

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Yee Hong Centre - Scarborough Finch 60 SCOTTFIELD DRIVE

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) 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 / October 2017 – September 2018	1670*	10.83	10.83	Continue with consistent performance	Central East Local Health Integration Network: NP STAT, Scarborough Centre For Healthy Communities	1) Hire in-house Nurse Practitioner	1. Hire NP in 2019 2. Focus orientation and training on reducing ED visits	# of FTE NP hired # of orientation and training on reducing ED visits completed	Hire 0.4 FTE NP	
											2) Reduce falls related ED visits	Implement falls prevention QIP action plans	# of falls prevention action plans achieved	100% falls QIP action plans to be achieved by Jan 2020	
											3) Continue current initiatives: a) Palliative and End of Life Program b) Collaboration with NP STAT from CE LHIN	Palliative and End of Life Program Collaboration with NP STAT from CE LHIN	Refer to process measures of Palliative and End of Life Program	Meet all the set targets for both Palliative and end of life program	
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTC# that were acknowledged to the individual who made	P	% / LTC home residents	Local data collection / Most recent 12-month period	1670*	100	100.00	Continue with the current performance		1) Continue to record and monitor.	Continue to record and monitor.	% of complaints acknowledged within 10 days	100% complaints to be acknowledged and documented in 10 business days	
											2) Develop 5 wanted and 5 unwanted (5/5) video highlighting the practices residents want staff to continue and don't want to	Collect 5/5 ideas from residents and families at the tea gatherings, resident council meetings, and family council meetings	Identify number of wanted and unwanted practices	5 wanted and 5 unwanted practices to be identified	
															3) Develop 5 wanted and 5 unwanted (5/5) video highlighting the practices residents want staff to continue and don't want to
Theme III: Safe and Effective Care	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	1670*	CB	90.00	This is a new indicator. However, the target is set based on current performance	Scarborough Centre For Healthy Communities	1) Remind RNs and RPNs during nursing meetings to initiate palliative/EOL care plans for residents with PPS 30 or below	Quarterly reminder with audit at RN/RPN meeting	# of reminders in 2019	4 reminders: Staff remember to create palliative/EOL care plan for residents	
											2) Continue quarterly audits and present audit data to the RNs and RPNs during nursing meetings	Quarterly reminder with audit at RN/RPN meeting	# of audit results shared with staff	4 Audits: Staff remember to create palliative/EOL care plan for residents	
											3) Speak with individual staff following audit results to remind them about palliative care policy and care planning	Quarterly reminder by ADRC following audit results	Quarterly reminder	Staff remember to create palliative/EOL care plan for residents with PPS 30 or	
	Safe	% residents who had a recent fall (in the last 30 days)	C	Rate per 100 / Residents	CIHI eReporting Tool / Quarterly	1670*	9.7	9.00	The target is set based on current performance	Central East Local Health Integration Network: NP	1) Engage Continuous performance improvement nurse to analyze falls data and determine key areas for fall prevention	1. Engage Corporate Quality lead to review corporate data. 2. Analyze FCH specific data from RL solutions in particular looking at trends for the facility and specific floors 3. Identify problem times and locations for frequent falls	Summary report of the data Identify facility trends	Understand fall trends Top 2 fall hours Top 2 fall floor Top 2 fall location	
											2) Develop falls prevention action plan based on data analysis	1. Work with inter professional team to develop falls action plan based on data analysis. 2. Inter professional team including OT/PT/Nursing/Activation/Social Work/Facility	# of Key stakeholders and interventions identified	Identify key stakeholders and interventions	
											3) Implement action plan which could include interventions related to: a) Purchase of equipment b) Change shift routines c)	Implement action plan accordingly	% of falls reduced	Reduce falls to less than 9%	