

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



#VALUE!

Labdara Lithuanian Nursing Home 5 Resurrection Rd, Etobicoke ON M9A 5G1

AIM	Aim	Measure	Change							Outcomes									
			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	Due Date for Action to be Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken	Description of how and when actions taken were communicated to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any) 5) Staff of the Home
Access and Flow	Effective	New: Percentage of palliative care residents that have had an interdisciplinary, comprehensive assessment of their holistic palliative care needs.	C	% / Residents identified under palliative care.	In House raw data / collected between Oct 1- Dec 31, 2023	54348	New Indicator	100%	This is new indicator that the home will be working on.	Community Partners	1) Education of staff regarding completion of Palliative Performance Scale (PPS) UDA in PCC. 2) Education of staff regarding criteria and content of the comprehensive "Palliative Care Assessment" UDA in PCC. 3) Completion of Palliative Care Assessments in PCC. 4) Establish auditing process to audit the completion and quality of palliative care assessments.	•Provide education to staff on PPS UDA in PCC. •Staff complete PPS for all residents on admission, annually and change in status. •Develop and implement an audit on PPS completion. •Provide education to staff on Palliative Care Assessment in PCC. •Staff complete Palliative Care Assessment (UDA) for palliative care residents, assess the cultural needs, values, beliefs, expectations and preferences about progressive life-limiting illness. • Develop an audit tool and process of audit completion and implement the tool.	Percentage of staff who completed education regarding PPS in PCC. Percentage of residents who have PPS completed Percentage of staff who completed education regarding Palliative Care Assessment in PCC. Percentage of palliative residents with Palliative Care Assessment completed. Percentage of audits completed of Palliative Care Assessments.	100% of staff completed required education. 100% of residents have PPS completed. 100% of staff completed required education. 100% of palliative care residents had Palliative Care Assessment Completed. 25% of assessments completed were audited.	Apr-24	Sep-24	CQI action plan is a standing item on the Resident Council meeting agenda. Regular update is provided on the action plan status. Resident Council provide feedback on the action plan and its implementation. Families are updated on the CQI action plan development and progress via regular email communication and are encouraged to contact the team for feedback or any questions.	Quality Council supports implementation of the action plan. Members offer recommendation for the implementation of the action plan and consistently evaluate the actions taken and sustainability process.	1) Residents-via Resident Council meeting minutes. Meeting was held on March 26 2024. 2) Families-via communication sent to families via email on Mar 26 2024. 3) Resident's Council-Meeting held on March 26 2024. 4) Family Council-There is no Family Council at present but home promotes establishing Family Council on regular basis. 5) Staff of the Home-via General Staff meeting held on March 27 2024.
Safety	Safe	New: Percentage of Daily physical Restraints 6.9%, (Province 1.9%) Target for 2024 6%.	O	% / All residents with daily physical restraints	Complex Continuing Care Reporting System (CCRS) / Period: average of Q2 2023	54348	6.90%	6%	Our current percentage of residents who use daily restraints is at 6.9%. This is above of provincial average of 1.9% (data extracted from CIH). Our team is striving to lower our current use of restraints. Our aim for 2024/2025 will be to achieve a percentage of 6%.	B50, NLOT, RNAO	1) Identification of gaps in Restraints use 2) Staff education on Alternative approaches to the use of restraints, Policy and Procedure. 3) Residents and Families education on Alternatives to restraints and risks involved using the restraints. 4) Implement alternatives to restraints use and start the process of discontinuing restraints	1) Complete RNAO Gap analysis, "Alternative approaches to the use of restraints", identify areas for improvement and develop action plan. 2) Provide education to staff on Alternative approaches to the use of restraints, Policy and Procedure 3) Provide education for Residents and Families on Alternatives to restraints and risks involved using restraints. 4) Develop and implement tracking process of residents who have alternatives to restraints trialed and restraint is d/c	Number of initiatives implemented to address identified gaps Percentage of staff who completed education on Alternative approaches to the use of restraints, Policy and Procedure. Percentage of residents and families who receive education on Alternative approaches to the use of restraints. Percent of residents who had alternatives to restraints trialed and d/c	2 or more initiatives implemented to address identified gaps 100% of staff completed education on Alternative approaches to the use of restraints, Policy and Procedure 100% of residents and families who currently use restraints received education on Alternative approaches to the use of restraints. 50% of residents who were using restraints had them successfully discontinued.	Apr-24	Mar-25	CQI action plan is a standing item on the Resident Council meeting agenda. Regular update is provided on the action plan status. Resident Council provide feedback on the action plan and its implementation. Families are updated on the CQI action plan development and progress via regular email communication and are encouraged to contact the team for feedback or any questions.	Quality Council supports implementation of the action plan. Members offer recommendation for the implementation of the action plan and consistently evaluate actions taken and sustainability process.	1) Residents-via Resident Council meeting minutes. Meeting was held on March 26 2024. 2) Families-via communication sent to families via email on Mar 26 2024. 3) Resident's Council-Meeting held on March 26 2024. 4) Family Council-There is no Family Council at present but home promotes establishing Family Council on regular basis. 5) Staff of the Home-via General Staff meeting held on March 27 2024.
Equity	Equity	NEW: Percent of staff who have completed relevant equity, diversity, inclusion, and antiracism education.	O	% / All Staff	In house data collection / Period: Not Applicable	54348	New Indicator	25%	This is new indicator that the home will be working on.	SURGE, RNAO	1) Develop education plan on topics: Equity, Diversity, Inclusion and Antiracism. 2) Staff Education on Equity, Diversity, Inclusion and Antiracism.	1) Contact community agencies regarding the training (RNAO, Surge) to create education plan for the year on related topics. 2) Provide education to staff on Equity, Diversity, Inclusion and Antiracism as per education plan.	# of education topics that were delivered to staff. Percentage of staff who completed education on Equity, Diversity, Inclusion and Antiracism.	2 or more topics delivered to staff 25% of staff completed education on Equity, Diversity, Inclusion and Antiracism.	Apr-24	Mar-25	CQI action plan is a standing item on the Resident Council meeting agenda. Regular update is provided on the action plan status. Resident Council provide feedback on the action plan and its implementation. Families are updated on the CQI action plan development and progress via regular email communication and are encouraged to contact the team for feedback or any questions.	Quality Council supports implementation of the action plan. Members offer recommendation for the implementation of the action plan and consistently evaluate action taken and sustainability process.	1) Residents-via Resident Council meeting minutes. Meeting was held on March 26 2024. 2) Families-via communication sent to families via email on Mar 26 2024. 3) Resident's Council-Meeting held on March 26 2024. 4) Family Council-There is no Family Council at present but home promotes establishing Family Council on regular basis. 5) Staff of the Home-via General Staff meeting held on March 27 2024.

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) O = optional

Experience	Patient Centered	Satisfaction with "I can express my opinion without fear of consequences"	o	% / All residents that meet the criteria (0-2 Cognitive Performance Scale)	In House raw data / collected during annual survey Nov 2023	54348	86%	90%	Results of 2023 Resident satisfaction survey were at 86% and did not reach the target of 90%. Target for 2024 is 90%	OARC	1) Identification of gaps in Resident and Family Centered Care approaches.	1) Complete Gap Analysis for Person and Family Centered Care Best Practice Guideline. Develop/implement action pan to address gaps identified.	# of initiatives implemented to address identified gaps	2 or more initiatives implemented to address identified gaps	Apr-24	Dec-24	CQII action plan is a standing item on the Resident Council meeting agenda. Regular update is provided on the action plan status. Resident Council provide feedback on the action plan and its implementation. Families are updated on the CQII action plan development and progress via regular email communication and are encouraged to contact the team for feedback or any questions.	Quality Council supports implementation of the action plan. Members offer recommendation for the implementation of the action plan and consistently evaluate action taken and sustainability process.	1) Residents-via Resident Council meeting minutes. Meeting was held on March 26 2024. 2) Families-via communication sent to families via email on Mar 26 2024. 3) Resident's Council-Meeting held on March 26 2024. 4) Family Council-There is no Family Council at present but home promotes establishing Family Council on regular basis. 5) Staff of the Home-via General Staff meeting held on March 27 2024.
Experience	Patient Centered	Satisfaction with "How well the staff listen to residents"	o	% / All residents that meet the criteria (0-2 Cognitive Performance Scale)	In House raw data / collected during annual survey Nov 2023	54348	89.70%	92%	Results of 2023 Resident satisfaction survey almost reached the target of 90%. Target for 2024 is 92%	OARC	1) Staff Education on Residents Bill of Rights and Complaints Policy.	1) Staff complete the Education on Residents Bill of Rights and Complaints Policy.	Percent of staff who received the education.	100% of staff completed education.	Apr-24	Dec-24	CQII action plan is a standing item on the Resident Council meeting agenda. Regular update is provided on the action plan status. Resident Council provide feedback on the action plan and its implementation. Families are updated on the CQII action plan development and progress via regular email communication and are encouraged to contact the team for feedback or any questions.	Quality Council supports implementation of the action plan. Members offer recommendation for the implementation of the action plan and consistently evaluate action taken and sustainability process.	1) Residents-via Resident Council meeting minutes. Meeting was held on March 26 2024. 2) Families-via communication sent to families via email on Mar 26 2024. 3) Resident's Council-Meeting held on March 26 2024. 4) Family Council-There is no Family Council at present but home promotes establishing Family Council on regular basis. 5) Staff of the Home-via General Staff meeting held on March 27 2024.
											2) Encourage residents to communicate their opinion, needs and any concerns to staff.	2)Discuss residents needs and concerns during care conferences, document the information in Care Conference UDA.	Percent of Care Conferences UDAs completion.	100% of Care Conferences UDAs completion.					
											3) Agenda item at Resident Council meeting to discuss Residents concerns.	3) Discuss with residents if they have any concerns that need to be addressed.	Percent of Concerns brought during the Resident Council meeting.	100% of concerns addressed and resolved.					
											2) Residents and Family Education on Residents Bill of Rights and Complaints Policy.	2) Complete the Resident and Family Education on Residents Bill of Rights and Complaints policy.	Percent of family members and residents received the education.	100% of residents and families completed education.					