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	8.70	8.70	Current performance for Avoidable ED visits, 8.7%, 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   We are not completing this Indicator as our performance is under Provincial Average

Methods	Process measures	Target for process measure	Comments
We are not completing this Indicator as our performance is under Provincial Average	We are not completing this Indicator as our performance is under Provincial Average	We are not completing this Indicator as our performance is under Provincial Average	We are not completing this Indicator as our performance is under Provincial Average

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 responded positively to the question: 'Did we meet your expectations?"	C	% / LTC home residents	In house data, interRAI survey / 2022	68.00	80.00	To gauge Resident's overall satisfaction	

Change Ideas

Change Idea #1   Increase Resident satisfaction, "I can eat when I want'

Methods	Process measures	Target for process measure	Comments
Offer resident options at meal/snack times. Provide ala cart menu items and nourishment cart early morning. DFS will attend Resident Council for resident input. Food Committee will meet on regular basis to develop ideas.	Monitor acceptance of food items available. Receive feedback from Resident Council and Food Committee Minutes	Increased positive responses to InterRAI Survey regarding "I can eat when I want".	

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 "I would recommend this site/organization to others".	C	% / Family	In house data, interRAI survey / 2022	83.00	95.00	To gauge client's and families overall satisfaction	

Change Ideas

Change Idea #1   Increase number of satisfaction surveys completed by families.

Methods	Process measures	Target for process measure	Comments
Offer tablet or paper survey at time of Annual Care Conference. Send survey via email with follow up that it has been received.	Monitor quarterly the number of surveys completed.	Increased number of satisfaction surveys completed by families.	

Change Idea #2   Increase Family Satisfaction regarding Programs; Enjoyable things to do on the weekends and evenings, Ability for resident's to explore new interest.

Methods	Process measures	Target for process measure	Comments
Email out 'Monthly Calendar of Events' to families. Review participation at Annual Care Conference. Setup Activity Pro access to families.	Monitor quarterly Satisfaction Survey responses.	Increased positive responses regarding enjoyable programs and new interests.	

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	14.79	14.79	The goal is to continue to exceed Provincial average	

Change Ideas

Change Idea #1 To receive appropriate diagnosis for residents using antipsychotics			
Methods	**Process measures**	**Target for process measure**	**Comments**
Communicating with attending physician to review if residents are qualifying for diagnosis	Number of residents utilizing antipsychotic with appropriate diagnosis	To maintain our current performance of 14.79 which is below provincial average of 21.1.	

Change Idea #2 Monitor usage of antipsychotic in the home.			
Methods	**Process measures**	**Target for process measure**	**Comments**
BSO Team to review antipsychotic usage at Bi-Monthly meeting for identifying potential residents who could have reduction in antipsychotic	QIA data entry, number of antipsychotic review completed each month	To maintain our current performance of 14.79 which is below provincial average of 21.1	

Measure

Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a recent fall (in the last 30 days)	C	% / LTC home residents	CIHI portal / January 2023-December2023	16.73	14.97	Our goal is reduce falls to meet provincial average.	

Change Ideas

Change Idea #1   Educate Falls Champions in the Home.

Methods	Process measures	Target for process measure	Comments
Use RNAO Best Practice Guidelines. Addition education on Surge Learning for Falls Champions. Monthly Falls Committee meetings to develop strategies and interventions to reduce falls.	Monitor number of falls monthly, number of Falls Champions completed education, Falls Committee Minutes	Decrease number of resident falls in the home and meet provincial average.	