



The Elliott Community Quality Improvement Plan Workplan

March 31, 2023



Theme I: Timely and Efficient Transitions

Dimension: Efficient

Measure

Indicator #1	Type	Unit/Population	Source/Period	Current Performance	Target	Target Justification	Comments
Number of potentially avoidable emergency department visits for long-term care residents	P	Rate per 100 LTC home residents	CIHI CCRS, CIHI NACRS / October 2021 – September 2022	9.5	10	NLOT reports, WWLHIN rate is 14.0 and ON rate is 18.5	We have consistently performed below the provincial and LHIN rates, therefore this indicator will not be a an area of focus this year

Theme II: Service Excellence

Dimension: Resident-Centered

Measure

Indicator #2	Type	Unit/Population	Source/Period	Current Performance	Target	Target Justification	Comments
% of residents responding positively to the statement “I can express my opinion without fear of consequences”	P	% / LTC home residents who responded to annual experience survey	In-house data from 2022 Resident Experience Survey	88.23%	80%	80-100% of positive responses indicates a high level of satisfaction	We have consistently performed above our internal target, therefore this indicator will not be an area of focus this year

Theme II: Service Excellence
Dimension: Resident-Centered
Measure

Indicator #3	Type	Unit/Population	Source/Period	Current Performance	Target	Target Justification	Comments
% of residents responding positively to the statement "I feel that I have an opportunity to be involved in decisions relating to my care"	P	% / LTC home residents who responded to annual experience survey	In-house data from 2022 Resident Experience Survey	100%	80%	80-100% of positive responses indicates a high level of satisfaction	We have consistently performed above our target, therefore this indicator will not be an area of focus this year

Theme II: Service Excellence
Dimension: Resident-Centered
Measure

Indicator #4	Type	Unit/Population	Source/Period	Current Performance	Target	Target Justification	Comments
% of residents responding positively to all questions in the category of dining experience	C	% / LTC home residents who responded to annual experience survey	In-house data from 2022 Resident Experience Survey	76%	80%	80-100% of positive responses indicates a high level of satisfaction	Our 23/24 QIP resident-centered area of focus is to enhance the pleasurable dining experience

Change Idea #1 Adopt the CHOICE+ Dining Room and Mealtime Practices checklists			
Methods	Process Measures	Target for Process Measure	Comments
Assess our dining rooms using the CHOICE+ dining room checklist	Identify the number of items on the checklist we need to improve	We will achieve 80% of the checklist items	We will prioritize the outstanding items on the checklist and create a plan to implement improvements
Assess our mealtime practices using the CHOICE+ dining room checklist	Identify the number of items on the checklist we need to improve	We will achieve 80% of the checklist items	We will prioritize the outstanding items on the checklist and create a plan to implement improvements, including staff education

Theme III: Safe and Effective Care

Dimension: Safe

Measure

Indicator #5	Type	Unit/Population	Source/Period	Current Performance	Target	Target Justification	Comments
% of long-term care home residents not living with psychosis who were given antipsychotic medications	P	% / LTC home residents	CIHI CCRS / July – September 2022	16.5%	15%	Internal target to reduce % beyond our current performance	Although we are performing below provincial (21.1%) and WWLHIN (18.3%) average, our internal data has identified a trend of an increase on average by 1% per quarter over the last 4 reported quarters.

Change Idea #1 Provide Gentle Persuasive Approach Retraining			
Methods	Process Measures	Target for Process Measure	Comments
Plan staff education for GPA retraining	Number of staff who attended GPA training in Q1-Q4	50% of staff who regularly interact with residents complete GPA training by Q4	Staff groups may include nursing, PSWs, recreation, dietary and housekeeping
Change Idea #2 Assess and treat residents with responsive behaviours for pain			
Methods	Process Measures	Target for Process Measure	Comments
Track pain/worsened pain in residents who are receiving antipsychotic medications	Monitor CIHI data/internal pain data	Decrease residents with worsened pain to 11.5%	Pain and behaviours have a direct correlation, therefore by assessing and treating pain prior to antipsychotic use, we may decrease the need for antipsychotics use

Theme III: Safe and Effective Care

Dimension: Effective

Measure

Indicator #5	Type	Unit/Population	Source/Period	Current Performance	Target	Target Justification	Comments
% of residents with new or worsened stage 2 to 4 pressure injuries	C	% / LTC home residents	CIHI CCRS / July – September 2022	3.7%	2.5%	CIHI Reports	We will implement multi-year strategy to reduce at or below Provincial average (2.4%) and WWLHIN (2.2%) average

Change Idea #1 Implement Skin & Wound Module in Point Click Care			
Methods	Process Measures	Target for Process Measure	Comments
Point Click Care to provide implementation and training for a new skin & wound module	All registered staff to receive training on new skin & wound module within 1 month of go-live	Go-live for new skin & wound module by June 1st	Skin & wound module will support wound monitoring for effective interventions
Change Idea #2 Implement use of new wheelchair cushion for residents with high-risk of pressure injury			
Methods	Process Measures	Target for Process Measure	Comments
Identify residents who require a wheelchair for mobility and have a high-risk of pressure injury using PURS score	Every qualifying resident will trial Starz wheelchair seat cushion and continue to be monitored for signs of new or worsening pressure injury	% of residents with new or worsened stage 2 to 4 pressure injury decreased to 2.5%	Starz wheelchair cushion education to be provided to staff