2024/25 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"

Pinecrest Nursing Home 101 PARENT ST, P.O. BOX 250, Plantagenet , ON, K0B1L0

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
M = Mandatory (all cells 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 working on this indicator) C = Custom (add any other indicators you are working on)															
	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)	53698*	22.67	21.00	1) At/Below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next 12 months.	BSO; HGH Psychogeriatric Team: RNAO; MD	1)1)Improve the escalation process for high risk health resident conditions through enhanced reporting and communication.	Implement a high-risk residents tracking tool. The tool will be reviewed weekly by registered staff and DOC	# of weekly clinical review meetings / month	100 % of weekly clinical review meetings take place. Target date March 31/25	
											2)2)Discussions about advance care planning and "My wishes " program with residents (as applicable) and SDMs during	*Care Conference agendas will include a standing section on advance care planning and my wishes program. *Education will be provided to families about care planning during family meetings.	# of residents and SDMs who participate in discussions on advanced care planning and my wishes program during care conferences	Discussions about advance care planning with residents (as applicable) and	
											3)3)Enhance assessment and communication skills to increase capacity within the nursing team.	*DOC to conduct audits of the SBAR documentation by registered staff *Training for all registered staff on clinical assessments and SBAR documentation tool	*# communication process used in the SBAR format, between clinicians per month; *# of reg staff trained on clinical assessments and SBAR communication tool	100% of Reg staff will received education on clinical assessments and	
											4)4)Enhanced person-centered care by ensuring that goals of care are clear, up-to-date and communicated in plan of	*Implementation of My Wishes program. *Training the activity team and nursing staff on My Wishes program and how to implement	* # of Interdisciplinary team members who receive education on My Wishes. *# of residents who are in the program	100 % of all members of the interdisciplinary team receive education on my	None
											5)Review of ER transfer tracking sheet.	Interdisciplinary team to review ED transfer tracking sheet monthly to review all ED transfers and determine areas of focus to reduce unnecessary ER transfers.	# of avoidable ER visits identified.	Monthly Interdisciplinary ED transfers review to take place as	None
		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	53698*		100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	Surge Education; BSO; Reseau des services en francais, other regional francophone partners as needed	1)1)Use Surge learning platform to facilitate learning objectives.	ED to work with department managers to ensure full compliance is achieved.	# of staff trained including ,executive level, management and front line staff.	100 % of staff to receive education	
											2)Supplement Surge Learning with other local resources to ensure access for francophone. employees.	Surge, 1-1, Information board , on-line, distribution of information to all staff.	# of staff trained including ,executive level, management and front line staff # external providers who provide presentations in the Home	100% of staff to receive education in the language of their choice (French or English)	None
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	53698*	83.33	85.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	Residents, Families, family councils of Ontario, Ontario Association of Residents' council, Champlain Region Family council network (CRFCN)	1)1)Provide education for residents and families regarding the process for bringing forward complaints, concerns, and	Post the home's complaint process in both languages, English and French and share with both resident and family councils.	# of education sessions provided to residents and families on the complaint process.	Six (6) Educational sessions are to be held for both councils and open sessions are to be	None
											2)2)Engage residents in meaningful conversation during care conferences and town hall meetings to provide a forum to express	Care conferences: DOC to facilitate the conversation on resident rights and complaint process to encourage feedback. Townhall: ED to conduct quarterly town hall discussions with residents and families to share ideas and have their voices heard.	# of care conference where bill of rights was discussed # town hall meetings held during the year	100% of all care conferences will including a discussion on resident rights.	None
											3)3)Provide education to residents and families on the Resident Bill of Rights and Zero tolerance of Resident Abuse.	Work with the CRFCN to get educational resources for residents and families on resident rights. Provide training to resident council and families at large using a multimodal approach.	# of educational sessions on the Residents' Bill of Rights and Zero tolerance of Resident Abuse.	Six (6) Educational sessions are to be held for both councils and open sessions are to be	None
											4)4)Engage residents' council members and /or non resident council members in various committees, ie; CQI,	The home will encourage residents to participate in meaningful discussions to ensure their voices and input can be heard and taken into consideration in initiatives and/or activities in their home.	# of residents participating in committees	100% of committees requiring residents as part of their membership will	None
	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	53698*	23.33	15.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	RNAO BP guidelines; PT, MD's	1)1)Educate all staff on the Falling Star program.	*Develop a bilingual one-pager summary of the program. *Provide a copy of the bilingual one-pager summary of the program to new nurses during orientation. Include the Falling Star program as part of the onboarding program for all staff, including non-	# of staff educated on the Falling Star program.	100 % of all staff in the home are to be educated on the Falling Star Program. July	None
											2)2)Implement falls prevention strategies for resident determined to be medium to high risk for falls.	Identification of Risk Factors. Review intrinsic and extrinsic risk factors for falling including those which may be modifiable. Implement an individualized multi-factorial approach focusing on modifiable non-pharmacological and pharmacological factors. Intrinsic	# of residents identified as medium to high risk for falls/total number of residents in the home.	100 % of residents at risk for falls will be introduced to the 4Ps (Purposeful	
											3)Identification of risk factors for residents who have ben identified to be medim to high risk for falls.	Identification of Risk Factors. Review intrinsic and extrinsic risk factors for falling including those which may be modifiable. Implement an individualized multi-factorial approach focusing on modifiable non-pharmacological and pharmacological factors. Intrinsic	# of residents identified as medium to high risk for falls/total number of residents in the home.	100 % of residents at risk for falls will be introduced to the 4Ps (Purposeful	None
											4)Screen all residents at risk for falls and their fall risk factors.	Complete a Falls management - Fall RISK Ax with Morse (Category and Score and action items) for new admissions, after a change in unit or room, after any transition or transfer from another care setting, after a fall, after any change in status(ie; Pain, lethargy,	# of residents screened for fall risk and their fall risk factors	100 % of residents identified as medium and high risk for falls will be included in the fall	None

		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	53698*	31.11	17.30	Target is based on corporate averages. We aim to do better than or in line with corporate average.	BSO, Hawkesbury General Hospital Geriatric Mental Health Program, Alzheimer Society	1)Implement a process for reviewing the diagnosis and Rx of residents at admissions, readmissions and changes in condition.	RAI coordinator to review all residents on antipsychotics medications. Review possible psychotic diagnoses and add them to the residents' current diagnoses. Discuss with MD if missing Dx. Include this process for all admissions, readmissions, and changes	# of residents on Antipsychotics who have a diagnosis of psychosis or have been diagnosed with a psychotic diagnosis.	100 % of residents of residents on antipsychotics without a diagnosis of	None
											2)Launch Antipsychotic Reduction Interdisciplinary Initiative .	Residents who are prescribed antipsychotics will have quarterly medication reviews as appropriate, in collaboration with their care team; that being, the physician, pharmacist, and the interdisciplinary team to consider dosage reduction or discontinuation. The	% decrease number of residents on Antipsychotics without a psychotic diagnosis	100 % of the residents on Antipsychotics without a psychotic	Interdisciplinary Team DOC ADOC Unit Nurse Unit PSW BSO Physician
											3)The interdisciplinary antipsychotic reduction team. Will meet on a 3-week cycle.	Creation of the Antipsychotic reduction interdisciplinary team. The team will complete medication analysis, resident responses to criteria for reduction, implementation of action, adverse event and evaluation of this strategy.	# Meetings held from April , 1 ,2024 to September, 31 ,2024.	Meeting to be held of a 3 week cycle : 100% will take place Target date: Sept 30, 24	None
											4)Involve substitute decision makers/family and residents (as appropriate) in the anti psychotic reduction initiative. Provide	The home will provide education on the anti psychotic reduction initiative, benefits and objectives to SDM, families and residents. (as appropriate) The home will encourage SDM, families and residents. (as appropriate)to participate in this initiative.	Number of education sessions held for SDMs, families and residents (as appropriate). Number of SDM, families and residents. (as appropriate) that participate in the initiative.	100% of SDM, families and residents (as appropriate whose family members	None