

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

"Improvement Targets and Initiatives"



Caressant Care Marmora 58 BURSTHALL STREET

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	53301*	17.73	25.00
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	53301*	100	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	53301*	78.95	78.95
		Percentage of residents responding positively to: "What number would you use to rate how well	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	53301*	CB	75.00
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	53301*	CB	80.00

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

		Change	
Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods

e working on)

In collaboration with our system partners we will monitor and educate our	Campbellford Memorial Hospital	1)Introduce advanced care planning	Educate staff and physician team on advanced care planning
Maintain current performance		1)Continue to provide communication to the families on clear goals of care through our DOC and physician team	Provide education to the medical team and staff
Monitor the number of residents that don't score 3 or 4 on the inter		1)To maintain current level of satisfaction that we are being recommended to others	Continue to use "through your eyes concept in the facility through the activity department
The data in this measure is based on NHAHPs survey and we use inter RAI		1)Educate staff on the results of the interRAI coming in at less than 70% by reinforcing the 4P's concept and using the senior	Provide the survey to the staff and determine ways in which we can improve how well staff listen to the resident.
Monitor the number of residents that have advanced care planning		1)This feeds into our previous priorities listed and we are introducing advanced care planning to all staff in the facility	Educate the registered staff by encouraging LEAP and community palliative programs. Monitor the palliative care team meetings for outputs

Target for process measure		
Process measures	Target for process measure	Comments

To monitor the number of residents transported for end disease management	Identify residents transported to hospital in each quarter	Success will be around the success of staff communicating with the family
Monitor number of staff and physician team that attended the LEAP Program and have received the Advanced care planning module through Speak Out with discussion on the 6 priority questions	Monitor the number of complaints and that acknowledgement	Success will be dependent on staff engagement with families and communication
To monitor the number of residents scoring 3 or 4 on the interRAI survey	Identify surveys quarterly and determine if more focus on Through your eyes should	We have had a significant turnover of residents in 2018. We tend to offer
Monitor the interRAI survey	Increase the rate of satisfaction on the interRAI to 75% by all PSW staff signing off on the	This will be dependent on current workload at 13:1 resident and time in the
To monitor the number of residents that have had advanced care planning conversation	Identify all residents early to ensure a thorough and comprehensive approach and	This will again be dependent on staff comfort in having difficult conversations