

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"



Caressant Care Lindsay Nursing Home 240 MARY STREET WEST

AIM		Measure						
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target
Theme I: Timely and Efficient Transitions	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	53249*	27.1	23.00
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTCH that were acknowledged to the individual who made	P	% / LTC home residents	Local data collection / Most recent 12-month period	53249*	CB	100.00
		Percentage of residents responding positively to: "I would recommend this site or organization to	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	53249*	69.44	75.00
		Percentage of residents who responded positively to the statement: "I can express my	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	53249*	81.97	85.00
Theme III: Safe and Effective Care	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	53249*	CB	75.00

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 ar

	Safe	Falls	C	% / LTC home residents	CIHI eReporting Tool / April 2018-March 2019	53249*	14.1	13.10
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		Change	
Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods

e working on)

In collaboration with the Ross Memorial Hospital we will monitor and		1)Educate our families re services we can provide without sending to hospital.	Via news letters, discuss with staff and physicians, present in Care Conferences.
maintain current performance.		1)continue to maintain an open dialogue and 100% compliance with complaints management.	Timely address, immediate follow-up, keep staff aware of complaints process.
To monitor the number of residents that do not score 3 or 4 on the interRAI		1)We want to maintain our current level of satisfaction.	Continue to deliver surveys, share results with family and residents.
Continue to monitor the number of residents that do not score a 3 or 4		1)Continue to keep staff informed of resident opinions and shared scoring with staff.	Provide survey data to staff quarterly in morning Huddles, review with residents council and at CQI Team meetings.
WE are starting to measure the number of residents that have advanced		1)Provide education to our staff re advanced care planning	Palliative care team being further developed. Two registered staff have attended education sessions.

The Home will focus on establishing a benchmark to align with		1)Ensure completion of post fall assessment and care planning for residents experiencing falls without injury.	The falls committee will review all fall related incidents, without injury, to ensure a post fall checklist/assessment is completed.
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Process measures	Target for process measure	Comments

The number of avoidable ED visits will be tracked monthly by the MDS/RAI coordinator to establish a baseline measure by July 2019.	100% of ED visits will be evaluated by September 30, 2019 to establish effectiveness of the	There will need to be greater openness in discussion re services we can
Number of complaints per quarter.	100% of complaints received will be addressed within 10 days of receipt.	none
monitor the number of residents scoring 3 or 4 on the interRAI.	identify biannually, by June 30 2019 to determine whether we need to focus on increasing	none
Number of inter-RAI responses that are scoring 3 or 4.	Increase number of positive satisfaction survey responses by 5% by June 30, 2019.	Inter-RAI survey data being collected bi-annually, June and December.
Number of advanced care plan data bases completed.	100% of identified residents will have advanced care planning by February 29, 2020.	Developing team and processes.

The number of post fall assessments completed with care plan updates	90% of falls will receive a post fall assessment by September 30, 2019.	Collecting baseline data on number of falls receiving a post fall assessment
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