

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

Yee Hong Centre - Markham 2780 BUR OAK AVENUE

AIM	Measure	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target Justification	External Collaborators	Change	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments											
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										
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)																									
	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 2017 – September 2018	54389*	24.39	21.95	A ten percentage reduction in Avoidable ED visits	Markham Stouffville Hospital, Mackenzie Health, westminster 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 done in-house											
											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 complaints received by a LTCH that were acknowledged to the individual who made this site or	P	% / LTC home residents	Local data collection / Most recent 12-month period	54389*	100	100.00	Continue current performance		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 residents responding positively to: "I would recommend this site or	P	% / LTC home residents	In house data, interRAI survey / April 2018 - March 2019	54389*										Current performance for this indicator is above target and consistent
											Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS)	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	54389*	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	
																					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	54389*
											Percentage of residents who had a recent fall (in the last 30 days)	C	Rate per 100 residents / Residents	CIHI eReporting Tool / quarter	54389*	8.3	7.47	Improve the performance by 10%							
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