2019/20 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Victoria Manor Home for the Aged 220 ANGELINE STREET SOUTH

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme I: Timely and Efficient Transitions	**Timely**	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	51897*									
	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	51897*	19.27	19.00	Home will work to improve ED transfer rate by 1.4% as part of quality	Ross Memorial Hospital, Sienna Senior Living, Central East LHIN Nurse Practitioner STAT program	1)Provide education to residents and families on the benefits of treating residents in our home.	Resident and Family Council education	Number of resident and family council meetings where education has been shared about services offered in the home	2 Resident Council meetings and 1 Family Council meeting	There are no additional comments about this change idea.
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	51897*					1)Immediate response to verbal and written complaints.	Review complaints daily at leadership risk meeting. Review quarterly at Leadership and Quality meetings. Annual review and analysis of complaints.	Complaints will be discussed daily, quarterly and annually.	Complaints will be discussed daily, quarterly and annually.	We will continue to follow policies, procedures and current processes with the goal to
		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	51897*	93.07				1)				The home does not utilize the InterRAI QoL tool
		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	51897*	CB				1)				The home does not utilize this question in the resident satisfaction
		Percentage of residents who responded positively to the question: "Would you	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	51897*	CB	94.00	2018 Resident Satisfaction Score was 94% and home will work to maintain		1)Develop quality improvement teams to address areas of high priority identified through the resident satisfaction	Quality improvement teams will be created to address The Good Morning Experience and Washroom & Call Bell Response. Each team will include a white or green belt lean six sigma lead and representatives from each discipline.	Implement quality improvement initiatives as described in the quality improvement action plans.	Teams will be in place, action plans developed and executed.	There are no additional comments about this change idea.
		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	51897*	CB				1)				The home does not utilize this question in the resident satisfaction
Theme III: Safe and Effective Care	**Safe**	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	51897*									
	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	51897*	CB	CB	Home to collect baseline data on identification of resident's palliative care		1)Collect baseline data for the palliative indicator.	Baseline data will be collected and tracked in PCC's QIA tab. Data collection for the palliative indicator will come from elements of the RAI MDS assessments: 1) J5c - End stage disease or 6 months or less to live 2)Changes in Health End Stage Disease and Signs and Symptoms	Monthly tracking in QIA as it relates to palliative care needs.	Tracking in QIA for 12 months of 2019 as it relates to palliative care needs.	There are no additional comments about this change idea.
Equity	**Equitable**	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	51897*									

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 are working on)