

2023/24 Quality Improvement Plan

"Improvement Targets and Initiatives"

Services De Sante De Chapleau Health Services 6 Broomhead Road, Chapleau , ON, P0M1K0

AIM	Measure										Change					
Issue	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	
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)																
Theme I: Timely and Efficient Transitions	Efficient	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / other	627*										
		Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	54386*	X	X	Due to a small number of residents, historically the numbers are N/R.			Implement the first 3 modules (delirium, resident centered care and admissions) of the RAO BPG Modules within Point Click Care.	A) Complete intake work for kick off (i.e. gap analysis, modifying policies, etc). B) Provide staff training. C) Staff to use RAO BPG tools and assessments.	A) Percentage of staff who have completed the mandatory education for efficient use of tools and assessment provided within the RAO modules within Point Click Care. B) Audit compliance of tool and assessment usage once fully implemented.	A) Verify that 100% of LTC staff have completed the Mandatory education relating to the RAO Module. B) By Q4 - 75% compliance rate by staff in completing provided tools and assessments.	
							CB (Jan 2023-June 2023)	In Q3; reduce by 10%								
	Timely	Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / other	627*										
		Add other measure by clicking on "Add New Measure"	A	Other / Other	Other / Other	54386*										
Theme II: Service Excellence	Patient-centred	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	54386*	53.85%	60%	Based on previous surveys, 60% would be exceeding previous results.		Monitor patient feedback via annual patient experience surveys.	Volunteer(s) to collect resident survey responses (of patients with appropriate CPS scores) via Survey Monkey.	Percentage of residents who respond positively (a response of 9 or 10) to the question.	60% of respondents positively responded.		
		Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	54386*	76.92%	80%	Based on previous surveys, 80% would be exceeding previous results.		Monitor patient feedback via annual patient experience surveys.	Volunteer(s) to collect resident survey responses (of patients with appropriate CPS scores) via Survey Monkey.	Percentage of residents who respond positively (a response "yes") to the question.	80% of respondents positively responded.		

