

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



Humber Meadows Long-Term Care Home 2019 Finch Avenue West, Toronto, ON, M3N1N1

| 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 |
| Access and Flow | 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) | 96691* | CB | CB | Humber Meadows aims to decrease avoidable ED visits to meet the provincial average. | | 1) Discussion about appropriate interventions to reduce the need for ED visits and the benefits of the prevention strategies. | Attending Physician/NP will have discussion about appropriate interventions to reduce the need for ED visits and the benefits of the prevention strategies during care conferences. | Total number of residents and families who had discussions about ED visits during care conference. | 100% of residents and families who have care conference had a discussion from | |
| | | | | | | | | | | | 2) HM joined partnership with the HRH Remote Monitoring initiative, a program that leverages the PREVIEW ED, a clinical | Provide education of the one-page clinical deterioration tool used daily by PSWs to identify early signs of decline in the health status of LTC residents focused on 4 conditions: Pneumonia, dehydration, CHF and UTI. | Percentage of PSW received education on clinical deterioration tool will be tracked monthly and included on the onboarding of new hires. | 100% of PSWs will receive training on use of clinical deterioration tool. | |
| | | | | | | | | | | | 3) Partnership and utilizing HRH LTC+ that provides virtual supports via a Nurse Navigator following intake and triage to community | LTC+ will follow up with HM staff in a timely manner and provide a summary of resources and recommendations via telephone, email or in-person assessment. | Number of residents accessed LTC+ and assessed by NLOT | 80% of residents accessed LTC+ assessed by LTC+ avoided ED visits. | |
| Experience | Patient-centred | 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 | 96691* | | | The home will be collecting data after the survey is completed on Sept. 2024 | | 1) | | | | Other |
| | | | | | | | | | | | 2) 1. The home is implementing RNAO Best Practice Guidelines on Person and Family Centered Care and Clinical Pathways | Complete Gap Analysis for Person and Family Centered Care BPG | Number of gaps identified. | 100% of standards has been reviewed.. | |
| 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 | 96691* | CB | CB | | | 1) Humber Meadows is BPSO pre-designate and will be implementing Clinical Pathways on Preventing Falls and Reducing Injury | Screen all residents to identify those at risk for falls and their fall risk factors on admission, after any significant change in health status or at least annually. | % of residents who has completed falls risk assessment on admission, after significant change in health status or at least annually using the RNAO Clinical Pathway. | 100% of resident has a complete falls risk assessment. | Clinical Pathways on Preventing Falls and Reducing Injury will go live on |
| | | | | | | | | | | | 2) Each resident has an individualized plan of care for fall prevention | Implement RNAO's Universal fall precautions strategies | Number of residents with Universal Fall Precautions on plan of care | 100% of residents has Universal Fall Precautions strategies on their plan of care | |
| | | 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 | 96691* | CB | CB | Humber Meadows LTC is a new home that opened on June 5, 2023. Residents were admitted with antipsychotic medications. | | | 1) Identify residents without appropriate indications for antipsychotic medications in their records | Interprofessional team to review each resident on antipsychotics without appropriate indication at least quarterly | Identified residents will be reviewed quarterly | >80% of identified residents have reviewed by the interprofessional team |
| | | | | | | | | | | 2) Review of all current medication usage by attending physician, NP and Pharmacist | Humber Meadows will develop psychotropic reduction tracking tool to track progress on the psychotropic drug review and outcomes. | The RAI/MDS assessment and RAPS will be used to measure progress. | The percentage of resident using antipsychotic without psychosis will be reduced. | | |
| | | | | | | | | | | 3) Identify target residents to conduct a review for potential reduction in antipsychotics. | Consultation with physician and POA regarding eligibility for reduction of antipsychotics for identified residents. BSRT will focus on non-pharmacological interventions to support responsive behaviours. | Percentage of target residents who completed the review. | 100% of target residents will be reviewed by the team for reduction by Dec. 31, 2024 | | |

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)