

**2022/23 Quality Improvement Plan  
"Improvement Targets and Initiatives"**

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

AIM	Measure										Change					
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Executive Compensation	Collaboration Status	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Service Excellence	Patient-Centred	Having a Voice: "What Number Would You Use to Rate How Well the Staff Listen to You?"	P	Residents that respond positively / number of residents that responded to the question	Hopsital collected data / Jan 2021 to Dec 2021	51585*	92.59%	90%	Maintain at least a 90% positive response			To ensure residents have a comprehensive understanding of this indicator.	Engage and educate residents to understand and participate in the collection of this data.	The current target of 90% for this indicator will be maintained.	90% indicator maintained	
												When resident incapable, to ensure Families/POA's have a comprehensive understanding of this indicator.	Engage and educate residents' families to understand and participate in the collection of this data.	Increase in participation of survey responses	25% increase in survey responses	
												Ensure indicator is collecting quality data.	Develop Standardized questions that reflect accurate, quality data.	Bring resident input/suggestions/ideas forward at Resident's Council, Food Committee meetings, monthly surveys reflecting both therapeutic recreation activities and food services.	Continue to maintain current target of 90%	
												Enhance the staff/resident relationships	Provide education to Staff to facilitate improvements of staff to resident relationships	Resident's will continue to feel valued by staff. Residents will continue to offer suggestions/ideas for the home.	Continue to maintain current target of 90%	
Service Excellence	Patient-Centred	Being Able to Speak Up about the Home: "I Can Express My Opinion Without Fear of Consequences"	P	Residents that respond positively / number of residents that responded to the question	Hopsital collected data / Jan 2021 to Dec 2021	51585*	90.12%	90%	Maintain at least a 90% positive response			To ensure residents have a comprehensive understanding of this indicator.	Engage and educate residents to understand and participate in the collection of this data.	Bring resident input/suggestions/ideas forward at Resident's Council, Food Committee meetings, monthly surveys reflecting both therapeutic recreation activities and food services.	90%indicator maintained.	
												When resident incapable, to ensure Families/POA's have a comprehensive understanding of this indicator.	Engage and educate residents to understand and participate in the collection of this data.	Care conferences will have increased participation by residents and/or families.	Care conference participation will increase by 15%	
												Ensure indicator is collecting quality data.	Develop Standardized questions that reflect accurate, quality data.	Resident's will continue to feel valued. Residents will continue to offer suggestions/ideas for the home.	Continue to maintain current target of 90%	
												Enhance the staff/resident relationships	Provide education to Staff to facilitate improvements of staff to resident relationships	Resident's will continue to feel valued. Residents will continue to offer suggestions/ideas for the home.	90%indicator maintained.	
Safe and Effective Care	Effective	Experiencing Worsened Pain	C	%Residents	CIHI CCRS / October 2020 – September 2021	51585*	9.51%	9.51%	Maintain current performance as home has experienced an increase in the last two quarters (Jul to Dec 2021) at approximately 11.5%			Sustain indicator	Facilitate and foster partnerships with community supports such as Hospice Niagara, the Alzheimer's Society, Behaviour Supports Ontario.	Facilitate education sessions for all front line staff related to identifying and treating pain	The current target of 9.51% for this indicator will be maintained.	
													Analyze comparisonsand data through sector comparisons related to this indicator	Quarterly assessments, medication reviews and CIHI statistics by home's MDS staff, pharmacy and physician	The current target of 9.51% for this indicator will be maintained.	
													Review and improve pain policy.	Initiate a multidisciplinary Pain Management committee	The current target of 9.51% for this indicator will be maintained.	
													Provide education to Staff related assessing and identifying pain	Facilitate education sessions for all front line staff related to identifying and treating pain	Maintain the current target of 9.51%	

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)