

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)	33.33	28.00	Reduce potentially avoidable emergency department visits for long-term care residents	

Change Ideas

Change Idea #1 Use SBAR tool to communicate with various health practitioners as it will provide clear details and understanding of resident status/concerns and assessment findings.

Methods	Process measures	Target for process measure	Comments
1. Education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians 2. Registered nurse to communicate to physician and NP, a comprehensive resident assessment and obtain direction prior to initiating an ER transfer	1. The # of registered staff that attended the SBAR communication education 2. Number of communication process used in the SBAR format, between clinicians per month 3. Increased SBAR documentation and improved communication within clinical team	90% of registered staff who attended education by end of December 31 2024 2. 80% of communication between physicians, NP and registered staff will occur in SBAR Format by December 31, 2024	

Change Idea #2 To reduce unnecessary hospital transfers, through the utilization of on-site services such Nurse practitioner; IV therapy, oxygen etc.

Methods	Process measures	Target for process measure	Comments
<p>1. Nurse Practitioner on site will provide education theoretically and at bedside.</p> <p>2. Review list of available resource registered staff and physician's can utilize to care for residents and reduce/avoid hospital transfers example CARERX to provide IV antibiotics the weekend by calling on-call pharmacist, availability of COVID IV medication in LTC</p>	<p>1. Number of staff who demonstrated education application via documentation quarterly. 2. The number of ER transfers averted monthly. 3. Number of transfers to ED who returned within 24 hours 4. Number of avoidable ED visits</p>	<p>1. 50% reduction of ED visits by December 31st 2024.</p>	

Change Idea #3 Build capacity and improve overall clinical assessment of Registered Staff

Methods	Process measures	Target for process measure	Comments
<p>1. Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice and incorporate into the monthly registered staff meetings 2. Implement internal hospital tracking tool and analyze each transfer status. 3. ED transfer audit will be completed and reviewed monthly by nursing leadership (DOC, ADOC). Reports will be reviewed at quarterly PAC meetings; 4. Education and utilization of Palliative Performance Score (PPS) to determine disease progression</p>	<p>1. Improved confidence and decision making from Registered staff related to clinical assessment. 2. The number of ER transfers averted monthly. 3. Number of transfers to ED who returned within 24 hours 4. Number of avoidable ED visits</p>	<p>1. 50% reduction of ED visits by December 31st 2024.</p>	

Change Idea #4 Advance care planning discussion during interdisciplinary care conferences

Methods	Process measures	Target for process measure	Comments
1. Educate residents and families about the benefits of and approaches to preventing ED visits. 2. Support early recognition of residents at risk for ED visits by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits.3. Education to the interdisciplinary team related to advance care planning including resident's wishes related to CPR, Active management and hospital transfers. 4. Education and utilization of Palliative Performance Score (PPS) to determine disease progression	1. The number of residents whose transfers were a result of family or resident request. 2. The number of ER transfers averted monthly. 3. Number of transfers to ED who returned within 24 hours 4. Number of avoidable ED visits	1. 50% reduction of ED visits by December 31st 2024.	

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	73.13	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 overall dialogue of diversity, inclusion, equity and anti-racism in the workplace;

Methods	Process measures	Target for process measure	Comments
1. Training and/or education through Surge education or live events; 2. Introduce diversity and inclusion as part of the new employee onboarding process; 3. Celebrate culture and diversity events; 4. Monthly quality meeting standing agenda	1. Number of staff education on Culture and Diversity; 2. number of new employee trained of Culture and Diversity;	80-100% of staff educated on topics of Culture and Diversity	Total LTCH Beds: 48

Change Idea #2 To increase diversity training through Surge education or live events

Methods	Process measures	Target for process measure	Comments
1. Training and/or education through Surge education or live events; 2. Introduce diversity and inclusion as part of the new employee onboarding process;	1. Number of staff education on Culture and Diversity; 2. number of new employee trained of Culture and Diversity;	80-100% of staff educated on topics of Culture and Diversity	

Change Idea #3 To facilitate ongoing feedback or open door policy with the management team

Methods	Process measures	Target for process measure	Comments
1. Training and/or education through Surge education or live events; 2. Introduce diversity and inclusion as part of the new employee onboarding process; 3. Celebrate culture and diversity events; 4. Monthly quality meeting standing agenda	1. Number of staff education on Culture and Diversity; 2. number of new employee trained of Culture and Diversity;	80-100% of staff educated on topics of Culture and Diversity	

Change Idea #4 To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
1. Celebrate culture and diversity events; 2. Monthly quality meeting standing agenda	1. Number of staff education on Culture and Diversity; 2. number of new employee trained of Culture and Diversity;	80-100% of staff educated on topics of Culture and Diversity	

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	85.71	90.00	Target is based on corporate averages. We aim to do better than or meet corporate average.	

Change Ideas

Change Idea #1 Educate the staff on Residents Bill of rights and Zero Tolerance of Abuse and Neglect Policy

Methods	Process measures	Target for process measure	Comments
1. Staff will be educated on residents bill of Rights and Zero Tolerance of Abuse and Neglect Policy	1. the Number of staff attended the education 2. percentage of staff completion in surge learning	100% of staff Educated by end of December 2024	Total Surveys Initiated: 14 Total LTCH Beds: 48

Change Idea #2 2. Continue with the "All About Me" program in the home

Methods	Process measures	Target for process measure	Comments
1. Train the nursing departments on completing/inputting assessment 2. review with resident and family council 3. Complete on admission - provide families with a print out and ask them to return at a later date	1. Number of Staff trained on the "All About Me" assessment 2. number of residents/families participated in "All About Me" assessment 3. number of times program is discussed at resident council and family council	60% of new admissions will have a "All About Me" assessment completed	

Change Idea #3 Review "Resident's Bill of Rights" more frequently, at residents' Council meetings with a focus on 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 persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else"

Methods	Process measures	Target for process measure	Comments
1. Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. 2. Re-education and review with all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers;	1. 100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by June 2024 2. 100% of all staff will have education via department meetings on Resident Bill of Rights #29 by December 2024. 3. 100% of resident Council Standing Agenda will have Residents' Bill of Right #29, added for mnthly review.	100% of all staff and residents will have completed review on resident Bill of Rights #29	

Change Idea #4 Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions.

Methods	Process measures	Target for process measure	Comments
1. encourage resident to attend care conference 2. Provide appropriate amount of time for care conference	1. number of residents that attended their own care conference	70% of residents will attend own care confernece by December 2024	

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	21.67	18.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 Weekly interdisciplinary Falls meetings

Methods	Process measures	Target for process measure	Comments
1. DOC and RAI MDS will determine area for weekly falls meetings based on risk management assessments. 2. Interdisciplinary team will participate in the weekly falls meeting in conjunction with direct care staff. 3. Ensure environmental risk factor assessment completed for all falls 4. any deficiencies noted will be corrected	1. Number of staff participation during weekly falls unit meeting 2. Number of environmental risk assessments completed that resulted in a change of environment.		Interdisciplinary fall meeting will be attended by all disciplines noted.

Change Idea #2 Utilization of Fall tracker

Methods	Process measures	Target for process measure	Comments
1. Fall lead will document all falls on the tracker which will be reviewed monthly in the QI meeting to analysis trends and risk	1.Fall lead will document all falls on tracker and the tracker will be reviewed and analyzed for trends monthly at QI meeting	100% of falls will be tracked and analyzed for trends with implementation of appropriate interventions	

Change Idea #3 Weekly Fall Huddles on each unit for high risk residents

Methods	Process measures	Target for process measure	Comments
1. Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls	1. Number of weekly meeting in each unit; 2. number of staff participants on the weekly falls meeting;	100% of staff participation on Falls Weekly huddle in each unit	

Change Idea #4 Educate ALL staff to improve overall knowledge and understanding of the Falls Program

Methods	Process measures	Target for process measure	Comments
1. To increase training and/or education of Falls program;	1. number of fully completed Risk management including all required Assessments 2. the number of updated care plans	100% of staff will be educated on the Falls program by December 2024	

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	6.25	5.50	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas**Change Idea #1** Monthly QI meeting - Review residents with antipsychotic medication without dx for alternatives interventions

Methods	Process measures	Target for process measure	Comments
1. educate staff on the use of deprescribing algorithm. 2. BSO lead tracks residents taking an antipsychotic, reviews diagnosis, behavior and doses. 3. Educate registered staff on the risk of using antipsychotics medications.	1. Number of staff educated on use of de-prescribing algorithm 2. Number of registered staff educated on risks of antipsychotic use. 3. Number of residents reviewed with changes made to plan of care	1. 90% of staff will be educated on the algorithm and the risks associated with use of antipsychotic 2.100% of the triggered residents will be reviewed	

Change Idea #2 Responsive Behaviour education for all staff

Methods	Process measures	Target for process measure	Comments
1.Educate staff on Responsive Behaviours 2. GPA training to aid with incorporation and utilization of non-pharmacological interventions	1. Number of staff educated on responsive behaviour program 2. number of staff educated on GPA 3. number of staff that have implemented interventions independently	100% of staff will be educated on the Responsive behaviour program and GPA by December 2024	

Change Idea #3 Residents who are prescribed antipsychotics for the purpose of reducing agitations and or aggression will have a medication review quarterly to consider dosage reduction or discontinuation.

Methods	Process measures	Target for process measure	Comments
1. BSO lead and nursing team will ensure that residents who receive antipsychotics are reviewed quarterly and as needed, by the physician and pharmacy consultant	1. Number of antipsychotics reduced as a result of a medication review.	50% of resident reviewed will have a reduction of antipsychotic	

Change Idea #4 Emar Reminder for registered staff to document on behaviours, and or hallucinations during observation period

Methods	Process measures	Target for process measure	Comments
1. Educate the staff on need to document objectively and descriptively - incorporate triggers identified and interventions trialed and if successful 2. review residents care plan and update triggers and interventions	1. number of registered staff educated on descriptive and objective documentation 2. number of updated behavioural care plans	reduction in the number of behavioural incidents	