

2024/25 Quality Improvement Plan for Ontario Long Term Care Homes

"Improvement Targets and Initiatives"



Collingwood Nursing Home 250 CAMPBELL STREET, Collingwood , ON, L9Y4J9

Measure							
Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target
Efficient	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)	53635*	23.75	20.00

Is must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not wo

Equity	Equitable	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	53635*	CB	25.00
Experience	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	53635*	91.67	90.00
		Percentage of residents who responded positively to the statement: "I can express my	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	53635*	91.3	90.00
		% of resident satisfaction with the statement: "Do you feel at "home" here?	C	% / LTC home residents	Annual Satisfaction Survey / April 1 to March 31	53635*	75	85.00

		% of residents who are satisfied with the statement "Variety of activities of interest throughout the day(s)"	C	% / LTC home residents	In-house survey / April 1 to March 31	53635*	80	82.50
		Percentage of residents who responded positively to the statement: "As a Resident, are your	C	% / LTC home residents	In house data collection / March 31 - April 1	53635*	73.19	80.00
Safety	Safe	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	53635*	15.72	12.50

		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	53635*	38.31	30.00
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		Change	
Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods

working on this indicator) C = Custom (add any other indicators you are working on)

The home is initiating 2 RNAO BPGs	UniversalCare Canada Inc, North Simcoe Muskoka Hospice Palliative Care Network	1)Implementation of A Palliative Approach to Care in the last 12 months and End-of-Life Care in the last days and hours Best Practice Guidelines to support early identification and assessment of change in condition while promoting effective communication, and effective group functioning amongst the entire healthcare team with regards to assessment, information sharing, decision making, care planning, care delivery and confirmation	Internal committees will track the progress of implementation of these two guidelines with the use of the palliative care and end-of-life care action plans. Meetings will occur quarterly to review progress and effective change. Audits will be completed to ensure appropriate screening for individuals that would benefit from a palliative approach to care are assessed during admission and that the care plan has been created in collaboration with the Resident and their family members based on the residents values, wishes, beliefs, preference and goals for care and services.
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		<p>2)Implementation of A Palliative Approach to Care in the last 12 months and End-of-Life Care in the last days and hours Best Practice Guidelines to support early identification and assessment of change in condition while promoting effective communication, and effective group functioning amongst the entire healthcare team with regards to assessment, information sharing, decision making, care planning, care delivery and confirmation</p>	<p>Internal committees will track the progress of implementation of these two guidelines with the use of the palliative care and end-of-life care action plans. Meetings will occur quarterly to review progress and effective change. Audits will be completed to ensure appropriate screening for individuals that would benefit from a palliative approach to care are assessed during admission and that the care plan has been created in collaboration with the Resident and their family members based on the residents values, wishes, beliefs, preference and goals for care and services.</p>
		<p>3)Implementation of A Palliative Approach to Care in the last 12 months and End-of-Life Care in the last days and hours Best Practice Guidelines to support early identification and assessment of change in condition while promoting effective communication, and effective group functioning amongst the entire healthcare team with regards to assessment, information sharing, decision making, care planning, care delivery and confirmation</p>	<p>Internal committees will track the progress of implementation of these two guidelines with the use of the palliative care and end-of-life care action plans. Meetings will occur quarterly to review progress and effective change. Audits will be completed to ensure appropriate screening for individuals that would benefit from a palliative approach to care are assessed during admission and that the care plan has been created in collaboration with the Resident and their family members based on the residents values, wishes, beliefs, preference and goals for care and services.</p>

Collingwood Nursing Home strives to be influential leaders in the provision of person-centered care in the long term care sector, and desires to ensure all persons working with our residents	UniversalCare Canada Inc	1)Develop education plan on topics: Equity, Diversity, Inclusion and Antiracism.	Contact community agencies regarding the training (RNAO, MH Hospital, UC HR Director) to create education plan for the year on related topics.
		2)Staff Education on Equity, Diversity, Inclusion and Antiracism	Provide education to staff on Equity, Diversity, Inclusion and Antiracism as per education plan.
Collingwood Nursing Home strives to be influential leaders in the provision of	UniversalCare Canada Inc	1)Improve satisfaction % from residents and families.	The Leadership team will initiate and offer an education session to staff that promotes communication strategies with older adults.
Collingwood Nursing Home strives to be influential leaders in the	UniversalCare Canada Inc	1)Increase resident participation in the council meetings.	The Leadership Team will encourage residents to participate in the council meetings within the home in order to inform them of any changes, and give them an option to voice their opinions.
Collingwood Nursing Home strives to be influential leaders in the provision of person-centered care in the long term care sector and is implementing 1 new RNAO BPG to enhance our person and family centered care.	UniversalCare Canada Inc	1)To increase the % of resident satisfaction with the statement: "Do you feel at "home" here?"	The leadership team in collaboration with the front line staff will complete the RNAO BPG Gap Analysis: Person- and Family-Centered Care
		2)To increase the % of resident satisfaction with the statement: "Do you feel at "home" here?"	The Leadership Team and front line staff will ensure all new admissions are assessed using the N Adv Can – RNAO Resident and Family Centered Care

Collingwood Nursing Home strives to be influential leaders in the provision of person-centered care in the long term care sector, and desires to	UniversalCare Canada Inc	1)To increase the % of residents who are satisfied with the statement "Variety of activities of interest throughout the day(s)"	The Activity Program Manager or delegate will complete the Recreation Assessment on admission, quarterly, annually and with a significant change to obtain activities of interest
Collingwood Nursing Home strives to be influential leaders in the	UniversalCare Canada Inc	1)Increase the percentage of residents who responded positively to the statement: "As a Resident, are your choices respected?" by 7%	The Leadership Team will provide education on residents rights and choices to all front line staff.
Collingwood Nursing Home strives to be influential leaders in the provision of safe care in the long term care sector, and desires to have all of residents living here to have their fall safety needs assessed and appropriate non-restrictive interventions to prevent falls and injuries from falls by implementing a RNAO BPG.	UniversalCare Canada Inc	1)To reduce the percentage of LTC home residents who fell in the 30 days leading up to their assessment	The leadership team and front line staff will assess every resident who is at risk for falls using the N Adv Can - RNAO Falls Risk Screening, Assessment and Management
		2)To reduce the percentage of LTC home residents who fell in the 30 days leading up to their assessment	The leadership team in collaboration with the front line staff will complete the RNAO BPG Gap Analysis: Preventing Falls and Reducing Injury from Falls
		3)To reduce the percentage of LTC home residents who fell in the 30 days leading up to their assessment	The leadership team and front line staff will assess every resident using the: Risk Factor for Restraint Use & Identification of Alternative Approaches tool.

Collingwood Nursing Home strives to be influential leaders in the provision of safe care in the long term care sector, and desires to have all of residents living here to have their psychological needs addressed as per their diagnoses	UniversalCare Canada Inc	1)Decrease the % of residents without psychosis who were given an antipsychotic medication in the 7 days preceding their resident assessment	Review all residents who do not have a diagnosis of psychosis who are prescribed antipsychotic medications**, and work with physicians, pharmacist, BSO to identify if a diagnosis of psychosis should be added to their plan of care
		2)Identify any previous use of psychotropic medications or previous history of psychosis	On admission the home will review with family/resident any history of previous psychosis and use of psychotropic medications
		3)RAI/MDS coders to complete AIS testing annually.	RAI/MDS coder review section I and O if the CIHI Manual and any other education materials provided by CIHI to ensure coding completed for CIHI is appropriate

			Collaboration	
Process measures	Target for process measure	Comments	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken

Number of new admissions screened for palliative care or end-of-life care needs. % of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs.	100% of new admissions will be screened for palliative care or end-of-life care needs by December 2024		To keep resident and family council informed and updated throughout the year. Provide opportunity for input into their care and needs	Entry into QIA tab, training and education
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<p>% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs.</p>	<p>100% of residents that would benefit from a palliative approach to care have had an interdisciplinary assessment of their holistic palliative care needs by December 31 2024</p>		<p>To inform resident and family council re: target and review at the end of December the outcomes. Will review input from family council re: their suggestions in approaching resident/POA on a palliative care approach.</p>	<p>Educate staff, families and residents on what a holistic palliative approach is. Connect with palliative resource in community for resources for staff, families and residents. Reg staff using new RNAO assessment. Entry into QIA tab, training and education to staff, families and residents.</p>
<p>Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures</p>	<p>100% of residents that have been identified as requiring palliative care have resident specific care plans based on goals of care by December 31 2024</p>		<p>To inform resident and family council re: target and review at the end of December the outcomes. Will review input from family council re: their suggestions in approaching resident/POA on a palliative care approach.</p>	<p>To audit care plans to ensure resident specific information in relation to palliative approach.</p>

Number of education topics that were delivered to staff.	2 or more topics delivered to staff by December 31 2024		Gather input from resident and family council re: what they feel would be important to be included in this education topic.	To track completion of staff education
Percentage of staff who completed education on Equity, Diversity, Inclusion and Antiracism	25% of staff will have completed education on Equity, Diversity, Inclusion and Antiracism by December 2024		Inform re: education to be provided to staff	Education of staff via huddles, itacit, brochures, 1:1 etc. Tracking completion percentage of education.
Education sessions on communication offered to staff for each quarter	One education session on communication is offered to staff members by June 30th 2024		Inform re: education to be provided to staff	To track completion of staff education
Number of residents in attendance at CNH council meetings.	2% increase in resident attendance in council meetings by May 30th 2024		Communication with new residents upon admission. Encourage new membership from current councils.	Discussion on admission re: resident and family council. Review monthly attendance trends at councils.
A gap analysis will be completed annually in March to identify opportunities for improvement within the home to reduce falls	There will be a 5% increase in the percentage of LTC home residents who express satisfaction with the statement: "Do you feel at "home" here?"		To keep resident and family council informed and updated throughout the year. Provide opportunity for input into their care and needs	To track completion of the GAP and Action Plan items
100% of residents will be assessed for fall risk on admission, quarterly, annually, upon a significant Change, on re-admission or when needed (PRN)	There will be a 5% increase of resident satisfaction with the statement: "Do you feel at "home" here?"		To keep resident and family council informed and updated throughout the year. Provide opportunity for input into their care and needs	As per UDA/CQI audit schedule

100% of residents will be assessed via the recreation assessment on admission, quarterly, annually and upon a significant Change	A 2.5 % increase in the % of residents who are satisfied with the statement "Variety of activities of interest throughout the day(s)"		To keep resident and family council informed and updated throughout the year. Provide opportunity for input into their care and needs	As per UDA/CQI audit schedule
All staff will receive education by July 30 2024	There will be a 7% increase the percentage of residents who responded		To keep resident and family council informed and updated throughout the year. Provide opportunity for input	To track completion of staff education
100% of residents will be assessed for fall risk on admission, quarterly, annually, upon a significant Change, on re-admission or when needed (PRN)	There will be a 3.5% decrease in the percentage of LTC home residents who fell in the 30 days leading up to their assessment		Review fall prevention and devices on admission and at care conferences and gather their feedback	Analyze and monitor trends of falls. Ensure assessments completed via audits
A gap analysis will be completed annually in March to identify opportunities for improvement within the home to reduce falls	There will be a 3.5% decrease in the percentage of LTC home residents who fell in the 30 days leading up to their assessment		Review fall prevention and devices on admission and at care conferences and gather their feedback	Analyze and monitor trends of falls. Ensure assessments completed via audits.
100% of residents will be assessed for fall risk on admission, quarterly, annually, upon a significant Change, on re-admission or when needed (PRN)	There will be a 3.5% decrease in the percentage of LTC home residents who fell in the 30 days leading up to their assessment		Review fall prevention and devices on admission and at care conferences and gather their feedback	Analyze and monitor trends of falls. Ensure assessments completed via audits.

<p>Upon each quarterly review the RAI/MDS team will identify residents who fit into this criteria and review with physician or NP to obtain an appropriate diagnosis</p>	<p>There will be an 8% reduction in residents without psychosis who were given an antipsychotic medication in the 7 days preceding their resident assessment by March 31 2025</p>		<p>Gather input from resident and family council re: what they feel is important to them</p>	<p>Not Applicable</p>
<p>On admission each resident will be assessed for current or past psychotropic medication use</p>	<p>100% of new admissions will be assessed to identify any previous use of psychotropic medications or previous history of psychosis by December 31 2024.</p>		<p>Gather input re: past history</p>	<p>Ensure admission assessments are completed via audits</p>
<p>RAI/MDS coders to complete AIS testing annually.</p>	<p>Annually and when needed the staff members involved in RAI/MDS coding will receive training</p>		<p>To keep resident and family council informed and updated throughout the year. Provide opportunity for input</p>	<p>Ensure Annual Completion is reported</p>

Description of how and when that actions taken were communication to:

- 1) Residents
- 2) Families
- 3) Resident's Council
- 4) Family Council (if any)
- 5) Staff of the Home

1) Through daily engagement. 2) Will develop Quality improvement section in newsletter starting in July to update re: progress 3) Present plan to resident council June 2024 4) Present plan to resident council June 2024 5) Communicate through daily huddles

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1) Review fall prevention strategies with frequent fallers and discuss daily re: falls prevention with all residents as appropriate 2) Identify fall prevention strategies in a Newsletter 3) Communicate at Resident Council meetings 4) Communicate at Family Council meetings 5) Share with staff at huddles.

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1) Review with physician rounds and care conferences 2) Review with physician rounds and care conferences 3) Communicate at Resident Council meetings 4) Communicate at Family Council meetings 5) Share with staff at daily huddles

1) Review during physician rounds 2) Review during physician rounds and during admission 3) Communicate at Resident Council meetings 4) Communicate at Family Council meetings 5) Share with staff at daily huddles

1) Not applicable 2) Not applicable 3) Communicate at Resident Council meetings 4) Communicate at Family Council meetings 5) Not applicable