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	8.97	8.97	Current performance for Avoidable ED visits, 8.97%, is below provincial average of 18.5%, therefore, this will not be a priority focus. Goal will be to continue to maintain current performance.	

Change Ideas

Change Idea #1 Current performance for Avoidable ED visits is below provincial average, Goal will be to continue to maintain current performance.

Methods	Process measures	Target for process measure	Comments
Current performance for Avoidable ED visits is below provincial average, Goal will be to continue to maintain current performance.	Current performance for Avoidable ED visits is below provincial average, Goal will be to continue to maintain current performance.	Current performance for Avoidable ED visits is below provincial average, Goal will be to continue to maintain current performance.	Current performance for Avoidable ED visits is below provincial average, Goal will be to continue to maintain current performance.

Theme II: Service Excellence

Measure   **Dimension:** Patient-centred

Indicator #2	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 data, interRAI survey / Jan 2022-Dec 2022	97.50	100.00	Goal is to continue to maintain valuable relationship with families of our residents for overall satisfaction and reach 100%.	

Change Ideas

Change Idea #1   Our goal is to improve overall meal service experience for our residents.

Methods	Process measures	Target for process measure	Comments
1.The DFS and leadership team will conduct meal audits once a week to gauge overall resident satisfaction during mealtime. The auditor will observe current routine, investigate requirements, communicate changes necessary, add information to dining room service plan and support staff on an ongoing basis.	The DFS will review mealtime audits monthly to gauge staff compliance with following policies and ministry requirements during mealtimes and to establish what education topics need to be implemented with frontline staff.	80% of all staff will be trained and educated on new dinning room routine as per the policy/procedure guidance: Food, Nutrition and Hydration Inspection Guide (FLTCHA), People Care policy 105010.00 by June 30th 2023 and 100% by Dec 31st 2023.	

Measure   Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "Did we exceed your expectations?"	C	Other / LTC home residents	In house data, interRAI survey / January 2022-December2022	90.00	95.00	To improve overall resident's satisfaction.	

Change Ideas

Change Idea #1	More programming will be planned on all home areas specific to the interests of the residents residing in that specific home area. 2)Residents from other home areas will be invited to attend if the activities are also of interest to them.

Methods	Process measures	Target for process measure	Comments
Planning by the recreation staff to introduce more specific programming based on resident and family input and choices and feedback.	Number of feedback received, Number of programs' planned based on the feedback.	Goal is improve overall resident's satisfaction for recreational activities.	

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	25.86	21.40	Targeting to align with the provincial average by reducing our usage of antipsychotic medication to residents without a relevant diagnosis.	

Change Ideas

Change Idea #1   Gentle Persuasive Approach Training (GPA)

Methods	Process measures	Target for process measure	Comments
Quarterly GPA training sessions to registered staff and PSW's	Number of staff that completed GPA training. Recording a list of staff that have completed training	10-12 team members trained Quarterly	

Change Idea #2   Re-evaluate residents with a significant change or decline for further need of medication use.

Methods	Process measures	Target for process measure	Comments
Review during PAC meetings with Doctor and pharmacy to ensure medication is appropriate for resident. Identify significant changes in residents at daily meetings.	PAC meeting minutes, % of residents on antipsychotic medication.	Reduce usage of antipsychotic medication by seventeen percent.	

Change Idea #3   Trial Antipsychotic Reduction Program

Methods	Process measures	Target for process measure	Comments
Initiating a 7-day DOS for residents on reduction trail and being reviewed by ADOC and physicians.	Number of DOS completed for residents using antipsychotic medication without a validating diagnosis.	100% of residents without a relevant diagnosis to be reviewed by Physician and DRC by the end of the year.	

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