

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)	24.32	22.32	The home expects an improvement over the next quarter.	

Change Ideas

Change Idea #1 1) To reduce the number of hospital transfers within the home by educating the nurses on the SBAR process. Re- educate nurses on assessment skills and attending nursing committee meetings. 2) Collaborate with the multidisciplinary team to conduct a root cause analysis and comprehensive assessment to determine if the resident is a candidate for hospital transfer. 3) The home is currently recruiting a nurse practitioner. 4) The home continues to discuss goals of care during multi disciplinary care conferences and admissions (advance care planning). 5) Provide education to families about the goals of care in relation to hospital transfers. 6) Collaborate with our stakeholders in receiving timely diagnostic information thus assist in reducing hospital transfers.

Methods	Process measures	Target for process measure	Comments
1) Education provided to the registered staff on the SBAR process. 2) Educate residents and families about avoidable potential ED visits. 3) Continue to utilize the hospital tracking tool and analyze each ED visit. 4) Discuss the ED visits at PAC meetings and other committee meetings to analyze the data and implement interventions on how to avoid further ED visits. 5) Conduct needs assessment from registered staff to identify their clinical skills and assessment that will enhance their daily practice.	1) Increase SBAR documentation and improve communication within the clinical team. 2) The number of residents whose hospital transfer were a request from families or residents. 3) Improve confidence and decision making from registered staff related to clinical assessment. 4) Number of avoidable ED visits. 5) Number of transfers to ED who returned within 24 hours.	1) Decrease the number of ED visit by 10% until the home reaches corporate goal by December 2024.	The home will continue to actively seek a nurse practitioner.

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	80.00	Through education, the home expects to have an increase understanding of this criteria over the next 6 months.	

Change Ideas

Change Idea #1 To improve dialogue of diversity, inclusion, equity and anti-racism in the workplace. 2)To increase diversity training through surge learning or live events. 3) To facilitate ongoing feedback or open door policy with the management team. 4) To improve cultural diversity as part of Quality Meetings.

Methods	Process measures	Target for process measure	Comments
1) Staff to complete their cultural diversity training on Surge Learning and or Live in Events. 2) Introduce diversity and inclusion as part of the new on boarding process. 3) Continue to celebrate cultural and diversity events within the home. 4) Implement cultural diversity when conducting Quality meetings.	1) Number of staff who completes the cultural diversity and inclusion education. 2) Number of new employee trained on culture and diversity.	80-100 percent of all staff will complete the Culture and Diversity education.	

Experience

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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	92.86	100.00	To attain corporate goal.	

Change Ideas

Change Idea #1 Resident Rights #29, "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following person and organizations without interference and without fear of coercion, discrimination or reprisal whether directed at the resident or anyone else". 2) The goal of improving the councils, group of people who meets regularly to promote the collective interest of residents, and to discuss the issues of concerns. By improving the councils, this ensure a greater voice for our residents and families and to strengthen the partnerships between the councils, MOH, operators by ensuring opportunities for increase communication and collaboration that exist within the home.

Methods	Process measures	Target for process measure	Comments
1)Review resident right #29 at Resident Council Meetings. 2) Ensure a copy of the resident's Bill of Rights is present in the admission package. 3) Ongoing education to staff about the resident's bill of rights esp. #29.	1)100% of Resident Council meeting will have review of resident bill of rights especially #29. 2)100% of staff will complete the resident bill of rights on Surge learning/Live Events. 3) Continue to include the resident bill of rights in the new hire staff package.	100% of all staff, families and residents will complete the education of Resident Bill of rights especially #29.	Total Surveys Initiated: 14 Total LTCH Beds: 64

Safety

Measure - Dimension: Safe

Indicator #4	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	11.02	1.00	We are in line with corporate average.	

Change Ideas

Change Idea #1 1) To implement fall huddle post fall. 2) To re-educate staff on the Falls Management and Preventative Program. 3) To collaborate with internal and external stakeholders to help further increase in falls or injuries with falls.

Methods	Process measures	Target for process measure	Comments
1) To implement falls huddle post falls to determine the most appropriate intervention in preventing the falls or injuries associated with the fall. 2) To adhere to the pharmacist and or physiotherapist recommendations to reduce the number of falls and or injuries associated with the falls. 3) To increase staff education/training on Falls Management and Prevention policies and procedures.	1) Number of falls huddles completed one each unit. 2) Number of staff who participates on the monthly falls meeting. 3) Number of staff who completed their Falls Prevention and Management education.	80% of staff participation on falls huddle post fall.	

Measure - Dimension: Safe

Indicator #5	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	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	27.31	24.00	We are continuing to work towards corporate target goal.	

Change Ideas

Change Idea #1 1) The MD, Pharmacist, BSO (including the psychogeriatric team) with the nursing team will review new admission diagnosis and medications related to inappropriate prescribing of antipsychotics. 2) Nursing staff to monitor responsive behaviours and to document their behaviours on the 7 days look back period. 3) Educate staff and families about the side effect of antipsychotics and propose alternative interventions where appropriate.

Methods	Process measures	Target for process measure	Comments
1) The number of residents who are on antipsychotics medications where a reduction have been implemented. 2) Number of PAC meetings held quarterly where discussion took place regarding the reductions of antipsychotics (strategies have been implemented). 3) BSO to continue to implement strategies (non pharmacological strategy) to assist with the reduction of antipsychotic medications.	1) Number of meetings held monthly by the team. Number of antipsychotic medications reduced as a result of the monthly meetings. 2) Number of residents who are in the 7 day look back period who has a behaviour of hallucinations, delusions, schizophrenia, psychosis, bipolar, Huntington's disorder will be captured with that period thus decreasing the % of residents who are taking antipsychotics without a diagnosis.	1) 100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotic. 2) There will be a 20% decrease of residents without psychosis who were given antipsychotics medication in the 7 days preceding their resident assessment.	