

# 2022/23 Quality Improvement Plan for Ontario Long Term Care Homes

## "Improvement Targets and Initiatives"

Cassellholme 400 OLIVE STREET, North Bay , ON, P1B6J4													
AIM		Measure								Change			
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	
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	52127*	30.4				Minimize the number of ER and emergency visits. Providing all care in Home; only to transfer if Home does not provide services	Ongoing monitoring and mentoring of registered staff. Ensure Resident care needs and treatment needs are being addressed in a timely manor; primary prevention	Recording and reviewing transfers to hospital to determine number of avoidable visits.
		Palliative	C	Rate per total number of discharged patients / Palliative patients	In house data collection / April 2022-March 2023	52127*				Improve the palliative process with the Home. Seamless transitions into end of life care that meet the needs of Resident's and their families; individualized, prompt care	Collaboration with interdisciplinary team and families to discuss and streamline palliative processes.	Family feedback, feedback from staff. Ongoing meetings regarding palliative programs. Other QI programs (Pain etc)	
	Timely	Communication - Family/Residents	C	Rate / Survey respondents	In-house survey / April 2022/March 2023	52127*			Family Councils Ontario	Improvement of communication from the Home to Families and Resident's	Mailchimp communication bi-monthly, updating of the website. New admission family welcome night to be reinvented	Satisfaction survey, ongoing feedback from families and Residents	
		Communication - Staff	C	Rate / Worker	In house data collection / April 2022/March 2023	52127*				Improvement of communication between the interdisciplinary team	Huddle boards, in/out signs, use of note pad at med carts, daily huddles, improvement of documentation/review of documentation. Creation of staff newsletter. Empowering staff leadership	Ongoing discussion with staff. Ongoing observation of documentation methods. Auditing	
	Theme II: Service Excellence	Patient-centred	Percentage of Residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home Residents	In house data, NHCAHPS survey / April 2021 - March 2022	52127*			BPSO/RNAO	Reinforcement of Resident centered care model	Staff discussion. Ongoing discussion with Resident's and families. Discussions surrounding Resident, family and staff concerns	Resident surveys. Discussions with Residents and families
Percentage of Residents who responded positively to the statement: "I can express my opinion without fear"			P	% / LTC home Residents	In house data, interRAI survey / April 2021 - March 2022	52127*			BPSO/RNAO	Reinforce Resident centered care model	Staff discussion. Ongoing discussion with Resident's and families. Discussions surrounding Resident, family and staff concerns	Resident surveys. Discussions with Residents and families	
Activities			C	Rate / LTC home Residents	In-house survey / April 2021/ March 2022	52127*				Ensure all Residents have 3 meaningful engagement contacts a week	Staff Discussion at monthly staff meetings. Weekly staff notifications when numbers low.	Weekly audit of activity pro attendance. Resident satisfaction survey	
Housekeeping			C	Rate / LTC home Residents	In-house survey / April 2021/March 2022	52127*		96%		Improve room cleanliness of Resident areas- dining rooms, front entrance, stairwells, flooring etc	Extra project work hours to complete extra duties. Temporary full time project work shift has been implemented	conduct complete clean audits and Resident satisfaction survey.	

		Laundry	C	Rate / LTC home Residents	In-house survey / April 2021/ March 2022	52127*		90%		Reduce the turnaround time for personal clothing to 48 hours.	incorporate extra laundry hours by 16 extra hours a week. 16 extra hours has been incorporated February 2022.	Audit personal clothing soiled areas to see amount of clothing bags in area and Resident satisfaction survey.
		Nutrition Food Service - Meal Planning	C	Rate / LTC home Residents	In-house survey / April 2021/March 2022	52127*		80%		Improve Spring and summer menu by removing some items that Residents do not like (melon, cantaloupe). Changing some unpopular cold plate to popular ones (cottage cheese cold plates). Changing fish items on menu to a more popular choice like cod nuggets. Changing some cold salads to those more popular (cucumber and tomato salad to a Caesar salad	Manager of support Services to make changes and have Dietitian and Resident Council approve.	Resident satisfaction survey, following up with Residents in the dining rooms
		Nutrition Food Service - Meal Service	C	Rate / LTC home Residents	In-house survey / April 2021/April 2022	52127*		85%		Implement the use of salad bowls when salads are on to prevent liquids running into other foods on the plate. This was identified as an area of concern in the Resident	meet with staff to implement the bowl.	Conduct staff Observations in the dining room to ensure staff are using the new system.
Theme III: Safe and Effective Care	Safe	Percentage of LTC Residents without psychosis who were given antipsychotic medication in the 7 days preceding their Falls	P	% / LTC home Residents	CIHI CCRS / July - September 2021	52127*	27.95		Phamacist, Physician	Minimize the use of antipsychotics for Residents that do not have a relevant dx	3MDR; reviewed by interdisciplinary team. Review upon admission, BSO involvement, quarterly PAC meeting ( Meetings suspended during covid)	Ongoing collaboration with the interdisciplinary team
			C	Rate / LTC home Residents	CIHI CCRS / July-September 2021	52127*			RNAO	To maintain or improve quality indicators in line with the provincial average	Quarterly and as needed meetings, ongoing evaluation of QI through RAI-MDS processes	Ongoing review of QI and RAI-MDS
		Hygiene	C	Rate / LTC home Residents	In house data collection / April 2022/March 2023	52127*			Resident families, visitors, volunteers	Improve the overall personal hygiene practices and quality of care within the Home	Daily auditing of Resident care by the UM. Ongoing observation of Resident's appearance by other staff in the Home. Responding to concerns regarding Resident care.	Resident satisfaction survey
		Incontinence	C	Rate / LTC home Residents	CIHI CCRS / July-September 2021	52127*			RNAO	To maintain or improve quality indicators in line with the provincial average	Quarterly and as needed meetings, ongoing evaluation of QI through RAI-MDS processes	Ongoing review of QI and RAI-MDS
		Pain	C	Rate / LTC home Residents	CIHI CCRS / July-September 2021	52127*			RNAO	To maintain or improve quality indicators in line with the provincial average	Quarterly and as needed meetings, ongoing evaluation of QI through RAI-MDS processes	Ongoing review of QI and RAI-MDS
		Wounds	C	Rate / LTC home Residents	CIHI CCRS / July-September 2021	52127*			RNAO	To maintain or improve quality indicators in line with the provincial average	Quarterly and as needed meetings, ongoing evaluation of QI through RAI-MDS processes	Ongoing review of QI and RAI-MDS