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

Yee Hong Centre - Markham 2780 BUR OAK AVENUE

All VI		Unit /	Unit / Curn			urrent			Change Planned improvement			Target for process		
ssue	Quality dimension	Measure/Indicator Type	Population	Source / Period	Organization Id		Target	Target justification	External Collaborators	initiatives (Change Ideas)	Methods	Process measures	measure	Comments
I = Mandatory (all ce	ells must be completed)	P = Priority (complete ONLY the co	omments cell if you a	e not working on th	is indicator) C = cu	stom (add any oth	er indicators yo	u are working on)						
	Efficient	Number of ED visits P for modified list of ambulatory care-sensitive	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	54389* er	24.39	21.95	A ten percentage reduction in Avoidable ED	Markham Stouffville Hospital, Mackenzie Health, westminister diagnostics	1)Increase urgent services like X-ray and blood collection	Acquire services from other providers	# of urgent services provided	50% of X-ray requests related to fall incidents and blood test will be	D
		conditions* per 100 long-term care residents.						visits		2)Increase knowledge of the staff regarding Acute Coronary Syndrome (ACS)	Provide education support to the nurses and PSW by utilizing YH's NP	# of education provided and staff attendance	50% staff to have education to increase knowledge of ACS by Dec 2019	
										3)Increase collaboration with the MSH NP	Continue the quarterly meeting with the external NP	# of meetings with MSH NP	MSH NP and YH managers will meet 4 times by Dec 2019	
Theme II: Service Excellence	Patient-centred	Percentage of P complaints received by a LTCH that were acknowledged to the individual who made	% / LTC home residents	Local data collection / Most recent 12-month period	54389*	100	100.00	Continue current performance	t	1)Continue departmental collaboration in addressing complaints following YH guidelines	% of complaints to be addressed within 10 days	100% of complaints received to be addressed within 10 business days	Continue departmental collaboration in addressing complaints	
		Percentage of P residents responding positively to: "I would recommend this site or	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	54389*					1)				Current performance for this indicator is above target and consistent.
		Percentage of P residents responding positively to: "What number would you use to rate how well	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	54389*	33.33	36.67	A ten percentage increase		1)Provide more ways for residents to voice out feelings and feedback	Organize scheduled tea-meetings with residents on the floor in addition to resident council meeting	feedback	6 tea-meetings with the residents by Dec 2019	
		the staff listen to you?"								2)Provide more ways for residents to voice out feelings and feedback	Add standing item at management committee meetings for Residents' Council input	# of management meetings	4 management meetings with Residents' Council input by Dec 2019	
		Percentage of P residents who responded positively to the question:	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	54389* Y	70.97	78.07	A ten percent increase		1)Increase PSW champions on Resident Centered Care	Provide training on Resident Centered Care	# of trained PSWs	40 PSW's to complete ERCC training by Dec 2019	
		"Would you recommend this nursing home to others?" (NHCAHPS)								 Collect more feedback from residents and families about activities and programs 	Activation department to review and update the program evaluation process and capture resident satisfaction	# of programs evaluated per quarter	10 programs per quarter	
										3)Decrease the incidence of missing laundry	f Review the process of the laundry procedure and identify improvement opportunities	# Missing laundry audit results (use existing data from the volunteer project)	Missing laundry incidents will be 50% less by Dec 2019	
										4)Increase food satisfaction of resident	Seek feedback from resident/ family members about South Asian/ Chinese menu Invite family members/ resident to demo South Asian/ Chinese Food cooking	# of opportunities that residents/ families shared their ideas about cooking and menu	An increase of 5% in resident/ family survey on food satisfaction in	
		Percentage of P residents who responded positively to the statement: "I	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	54389*					1)				Current performance for this indicator is above target and
Theme III: Safe and Effective Care	Safe	Add other measure A by clicking on "Add New Measure"	Other / Other	Other / Other	54389*								·	
		% residents who had C a recent fall (in the last 30 days)	Rate per 100 residents / Residents	CIHI eReporting Tool / quarter	54389*	8.3	7.47	Improve the performance by 10%		1)Reinforcing 4p rounding	Develop a new system to monitor 4p rounding by front line staff	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: If Yes, specify: Enter summary here: # of passed 4p audits	80% of passed audits	
										2)Decrease # of repeated fall incidents	Early identification of residents with 2 or more falls within 30 days Having a high alert strategies for these type of residents	Decrease # of repeated falls	10% reduction in repeated falls	

								3)Increase communication within the team	Create a fall communication board		To have fall communication board every floor by June 2019	
	Proportion of long- term care home residents with a progressive, life- threatening illness who have had their palliative care needs identified early through a comprohension and	Proportion / at- risk cohort	Local data collection / Most recent 6-month period		СВ	90.00	Current performance is close to the absolute target	of admitted residents with goals of care or advance care planning 2)Establish an assessment	planning with client and families within the first 3 months of admission Utilize some best practice assessment tool available and create a checklist and flow chart	regarding goals of care and advance care planning A Palliative Care Assessment checklist and flow chart % of residents with a PPS of 30 or below have been identified as "in need of palliative care" as of Dec 31st 2019	with PPS of 30 or	
Equity	Add other measure by clicking on "Add New Measure"	Other / Other	Other / Other	54389*								