



Golden Plough Lodge Quality Improvement Plan 2024-2025

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Background

- ▶ As is a requirement under the Fixing Long Term Care Act, 2021, all Long-Term Care Homes must have a Quality Improvement Program. This includes developing an annual Quality Improvement Plan, referred to as a QIP.
- ▶ The QIP focuses on areas of improvement in all departments across the home. The QIP is submitted to Health Quality Ontario annually, and includes a progress report, analyzing the previous year's successes or identified areas for further improvement.
- ▶ Health Quality Ontario (HQO) provides priority quality indicators of focus for all areas across the health sector, including Long-Term Care Homes, Hospitals, and Community Care providers. These priority indicators are included in Golden Plough Lodge's 2024/25 QIP and focus on areas such as access and flow, equity, experience, and safety.

Priority Indicators

- ▶ Access and Flow
- ▶ Equity
- ▶ Resident Experience
- ▶ Falls Prevention



Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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)	16.85	15.00	Rate of ED visits will decrease 2024/25 as compared to 2023/24 QIP.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	100% staff and completion 2024/25	

Resident Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	57.69	85.00	We have 151 residents, when at capacity. Goal is to have at least 50% complete the survey, which is approximately 75 completed surveys, to ensure reflective results of population. Of that goal of 75 respondents, goal is 85% positive responses.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	19.93	15.54	Target performance is based on Provincial rate. Relative target is reflective of Provincial rate and our homes previous years data.	

Consultation

- ▶ Continuous Quality Improvement Committee
- ▶ GPL also consults with community stakeholders; Public Health, NHH, and the Ministry of Long-Term Care, on CQI initiatives.



Legislative Authority

- ▶ Ministry of Long-Term Care
- ▶ Fixing Long-Term Care Act, 2021
- ▶ Ontario Regulation 246/22
- ▶ Health Quality Ontario, Ontario Health

Discussion

- ▶ Golden Plough Lodge continues to strive for excellence in the care we provide to our residents.
- ▶ We continue to maintain quality improvement initiatives in all areas of programming and services provided to our residents.
- ▶ Golden Plough Lodge strives to identify and facilitate action plans to address any areas for improvement and is committed to continuous quality improvement.