Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	22.12	20.00	The home would like to improve performance.	

Change Ideas

Change Idea #1 Complete a monthly audit on resident transfers to hospital

Methods	Process measures	Target for process measure	Comments
Review all ED visits monthly.	__ # of residents sent to ED this month. __# of residents with diagnosed conditions from modified list of ambulatory care sensitive conditions	<20% of residents sent to ED for assessment will return or be admitted with a diagnosis from modified list.	

Change Idea #2 Hire a Full Time Nurse Practitioner

Methods	Process measures	Target for process measure	Comments
Begin recruitment for a NP as home prepares for expansion in 2025 (69 to 160 beds)	Advertise for a NP as we approach year end and prepare to open newly rebuilt expanded bed home	Hire NP by June 30, 2025.	

Change Idea #3 Track number of residents avoiding ED visit due to NP visit			
Methods	Process measures	Target for process measure	Comments
Monitor NP visits monthly and track reason for visit - record if visit prevented ED visit.	Less than 10% of residents will require ED visit for avoidable diagnoses	Home will see a decrease of 10% in avoidable ED visits in 2024	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	79.00	All executive members will attend annual education and training.	

Change Ideas

Change Idea #1 Education to senior managers

Methods	Process measures	Target for process measure	Comments
# of senior managers who have attended training on inclusion, anti-racism and diversity.	Number of senior managers who have attended education this year	100% of managers will attend education on inclusion, anti-racism and diversity by December 2024	Total LTCH Beds: 69

Change Idea #2 Employee committee will be initiated to develop and review policies on diversity, inclusion and anti-racism

Methods	Process measures	Target for process measure	Comments
Quarterly meetings to review progress	Number of new policies or reviewed policies in 2024.	The home will implement or revise all policies on race, language diversity, gender identification and indigenous programs by end of year.	

Change Idea #3 All employees will attend education on diversity, inclusion and anti-racism in 2024			
Methods	Process measures	Target for process measure	Comments
# of staff attending education each month.	Provide weekly on line and 2 small group education sessions each month.	100% of staff will attend one form of education of inclusion, diversity and anti-racism by Dec 31, 2024	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	16.00	30.00	Provincial average	

Change Ideas

Change Idea #1 Improve the number of residents responding 9 or 10 to how well staff listen to you?

Methods	Process measures	Target for process measure	Comments
Life Enrichment staff will complete a short survey each month with all new admissions and ten residents.	Complete a minimum of 10 surveys per month.	80% of residents will report a rating of 8 or 9 by Dec 31, 2024	Total Surveys Initiated: 100 Total LTCH Beds: 69

Change Idea #2 Repeat survey every 3 months for residents answering less than 8

Methods	Process measures	Target for process measure	Comments
Life Enrichment will record results of 7 and less and re-survey 3 months later	# surveys that demonstrate improvement from previous survey	100% of surveys will record an 8 or above each month.	

Change Idea #3 All staff will attend customer service training			
Methods	Process measures	Target for process measure	Comments
Provide education session for all staff on orientation and annually	# staff completed education	100% of staff will complete education by Dec 31, 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	70.27	100.00	Percent improvements	

Change Ideas

Change Idea #1 All staff receive training on customer service in 2024			
Methods	Process measures	Target for process measure	Comments
Customer service training is a module added to annual training for all staff.	# of staff completing customer training each month.	100% of staff will complete customer service training by Dec 31, 2024	Total Surveys Initiated: 37 Total LTCH Beds: 69

Change Idea #2 All residents are given an opportunity to answer this question on our annual survey.			
Methods	Process measures	Target for process measure	Comments
40% of residents will return a response to this question om 2024	Complete monthly survey of new admissions and at least 10 residents to ensure that a minimum of 40 responses are recorded.	100% of staff respond positively to this question by Dec 31, 2024	

Change Idea #3 Resident Kardex sheet will be available to all staff to improve communication about changes in resident care			
Methods	Process measures	Target for process measure	Comments
RAI assistant and unit clerks will ensure Kardex sheets are available on each wing	Residents will report increased positive response to QIP question	80% of all residents will respond positively to the question by Dec 31, 2024	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	14.72	10.00	Provincial average	

Change Ideas

Change Idea #1 All staff to receive falls prevention training

Methods	Process measures	Target for process measure	Comments
Falls prevention program lead will ensure all staff have received falls prevention training om orientation and annually.	# new staff receiving education # staff attending annual training	100% of staff will receive falls prevention training by Dec 31, 2024	

Change Idea #2 Number of preventable falls will decrease

Methods	Process measures	Target for process measure	Comments
Falls program lead will track the number of falls monthly and record fall types, time and injury	# resident falls in month # of falls with injury # of falls with CIS # residents with multiple alls	A reduction in falls will decrease by 15% in 2024	

Change Idea #3 Develop fall audit tool			
Methods	Process measures	Target for process measure	Comments
Fall lead will review falls weekly using falls audit tool	Complete falls audit weekly # falls witnessed # residents with falls prevention measures in place	A reduction in falls by 15% will be recorded in this year.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	37.00	25.00	Provincial average	

Change Ideas

Change Idea #1 Review number of residents that are receiving antipsychotic medications and determine if appropriate or if can be discontinued.			
Methods	Process measures	Target for process measure	Comments
review all residents on antipsychotics and record# not having diagnosis.	# of residents receiving antipsychotic medication without a diagnosis of psychosis	80% of residents on antipsychotics will have diagnosis of psychosis	

Change Idea #2 Ensure accuracy of documentation in resident record and RAI			
Methods	Process measures	Target for process measure	Comments
Review RAI data for documentation of hallucinations or delusions and ensure accuravcy	Record # of residents on antipsychotic Record # of residents with delusions or hallucinations Record # residents with diagnosis of psychosis	80% of residents recorded using an antipsychotic will have a diagnosis of psychosis	

Change Idea #3 Provide education to staff on responsive behaviors and dementia care			
Methods	Process measures	Target for process measure	Comments
Staff to be assigned on orientation and annually education on responsive behaviors and demntia care.	# of staff completing education	100% of staff will complete education by Dec 31, 2024	

Let's Make Healthy Change Happen.

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

4/4/2024

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

Overview

Crown Ridge Health Care Services Inc. and Westgate Lodge are committed to providing the highest possible quality of care to our residents. Our 2024-25 Quality Improvement Plan is developed to support the home's mission and values statements. We are committed to providing care to our residents that support our Values: C - Creativity, R - Respect, O - Outstanding, W - Welcoming, N - Nurturing. Our Values were redeveloped in 2018 to support a new Mission statement of "Embracing Life's Journey" The Mission and Values are reviewed annually to ensure that they continue to represent our Vision. Over the past 6 years we have worked closely with our residents, families and employees to promote a culture of inclusion and diversity while being respectful of individual needs and safety. We are excited about our creative approaches to quality improvement projects in areas of programming, dietary service, responsive behaviors and onboarding programs. We have developed new tools to promote safety, improve communication and welcome new team members and residents and families to long term care services. New approaches and improvement to existing dementia care and more complex medical needs to promote individualized plans of care to promote purpose and independence for our residents is the focus of our quality improvement plan.

Access and Flow

The home engages with many clinicians to ensure that access sand flow of patients across the health care network to promote a reduction in ED visits, hospitalization and to promote admission to long term care homes of choice. Our home works closely with the hospitals and the HCCSS to promote admission of residents into beds as quickly as possible. A designated lead works to ensure timely acceptance and matching of residents to beds and units appropriate for care. A NP is frequently in the home to assist our team with minimizing hospital admissions and visits to the ED. In 2024 we are expanding our in home resources to include hypodermoclysis, bladder scanning, doppler use to assist in providing more detailed assessments to our practitioners.

Monthly and Quarterly meetings occur within the home that include:

- Physicians
- Nurse Practitioners
- Registered Nurses
- Registered Practical Nurses
- Personal Support Worker
- Dietary, Laundry and Housekeeping Aides
- Life Enrichment Aides
- Physiotherapy
- Dietitian
- Wound Specialists
- Pain and Palliative Care Support
- Infection Control Practitioners
- Behavioural Support Staff
- IPAC Leads

Crown Ridge Health Care Services Inc. Interfacility Advisory Board meets quarterly and is comprised of multi -site Senior Management Staff that include:

- CEO/Vice President
- Director of Corporate Operations
- HR and Infection Control Director
- Chief Financial Advisor
- Long Term Care Administrators
- Retirement Home Administrators
- Environmental Services Manager

These meetings provide an opportunity for the engagement of staff in the development, review, evaluation and revision of departmental, facility and corporate planning processes that assist in ensuring access and flow. The regular review of our progress towards our improvement plan targets allows us to make adjustments and identify challenges that may impede our success. Revision and review during the course of the fiscal year will be conducted through the engagement of these clinicians and leaders.

Our home has developed an active and very informative Family Support Group that meets regularly and invites our participation in their meetings to provide information and updates, engage in meaningful discussions regarding improvement projects and receive feedback on successes and challenges faced by residents and families to assist in evaluating our quality improvement plan.

Equity and Indigenous Health

Our home continues to develop programs and education to support equality, inclusion and diversity. Education and training has been our primary objective and will continue to develop in 2024. A committee of staff, residents and families will be established to assist in identifying the needs of all for our improvement initiatives in 2024.
The home will continue to develop improvement initiatives in regards to indigenous cultural diversities. The home has several french speaking employees and recently began exploring other languages available within our organization that will assist with provision of care and services.

Patient/client/resident experience

The home completes multiple surveys annually to monitor resident and family experiences as well as address employee satisfaction, safety and overall well being. We initiated a new program and hired a lead for employee well being. A software program was initiated in early 2024 to improve communication, celebrate our successes and expand our employee EAP program.
A designated staff member completes our admissions and stays as a support contact throughout the first six weeks of admission to promote a safe and pleasurable transition.
Surveys are completed post admission, annually, and post discharge.
A review of survey information is completed annually.

Family and residents have joined our quality improvement and safety meetings to assist us in identification of initiatives.

Provider experience

Our home continues to experience serious shortages in qualified staff. Despite numerous initiatives for recruitment including sign on bonuses, self scheduling, Ministry initiatives for new graduates, wage review. Local agencies continue to recruit from our home paying considerably higher wages than our collective agreement allows.

We recently implemented a new communication program which allows us to spotlight our employees successes such as certification, upgrading qualifications, recognition of years of services, plaques for 30+ years of service, fundraising for staff BBQs, a staff thrift exchange program, STAY interviews, Good News reporting.

We offer mentorship opportunities and support for employees facing challenges - divorce, bereavement, financial challenges, health issues, etc.

We are starting an employee Wishes program to grant small wishes to some employees.

Safety

The home shares our safety statistics with resident and family attended committees. We discuss falls and fall prevention strategies with our team and utilize RNAO BPG to move forward in our quality improvement plan for 2024.

We review with our multidisciplinary teams post incidents and potential contributing factors that could be avoided in future planning.

Our home is currently rebuilding and will implement a number of new initiatives in the design of our new Home areas.

We review any emergency codes such as Code Yellow and Code White that occur to ensure that our plans meet the safety needs of our residents. These experiences are shared with all staff at round table discussions in our education plan.

Population Health Approach

Our home works with many of our community partners to ensure a health approach that prevents disease and promotes healthy living. We promote vaccination compliance amongst our residents and provide education as to the benefits of our families and employees supporting vaccine use and following strict compliance with infection control. We support our staff during incidents of outbreaks and high respiratory infections in our community, promoting use of face masks while providing care and promoting self monitoring for early identification of symptoms.

We have strong relationships with the Alzheimer's society and offer support to our resident families and to our staff in developing stronger skills in working with those facing dementia challenges at all stages.

We have a local hospice program which supports educational opportunities for our staff to develop skills in end of life care.

Our home meets monthly with a collaborative care team that assists to provide safe interventions to ensure that residents exhibiting challenges with behaviors can be maintained safely in our homes and assist us in developing strategies to support their health needs.

Contact information/designated lead

Leslie Morrow
Director of Corporate Operations
Crown Ridge Health Care Services Inc
lmorrow@crownridgehealth.ca
613-932-1289 ext. 130

Shelly Hills
Administrator
Westgate Lodge
shills@crownridgehealth.ca
613-966-1323 ext 305

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair / Licensee or delegate Greg Freeman _____ (signature)
Administrator /Executive Director Shelly Hills _____ (signature)
Quality Committee Chair or delegate Shelly Hills _____ (signature)
Other leadership as appropriate Leslie Morrow _____ (signature)