

## 2023/24 Quality Improvement Plan for Ontario Long Term Care Homes

### "Improvement Targets and Initiatives"

St. Joseph's Lifecare Centre 99 WAYNE GRETZKY PARKWAY, Brantford , ON, N3S6T6											
AIM	Measure								Change		
Quality dimension	Objective	Measure/Indicator	Unit /	Source / Period	Organization id	Current performance	Target	Target	Planned improvement	Methods	Process measures
Efficient	To reduce avoidable emergency department visits	Number of residents transferred to ED per quarter	%Residents	CCRS, CHI / Q4 22-23 (Baseline), compared with data from Q1-Q3 23-24	54507*	Q3 = 7 total ED transfers (3.5%); LHIN is 5.3%; Ontario average 6%	Reduce by 10% per quarter		1) Hire a full time Nurse Practitioner to support ED Avoidance	Hlt team to post job application on multiple forums and set interviews. DOC to review applicants to select a candidate who aligns with organizational values.	Continue to monitor number of ED visits, compare data before and after hiring NP.
									2) Providing Education to residents and families regarding existing challenges and risks with unnecessary ED visits	Using Community Nurse Practitioner as primary education resource. Putting education online to surge learning for those who were unable to attend live sessions. Will track completion through attendance and Surge Learning reports.	Provide education to families through family council and online educational resources and links via email/mail. Staff education regarding internal resources (NP/MD) to reduce ED visits
									3) Educate and empower nursing staff by strengthening assessment skills, timely involvement of MD, discussion with family re goal/plan of care	Respiratory Therapist - Proresp & Community Nurse Practitioner to provide both in person and online training to registered staff.	Educating registered staff on respiratory assessment / chest assessment
Patient-centred	Ensure residents feel they have a voice and are listened to by staff and feel they can speak up without fear of consequences		%Residents	Resident Satisfaction Survey 2022 (Baseline) vs. 2023 Results; Accreditation Resident Survey	54507*	2021 Satisfaction survey question re: Dignity, "Do you feel the staff treat you with respect and dignity? For example, do staff take the time to listen to you and are staff helpful when you request assistance?"; 2021 Resident response: Yes - 70%, Yes, sometimes - 27%, No - 3%; Family Response: Yes - 66%, Yes, sometimes - 33%, No - 2%.	Target, to reach a minimum of 80% "Yes" in resident response to the aforementioned question surrounding dignity		1) Providing educational resources (ie, Pamphlets, presentations,) to family and resident council respectively, on resident advocacy; 2) Provide educational material to all new admissions starting in April 2023 regarding residents' right to have a voice; 3) Provide education to staff via surge learning on residents' right to speak up and the importance of providing a safe environment for residents to express needs/concerns	Using Advantage ontario resources and material from the Ministry of Long term care creating powerpoint, pamphlets and fact sheets to present to families and use on Surge learning platform for staff	Number of residents and family who have received education/education resources
										Have resident actively involved in post admission and annual conference. Add to admission checklist, audit to ensure materials are being issues to resident/family during admission.	Provide 100% of all new admissions after April 2023 with an informational pamphlet on residents' right to have a "voice"
										Social service worker hired full time. Implement a resident wellness check/advocacy as part of routine role/tasks, monthly goal of minimum 10 residents	To have 90% of all staff educated via surge learning by the end of Q3 December 2023; Reach minimum of 10 resident wellness visits by SSW per month by December 2023
Safety	Reduce inappropriate use of antipsychotics	Percentage of residents with Antipsychotic order with/without dx of psychosis		PAC report (CareRx), internal data collection / Q4 22-23 (Baseline), compared with data from Q1-Q3 23-24	54507*	Q2 - 26.45%, Ontario average 29.14%			Complete review with CareRx to determine and obtain a full list of residents with prescribed antipsychotics; Review each resident case with MD to determine if resident meets criteria for Dx of Psychosis; Discuss deprescribing for those who have PRN antipsychotics that have not been used in a period greater than 1 month.	Review quarterly at Responsive behaviours and antipsychotic reduction (RBAR) committee meetings, with CareRx and Facility RBAR team	Monthly Antipsychotic use reports
									Have facility pharmacist review antipsychotic use quarterly and make recommendations to the prescribers about deprescribing	Quarterly Medication Review Audit provided by pharmacy	100% of residents will have medication reviews with the intent to look at decreasing antipsychotic use on a quarterly basis.
									Implement education for all staff on assessment and non-pharmacological interventions	Obtain BSO referral numbers quarterly; RBAR committee meetings to be held quarterly; Assign Teepea Snow education and education on non-pharmacological interventions to Surge Learning; Have recreation therapist newly certified in Dementia/bility provide caregiver/staff support on non-pharmacological interventions.	Complete education for 90% staff on Surge Learning by September 2023