

## 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	18.29	17.00	Current performance is below provincial average of 18.5%. We will continue to improve avoidable ED visits to 17%	

**Change Ideas****Change Idea #1** Utilize SBAR tool prior to residents being considered for transfer

Methods	Process measures	Target for process measure	Comments
Education registered staff on the use of the SBAR tool and utilize SBAR tool for all potential ED transfers	% of ED transfers that had an SBAR completed prior to discharge	100% of ED transfers will have SBAR completed prior	

**Change Idea #2** Debrief with staff after every potentially avoidable ED transfer

Methods	Process measures	Target for process measure	Comments
When an avoidable ED transfer is identified, a debrief will occur with the Home area to discover why resident was transferred to the Hospital and provide education for future situations with lessons learned.	% of avoidable ED transfers that had a debrief completed	100% of ED transfers debriefed	

**Change Idea #3** Provide education to residents and POA/SDMs on ED visit process for ambulatory care-sensitive conditions

Methods	Process measures	Target for process measure	Comments
Provide education in partnership with resident & family council and physicians through meetings, newsletters, email updates and resident care conferences	Decline in number of ambulatory care-sensitive condition ED visits initiated by resident/POA/SDM	85% of /residents/family/POA will receive information/education by year end	

## 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 who respond positively to the statement "Did we exceed your expectations?"	C	% / LTC home residents	In-house survey / January 2023-December 2023	80.00	90.00	To increase overall satisfaction & positive responses from residents on annual survey	

### Change Ideas

#### Change Idea #1 Initiate action plan to facilitate increased outdoor access for residents

Methods	Process measures	Target for process measure	Comments
Enhance open dialogue with residents in regards to their desire for outdoor access from day of move in; Recreation to obtain information during leisure assessment and confirmation at initial care conference; recreation team will schedule outdoor access weekly for those residents who desire it	Increase in positive response to survey question " I can easily go outdoors if I want to" and number of outdoor activities/schedule planned by recreation team.	increase in positive responses by 5% from 90% to 95% for question "did we exceed your expectations?"	

#### Change Idea #2 Initiate action plan to reduce noise in home areas

Methods	Process measures	Target for process measure	Comments
Ensure that all shift change reports are given in closed room, enhance recreation space and resources, create additional quiet space for residents on home area, ensure regularly used equipment is repaired or replaced as quickly as possible (slamming doors, squeaky wheels)	Decrease in % of residents responding that they are sometimes or most of the time "bothered by the noise here"	increase in positive responses by 5% from 90% to 95% for question "did we exceed your expectations?"	

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

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families who respond positively to "we would recommend this home to others"	C	% / Family	In-house survey / January 2023-December 2023	80.00	95.00	To increase engagement & positive responses from family on annual survey	

**Change Ideas**

Change Idea #1 To ensure every eligible family/POA is invited to participate in the annual survey

Methods	Process measures	Target for process measure	Comments
Offer electronic version or paper survey to all eligible family/POA on a quarterly basis based on their preferences.	Increase in number of family/POA who participated/completed surveys.	Increase in % of family/POA who respond positively to "we would recommend this home to others" from 80% to 95%	

Change Idea #2 To provide follow up to each family/POA to increase % of responses to survey

Methods	Process measures	Target for process measure	Comments
Designated staff will call family/POA to follow up on survey completion. If not already completed, if required assistance will be offered during follow-up call.	Increase in number of surveys completed	Increase in % of family/POA who respond positively to the question "we would recommend this home to others" from 80% to 95%	

## 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	26.68	19.00	To improve performance from 26.68% to 19% and remain below provincial average	

### Change Ideas

Change Idea #1 Improve education on affects of usage of antipsychotic medication without psychosis at registered staff meetings

Methods	Process measures	Target for process measure	Comments
Education will be completed by in house pharmacy on affects of using antipsychotic medications to all registered staff by September 30, 2023.	Attendance records, meeting minutes	100% of clinical staff will receive education in 2023	

Change Idea #2 Clinical team including physicians, NP, pharmacy, nurses, RAI & BSO will review antipsychotic usage at minimum quarterly, review at PAC meeting and at each annual resident care conference

Methods	Process measures	Target for process measure	Comments
RAI Coordinator will share report on residents receiving antipsychotic medications without psychosis for review at scheduled meetings to identify residents whose behaviours were due to unmet needs to have full assessments available for physicians to make informed decisions relating to prescribing medications and identify interventions to validate the usage or discontinue.	Review of PAC meeting minutes, reduction in % resident using antipsychotic medication without a validating diagnosis.	to reduce antipsychotic usage without a diagnosis and meet target goal by December 2023.	

**Measure**      Dimension: Safe

Indicator #5	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	% / LTC home residents	In-home audit / January 2023-December 2023	CB	100.00	Develop action plan and establish routine monitoring to identify decline in resident's health status and provide palliative care	

**Change Ideas**

Change Idea #1 Improve knowledge of resident palliative care wishes and end of life care needs

Methods	Process measures	Target for process measure	Comments
Review and redevelop in-house palliative care committee. Include residents, families and staff from all disciplines to implement change ideas.	% of staff, applicable residents/SDMs educated	-100% of residents will have palliative and end of life wishes documented in care plan by December 31, 2023	

Change Idea #2 Discuss Palliative care and End of Life wishes at initial admission care conference, annually and update plan of Care

Methods	Process measures	Target for process measure	Comments
All plan of care will be personalized to reflect overall palliative needs based on resident wishes to reflect their Physical, Psychological, Emotional, Social, cultural and spiritual needs.	Number of Care conference assessment completed and number of care plan updated.	100% of resident will have palliative, EOL wishes documented in care plan by December 31,2023	

Change Idea #3 Develop through our assessment process baseline and routine PPS scores utilizing the RAI-MDS outcome measure CHESS as our trigger to need for further assessment

Methods	Process measures	Target for process measure	Comments
RAI-Coordinators will review CHESS and PPS score for each resident after completing RAI-MDS assessment, identify any decline, share details within Circle of Care to follow up for further assessment or inter-disciplinary team referrals as required.	Number of residents identified with decline through CHESS, PPS Score, number of referrals completed.	Goal is early identification of decline to promote palliative approach	