

2024/25 Quality Improvement Plan
"Improvement Targets and Initiatives"

Long Term Care

Niagara Health System 1200 Fourth Ave, St. Catharines , ON, L2S0A9



AIM	Measure									Change				
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
Equity - Equitable	Percentage of staff who have completed relevant equity, diversity, inclusion and anti-racism education	O	NH LTC Staff	Local data collection	51585	Baseline - Apr/22 Dec/23 39.10% 52 completed the module out of 133 active staff accounts	Need 113 staff to complete the module assuming 133 active staff accounts	45.9% improvement to target 85%		1) Leadership engagement in San'yas Training	All directors and managers are provided with San'yas Training through an online module training program.	# of leaders (managers, directors, supervisors, EVPs and President) completing the training	100% of all leaders in Niagara Health LTC complete training	San'yas training is an anti-racism Indigenous cultural safety training program.
										2) New hires engagement in Cultural Humility Training and the Mutually Respectful Workplace and Diversity Training	All new hires engage in cultural humility training at orientation and are to complete the Mutually Respectful Workplace and Diversity Training	# of new hires engaged in training	100% of new hires engaged in training	
										3) Existing staff prompted to complete Mutually Respectful Workplace and Diversity Training	Staff are provided with the LearnH module through the internal learning platform. Managers to follow up with staff to ensure the completion of these modules within the QIP year. Focus on supporting staff with time to complete the modules.	# of completed modules	85% of staff complete LearnH module	
Experience	Do residents feel they can speak up without fear of consequences? Measured through "I can express my opinion without fear of consequences" Positive responses includes always or something and excludes never."	O	LTC residents	Patient Survey	51585	Baseline - Apr/22-Dec/23 97.37% 38 out of 38 resident responses indicated 'always' or 'sometimes'	Need 34 positive responses out of an assumed 38	Maintain 90%		1) Engagement with the Resident Council	A resident council will be involved in reviewing the ratings of this measure from the survey and engaged in discussions on areas for improvement in a co-design process.	# of initiatives created and implemented as a result of the suggestions from the resident council	2 initiatives developed and implemented	
										2) Collaborative learning and training with community partners	NH LTC will create learning opportunities for staff through partnering with community partners to discuss topics related to caring for individuals with various conditions such as Alzheimer's and Dementia.	# of staff attending training; # of learning activities	85% of staff attending training; 2 collaborative learning opportunities	
	Do residents feel they have a voice and are listened to by staff? Measured through "I feel staff listen to me." Positive response includes always, something and excludes never.	O	LTC residents	Patient Survey	51585	QIP 23/24 - Jun/23 100% 38 out of 38 resident responses indicated 'always' or 'sometimes'	Need 34 positive responses out of an assumed 38	Maintain 90%		1) Collaborative Family Meetings	Bi-annual family meetings are implemented to provide a collaborative approach to understanding and addressing any issues or challenges experienced by the resident. This will help to close the loop with family and resident and any concerns.	# of meetings	100% of family/caregivers are engaged in one meeting per year	
										2) Engagement with Resident Council	A resident council will be involved in reviewing the ratings of this measure from the survey and engaged in discussions on areas for improvement in a co-design process.	# of initiatives created and implemented as a result of the suggestions from the resident council	2 initiatives developed and implemented	
Safety-Effective	Worsened Pressure Ulcer	O	LTC residents	CIHI reported data	51585	Baseline - Oct/22-Sep/23 6.87% 20 out of 291 resident assessments found to have worsened pressure ulcer	Need 14 residents to be identified out of an assumed 291 volume	2.06% improvement to target 4.81%		1) Implementation of a skin and wound module through Point-Click Care	The Point Click Care Skin and Wound Program allows for the measurement of wounds and supports leading practice for treatment. This will be used on all wounds moving forward.	# of staff trained on the software; # of wounds assessed and treated through the skin and wound program; reduction in the number and severity of the wound	100% of staff trained on the software; 100% of wounds on the unit logged and managed through the new software; 50% reduction in severity of wound	
										2) Implementation of a Skin and Wound Committee	The Skin and Wound Committee will be a multi disciplinary team of health professionals dedicated to advancing skin and wound care. This team will meet monthly to review data, align staff education to current needs review new products, collaborate with expertise and create decision making tools for clinicians.	# of meetings; # of resulting initiatives	12 meetings; 5 initiatives implemented	