

## 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	0.00	0.00	Current performance is at 0%, continue with existing plan.	

### Change Ideas

Change Idea #1 n/a - We have 0% for our ED visits and have opted to not have this as an option for a QIP as a focus related to having this at 0%

Methods	Process measures	Target for process measure	Comments
n/a We have 0% for our ED visits and have opted to not have this as an option for a QIP as a focus related to having this at 0%	n/a We have 0% for our ED visits and have opted to not have this as an option for a QIP as a focus related to having this at 0%	n/a We have 0% for our ED visits and have opted to not have this as an option for a QIP as a focus related to having this at 0%	N/A We have 0% for our ED visits and have opted to not have this as an option for a QIP as a focus related to having this at 0%

## 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	CB	100.00	N/A	

### Change Ideas

Change Idea #1 See below QIPs for information that will add to this patient-centered care

Methods	Process measures	Target for process measure	Comments
See below QIPs for information that will add to this patient-centered care	See below QIPs for information that will add to this patient-centered care	See below QIPs for information that will add to this patient-centered care	See below QIPs for information that will add to this patient-centered care

**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	CB	100.00	n/a	

**Change Ideas**

Change Idea #1 See below QIPs for information that will add to this patient-centered care

Methods	Process measures	Target for process measure	Comments
See below QIPs for information that will add to this patient-centered care	See below QIPs for information that will add to this patient-centered care	See below QIPs for information that will add to this patient-centered care	See below QIPs for information that will add to this patient-centered care

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

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the question: 'Did we meet your expectations?'	C	% / LTC home residents	In-house survey / 2022	100.00	100.00	Our Goal is to continue maintain current performance and exceed our residents expectations.	

**Change Ideas**

Change Idea #1 Resident spotlight. Aimed to increase results on family and resident satisfaction survey for the question ' the staff know the story of my life '

Methods	Process measures	Target for process measure	Comments
resident spotlight to profile each resident in a week through out the year with information on their background and history	results from the family and resident satisfaction survey related to 'the staff know the story of my life'	increase from current 40% to 60% in this question	We will increase the survey results in our resident QOL survey in regards to "have we exceeded your expectaitons" by utilizing this change initiative and increasing the satisfaction in the staff knowing the story of the residents life

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

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Families who respond positively to "I would recommend this site/organization to others".	C	% / Family	In house data, interRAI survey / 2022	100.00	100.00	Current performance is 100% and goal is to continue to maintain valuable relationship with families of our residents for overall satisfaction.	

**Change Ideas**

Change Idea #1 Enhanced education to family council by Deborah Bakti "Now what? managing the emotions of long term care"

Methods	Process measures	Target for process measure	Comments
Have guest speaker to come to home and will support families through family council with chapters from the book 'Now what? Managing the emotions of long term care" and will continue to discuss chapters of this book with families and family council through out council meetings and the year	Results from family satisfaction survey, Family Council meeting minutes.	Will remain with 100% as the target for you "have exceeded my expectations".	

## Theme III: Safe and Effective Care

### Measure Dimension: Effective

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of residents whose care plan accurately captures the residents' expressed wishes for palliative and end-of-life care.	C	Months / Palliative patients	CIHI CCRS / April 2023 - March 2024	CB	100.00	Identify resident decline and provide palliative care	

### Change Ideas

Change Idea #1 Additional section to care conference assessment to cover end of life wishes and will be updated in the CarePlan.

Methods	Process measures	Target for process measure	Comments
1.All plans of care will be updated ongoing with current CHES score, Current PSI and current PPS, along with the residents Physical, Psychological, Emotional, Social, Cultural and spiritual needs. 2.Explanation of the palliative care options that are available, which may include, but are not limited to, early palliative care and end of life provided to SDM/POA	Number of Care conference assessments and Care plans reviewed/completed with POAs and Family members per month by ADOC and leadership team.	50% of residents will have a palliative care conference section completed with plan of care updated by June 30th, 100% of residents will be complete by Dec 31st 2023.	

Change Idea #2 Increase in the number of residents who have experienced pain last quarter within the 7 day observation period as per the Quality indicator "Has worsening pain" 4 qtr avg. of 15% (December 2022) Updated pain scores were not documented throughout the 7 day observation period.

Methods	Process measures	Target for process measure	Comments
1.Education of staff -Code for the frequency the resident complains of, or shows evidence of pain (a), and code for the highest level of pain present in the last seven days (b). If the resident has no pain, code "0", (No pain) Observation period with pain as a vital has been added to TAR to take pain level qshift for 7 days during Observation period 2.The Rai Coordinator will Monitor/Audit those residents who triggered the Has Pain indicator monthly for accuracy.	All eligible residents for quarterly RAI MDS assessment will be on pain monitoring during a 7 day observation period and pain scores reviewed by RAI coordinator for accuracy.	To have the QI Has worsening pain 4 qtr avg. % under the provincial average by June 30th 2023 and to continue to maintain the % to be under provincial average (currently 9.5%) through Dec 31st 2023.	

**Measure**      **Dimension: Safe**

Indicator #7	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	19.29	18.00	Target goal is to improve by 6.69%, and keep it below provincial average.	

**Change Ideas**

Change Idea #1 Medical Director and BSO team will review all antipsychotics nad make changes accordingly.

Methods	Process measures	Target for process measure	Comments
Step 1: to ensure antipsychotic medication usage is validated, the admission nurse in consult with the medical director and or the BSO lead will conduct an in-depth review of medications upon admission and quarterly with RAI MDS assessments.	The BSO team will review # of BSO referrals and the residents that are receiving antipsychotic medication	All new admissions that are admitted with antipsychotic medications will be assessed by medical director and pharmacy to ensure diagnosis is accurate and if the medication is used appropriately	The goal is to reduce usage of psychotropic medication usage to 18%

Change Idea #2 Enhancing staff knowledge on trialing nonpharmacological interventions to minimize the usage of psychotropic medications by providing educational opportunities.

Methods	Process measures	Target for process measure	Comments
Reviewing staff that are trained on GPA and also holding sessions to support all staff to continue to have their GPA training up to date and current.	The number of staff attending training courses as documented by educational sign in sheets.	75% of all staff to receive GPA Training by end of year.	Our Goal is to reduce usage of psychotropic medication and remain below the provincial average.

Change Idea #3 Review quarterly RAI MDS assessments for all residents triggering the DRG01 QI for accuracy prior to submission to CIHI.

Methods	Process measures	Target for process measure	Comments
Step 1: RAI Coordinator will review all residents individually based on the triggered QIs under PCC insights, to ensure accuracy of the coding. Step 2: Any resident without an appropriate Dx will be referred to the physician and the BSO Lead to follow	RAI coordinator will Audit each RAI assessment triggered psychotropic usage on a weekly basis.	100% of all residents on an antipsychotic medication will have an appropriate Dx recognized by CIHI by August 2023.	Our Goal is to reduce usage of psychotropic medication and remain below the provincial average.