaborating with the interdisciplinary team, Pharmacist and Medical Doctors with the appropriate intervention and deprescribing of antipsychotic medication that will have less impact for our residents

All new residents on antipsychotics will have medication reviewed by pharmacy consultant prior to admission care conference by October 2022.	