

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



AIM	Measure						Change			
Issue	Measure/ Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
Theme II: Service Excellence	Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days.	% / LTC home residents	Local data collection / Most recent 12-month period	CB	100.00	This is a mandatory requirement according to the LTCH ACT 2007 and Ontario Regulation 79/10 section 101	1)Review and revise the Home's current complaints policy and procedure to ensure 100% compliance with handling, following up and concluding complaints according to LTCH standards	Create a working group to review and revise the Home's complaints policy and procedure.	A working group will be in place in the first quarter to review and revise the complaints policy and procedure.	A new policy and procedure will be completed and approved by CEO by June 30, 2019.
							2)Educate staff, volunteers, residents and families of the new policy and procedure on complaints.	There will be live and on line staff education with proof of knowledge transfer. The new complaints P&P will also be discussed during department meetings, coach's corner and will be included in the new staff orientation package and staff newsletter. The volunteer coordinator will educate the volunteers using live education and inform all other active volunteers of the new complaints P&P which will be included in the volunteer handbook. The new complaints P&P will be shared during the Resident and Family council meetings and will be included in the new resident's admission package, resident newsletter, inserted in billing and posted in the community news boards and mandatory posting board.	Number of staff educated on the new complaints policy and procedure. Number of volunteers educated on the new complaints policy and procedure. Number of residents and families informed on the new complaints policy and procedure	100% of staff will be educated on the new complaints P&P by Sept 30/19. 100% of active volunteers will be educated/informed of the new complaints P&P by Sept 30/19. There will be one resident council and one family council meeting in the second quarter where the new complaints P&P is shared. The new complaints P&P will be posted on all 7 home area community news board and will be included in the billing and new admission package by Sept 30/19.
							3)Review the Home's compliance rate to "complaints that were acknowledged to the individual who made a complaint within 10 business days" on a quarterly basis.	All complaints will be forwarded to the Home's CEO who will manage the monthly complaints data. Every 3 months, the compliance rate will be reviewed by the senior management during the leadership and partnership meeting.	Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days	100% of complaints will be acknowledged to the individual who made a complaint within 10 business days.

Percentage of lost laundry related to unlabelled clothes	% / Residents	In-home audit / 2019	CB	CB	The Home observed that the highest number of resident and family complaints are related to lost laundry due to unlabelled clothes. The documentation of complaints are not always accurate, so, the Home decided to tighten the complaints process and labelling of clothes, then collect accurate baseline data.	1)Review and revise the Home's current policy and procedure on labelling of clothes.	Create a working group to review and revise the Home's policy and procedure on labelling of clothes.	A working group will be in place in the first quarter to review and revise the policy and procedure on labelling of clothes.	A new policy and procedure will be completed and approved by CEO by June 30, 2019
						2)Educate the staff on the new policy and procedure of labeling of clothes.	There will be live and on line staff education with proof of knowledge transfer. The new policy and procedure on labelling of clothes will also be discussed during department meetings, coach's corner and will be included in the housekeeper and laundry orientation and staff newsletter.	Number of staff educated on the new policy and procedure on labelling clothes.	100% of staff will be educated on the new complaints policy and procedure by September 30, 2019.
						3)Monitor staff compliance with the new policy and procedure of labeling clothes through review of complaints data related to lost laundry.	All complaints due to lost laundry related to unlabeled clothes will be forwarded to the Home's CEO who will manage the monthly complaints data. Every 3 months, the compliance rate will be reviewed by the senior management during the leadership and partnership meeting.	Percentage of complaints received due to lost laundry related to unlabelled clothes	80% of complaints of lost laundry will not be related to unlabelled clothes.
Percentage of residents who responds positively in the question on, "Do staff respond in a timely manner".	% / Residents	In house data, NHCAHPS survey / 2018	76	80.00	The Home previously achieved higher performance rate than current target rate.	1)Educate the staff on the initiative to improve the percentage of residents responding positively in the question, "Do staff respond in a timely manner?".	The coaches will educate the staff in their home areas on this this particular quality initiative and their role in improving the resident satisfaction.	Number of home area coach's corner education completed.	There will be seven home area coach's corner education completed by April 30, 2019.
						2)Target a call bell average response time of 3 minutes or less per home area.	Compile a bi-monthly call bell response report by resident home area. Share the reports with front line staff, who will review them every 2 months during the Coach's corner meetings and implement different interventions to improve response time to an average of 3 minutes or less.	Number of resident home area that reached a call bell response time of 3 minutes or less by March 31, 2020.	All seven (7) home areas will reach a 3 minutes or less call bell response time by March 31, 2020.
						3)Involve residents in the initiation and ongoing review of this quality initiative.	The residents will be informed on this quality initiative and result of the bi-monthly call bell response time reviewed by the staff will be brought to the Resident Council every 3 months for information sharing and for feedback.	Number of Resident council meeting where the ongoing result of this quality initiative is shared to residents for information and feedback.	There will be 4 meetings in the year where the ongoing result of this quality initiative is shared to residents for information and feedback.

