

## Theme I: Timely and Efficient Transitions

**Measure**      **Dimension:** Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	26.32	24.00	working towards corporate goal.	

**Change Ideas**

**Change Idea #1** Although we had a decrease of ED visit over the last year we aim for a further 30% percent reduction. We will continue to provide education on nursing assessment utilizing the SBAR method to reduce the number of ER visit in the home and the roll out of the hospital tracking tool .

Methods	Process measures	Target for process measure	Comments
1)Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice. DOC to educate REg staff on the use of the SBAR documentation tool to be used for clinical charting. Implement internal hospital tracking tool and analyze each transfer.	Education to be provided to all registered staff based on needs assessment. #2) Improved confidence and decision making from Registered staff related to clinical assessment. #3) Increased SBAR documentation and improved communication within clinical team #4) Number of avoidable ED visits	30 % reduction of ED visits by December 31st 2023.	Increase Capacity within the nursing team

**Change Idea #2** To educate and train the registered staff about the "My Wishes Program" and DNR process .

Methods	Process measures	Target for process measure	Comments
Education to the interdisciplinary team on "my wishes" program , CPR, Active management and hospital transfers. #2) Education and utilization of Palliative Performance Score (PPS) to determine disease progression, #3) Include "my wishes" program in resident and family council discussion.	# of registered staff trained on the My Wishes Program 2) # of registered staff reviewing the pain and palliative policy 3) # of times the program is discussed at resident's and family council 4) # of care plans updated to reflect the "My Wishes Program", 5) Number of staff trained on how and when to use PPS. #6) Number of avoidable hospital transfers	50 % reduction of unnecessary ED Transfers	

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #2	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?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	83.33	90.90	working towards corporate target	

### Change Ideas

Change Idea #1 To provide more interactive programs to residents where they can build relationships amongst co-residents. Strengthen current opportunities to establish strong rapport with residents.

Methods	Process measures	Target for process measure	Comments
The home utilize Activity PRO. This will capture data, analyze and track the number of programs offered for resident's engagement . The home will partner with the Ontario Association of Resident Council (OARC) to provide support for Resident Council 2) Will continue to involve residents in decision making processes in the home during the care conferences 2) Reinforce open door policy and ways to approach the leadership team and any other member of the home's team.	# of resident engagement activities reviewed per month by the recreational team and the monthly # of complaints from the resident council and residents overall.	Increase level Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you? by 5 %	Total Surveys Initiated: 12 Total LTCH Beds: 64 The home will consider the suggestion box in order for the residents to express or convey their ideas, concerns, any topic they would like to address.

**Measure**      **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	83.33	80.00	working towards corpoptate goal	

**Change Ideas**

Change Idea #1 #1) Increase resident participation residents' council, attendance to the home's CQI committee and other required program meetings 2) Make residents' part of the decision making process in the home.

Methods	Process measures	Target for process measure	Comments
1.) Resident council and CQI meeting posters throughout the home posted 2 weeks before the scheduled date, #2) Ensure resident concerns and opinions are heard by engaging residents in the process, #3) Invitation to join the required programs meeting will be provided during resident council meetings #4.) Acknowledge and recognize residents participation, #5) Staff education on person centered care through RNAO best practices.	Number of attendance record from resident council and CQI meetings, #2) Number of residents participation in required programs, #3) Number of input/feedback from residents during meetings, #4) Staff education on person centred care through RNAO best practices.	90% of residents will positively respond to: "I can express my opinion without fear.	Total Surveys Initiated: 12 Total LTCH Beds: 64

## Theme III: Safe and Effective Care

### Measure Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	24.19	22.00	Working towards provincial average.	

### Change Ideas

**Change Idea #1** The home has discussed to include the MDS assessment under behaviours for the registered staff to complete each shift during the resident's 7 day look back period.

Methods	Process measures	Target for process measure	Comments
The RAI-MDS coordinator will be analyzing and reviewing the data to determine if there is any difference (MDS report).	#1) number of resident on anti psychotic, #2) Number of anti psychotic meds prescribed without diagnosis, #3) monthly CQI reports on PCC r/t resident using anti psychotics with diagnosis of psychosis, & # of staff educated on de-prescribing algorithm and risks of anti psychotic use.	There will be a 20% over all decrease of residents without psychosis who were given anti psychotic medication in the 7 days preceding their resident assessment	

**Change Idea #2** The home will liase with the Royal Ottawa Hospital psychogeriatric team to ensure other alternative of medications are introduced or trialled before introducing an antipsychotic medication.

Methods	Process measures	Target for process measure	Comments
Physicians will follow up with the recommendations from the ROH Team. Discussion will take place if there is a need for other medications to be trialled first before prescribing an antipsychotic medication.	#of ROH recommendations reviewed per visit by the physicians 2)# of resident who ABS score is greater than 1 preceding the 7 day look back period.	There will be a 2.9% decrease of residents who are taking an antipsychotics without a diagnosis of psychosis.	

**Measure**      Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Falls	C	% / LTC home residents	CIHI eReporting Tool / Q2	15.30	14.50	Working towards provincial average	

**Change Ideas**

**Change Idea #1** The home will implement the falls huddle after each fall. This huddle will be an interdisciplinary approach where interventions will be discussed and trialed.

Methods	Process measures	Target for process measure	Comments
Each fall will be documented in risk management and a post fall assessment will be conducted.	number of residents who fell with the last 30 days will be reviewed and discussed by the fall team	The falls will decrease to 14.5% for Q3.	

**Change Idea #2** The pharmacist will conduct medication reviews for residents who are frequent fallers.

Methods	Process measures	Target for process measure	Comments
The physicians will follow through the pharmacist recommendations and the home will assess to determine if medication changes were effective in decreasing the number of falls.	number of medication reviews conducted per month.	The falls will decrease to 14.5% in Q3.	