



Long-Term Care Home Quality Report

2022-2023 Fiscal Year

Long-Term Care Quality Indicators

For 2022, NSHN LTC Home Quality Improvement Plan is focused on the reduction of falls, use of antipsychotics without dx and medication safety. Our targets for 2022 were based on provincial and national average.

Fiscal Quarters	
Q1	April May June
Q2	July August September
Q3	October November December
Q4	January February March

Indicator	Benchmark	Q1	Q2	Q3	Q4	Annual	Provincial Average	National Average
Long-Term Care Home Residents Who Fell	The provincial benchmark is 9%.	10.67%	19.80%	20.19%	8.13%	14.39%	14.97%	16.89%
Comments: This indicator shows the percentage of long-term care home residents in Ontario who fell during a 30-day period before an assessment by a health care professional. A lower percentage is better. Falls among long-term care home residents are a common cause of injuries such as hip fractures, and may result in a visit to the emergency department or hospital admission. FAL02								

Indicator	Benchmark	Q1	Q2	Q3	Q4	Annual	Provincial Average	National Average
Residents Not Living With Psychosis Who Were Given Antipsychotic Medications.	The provincial benchmark is 19%.	29.06%	29.26%	21.59%	3.33%	20.37%	20.8%	21.2%
This indicator shows the percentage of long-term care home residents in Ontario not living with psychosis who were given antipsychotic medication in the seven days prior to being assessed by a health care professional. A lower percentage is better. Patient side effects may include confusion, higher risk of falls, and a slightly increased risk of death. DRG01								

Indicator	Target	Q1	Q2	Q3	Q4	Annual
Medication Incidents.	G = ≤ 7.5 Y = 7.6 - 11.9 R = ≥ 12	0.90%	1.01%	4.41%	2.60%	2.20%
Comments: There are no external benchmarks in the literature. The literature speaks to encouraging reporting, analysis of the root cause, and the processes. Education and follow up being implemented that has demonstrated a reduction in errors.						

2023-2024 Quality Improvement Plan:

Driven by our commitment to excellent resident centered care, we have set our performance targets for 2023 using Provincial and National average. With the use of CIHI information and INSIGHTS on Point Click Care (PCC), these statistics are analyzed and reviewed by the Continuous Quality Improvement Committee.

Priority Areas:

- Falls
- Use of antipsychotics without a diagnosis
- Medication safety
- Worsening pressure injuries (from stage 2 to 4)

Attached as a separate document is the 2023-2024 Action Plan.



NSHN Long term Cares quality improvement committee meets every quarter on the third Wednesday after every quarter end from 1300-1430. Based on review of the year priors INSIGHTS data, any areas brought forwarded by resident or families, and/or any GAPS identified by members of the committee, two to four priority areas are chosen and an action plan is created to promote quality improvement.

Committee reviews action plan at every meeting to identify and measure progress, discuss any adjustments to be made, and communicate outcomes.

Resident Satisfaction Survey

Long Term Care Resident Satisfaction Survey was conducted on November 28th 2022. Based on the results of this survey an Action Plan was created which includes a variety of members of the care team.

Attached as a separate document are the results and the Action Plan

Family council meeting reviewed: January 26th 2023

Resident council meeting reviewed: June 20th 2023

Our Home Continuous Quality Improvement Team is Composed of the Following:

1. The Home's Administrator: Time Vine, CEO
2. The Home's Director of Nursing and Personal Care: Mary Ellen Luukkonen, CNE
3. The Home's Medical Director: Dr Jeeves, COS
4. Every designated lead of the home
 - a. Nurse Manager: Lisa Thompson, RN
 - b. Quality Committee Lead: Chantalle Trivers, RN
 - c. IPAC Lead: Roberta Paquette, RN
 - d. Rec and Rehab Lead: Julia Lemieux
5. Vice President of Environmental Services & Chief Risk and Communications Officer: Melanie: Kubatlija, CRM
6. Social Worker: Jenna Murray, RSW
7. Behavioural Supports Ontario Lead: Monique Labine, RPN
8. Food Services Manager: Shannon Coultis
9. The Home's Registered Dietitian: Christine Trivers, RD
10. Pharmacist from the pharmacy service provider: Jacquelyn Peters
11. At least one employee who is a member of the regular staff of the home: Monica Seguin, RPN
12. At least one employee who has been hired as a personal support worker: Lisa Brock, PSW
13. One member of the home's Residents' Council: unfilled
14. One member of the home's Family Council: Sheila Nyman
15. Infection Control Coordinator: Nick Fraser, RN
16. Clinical Quality, Education and Communication Admin Lead: Charlyn Breckenridge

Attached as a separate document the committees Terms of Reference.

Information Management:

- LTC Quality Improvement Committee Action Plan (2023-2024)
- Resident Satisfaction Survey Results (Nov 2022)
- 2022 Action Plan
- 2022 Action Plan (May 2023) Reviewed
- Quality Improvement Committee – Terms of Reference