

Home: Southbridge Cornwall, 800 Nick Kaneb Drive, Cornwall , ON, K6H 0G4

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Review Dates: Document will be reviewed monthly ending December 2023.

Completed By: Nathalie Hickman, Director of Quality and Risk

2023/24 Quality Improvement Plan for Ontario Long Term Care Ho "Improvement Targets and Initiatives"

AIM	Measure							
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A=

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	51877*	14.2	6
Theme II: Service Excellence	Patient-centred	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / April 2021 - March 2022	51877*	100	100

Theme III: Safe and Effective Care	Safe	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / July - September 2021	51877*	5.97	5
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		Change
Target justification	External Collaborators	Planned improvement initiatives (Change Ideas) Methods

Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working

		1) Education on improving Nursing process and SBAR communication tool.	1) All Registered Staff will be educated by the DOC/ADOC in Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. 2) All Registered Staff will be re-educated by the ADOC/DOC on SBAR communication and documentation process 3) Post instructional guide on how to use SBAR at the nurses station for quick reference 4) review SBAR at risk management morning meeting daily
		2) Initiate "My Wishes" program in the home	1) Train the trainer education with recreation, nursing departments and the Social Service Worker 2) review with resident and family council
Maintain Performance		1) Resident education on abuse and neglect as well as process on filing a concern	Education Provided to resident through Executive Director presentation at Residents Council and Independent meetings with residents who choose not to attend Council meetings. New admissions education during admission process.

Maintain Performance		1)Review antipsychotics for efficacy and possible decrease/discontinuation	Review 3 weeks and then every 3 months thereafter DOS Map 2 weeks post initiation Antipsychotic monitoring tasks post 2 weeks of initiation
		2)Enhanced sensory stimulation / alternative therapy with support from BSO and Behavioural Therapist	Program manager to increase episodes of sensory stimulation and explore alternative therapies Nursing Lead to support referral to BSO
		3) Residents admitted on antipsychotics will have this discussed at their admission care conference.	1. Physicians & Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics by the time of the admission care conference. 2. If appropriate, Pharmacy consultant will make recommendations for tapering antipsychotics.

Target for process		
Process measures	measure	Comments

1) # of Registered Staff attended the Nursing Process and SBAR education 2) number of times SBAR was used when writing a progress note.	1) 100% of all Coprnwall registered staff will be educated on the Nursing Process and SBAR communication and documentation.	
1) # of Staff trained on the My Wishes program. 2) number of residents who are eligible that particiapted. 3) number of times program is discussed at resident council and family council	1) Program Manager, SSW, and educator will participate in the train the trainer program. 2) 100% of new admissions that are eligible will participate in the program 3) my wishes will be reviewed at one resident council meeting and one family council meeting.	
# of residents educated	All resident educated within 6 months.	

<p># of residents reviewed each month. .</p>	<p>All residents on antipsychotics will be reviewed every month.</p>	
<p># of episodes of sensory stimulation # of non pharmacological interventions utilized</p>	<p># the of behaviours managed through sensory stimulation and alternative therapies.</p>	
<p>1. # of new residents who are on antipsychotics who are reviewed by Pharmacy consultant. 2. # of pharmacy recommendations to taper antipsychotics up on admissions.</p>	<p>100 % of all new residents on antipsychotics will have medication reviewed by pharmacy consultant prior to admission care conference</p>	