

## 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	31.96	25.00	Residents are supported to make decisions based on their needs. Oakcrossing will continue to work towards lowering the number of ER transfers and keeping the residents within their home for quality complex care	ProResp, Arvan, Medline, Family Physicians

### Change Ideas

**Change Idea #1** Increase family knowledge on Resident prognosis, change in condition, end of life and advanced directives. Ensure advanced care directive discussion is completed with residents at any change in condition

Methods	Process measures	Target for process measure	Comments
Improved communication on advanced directives at admission care conference, annual and change in conditions	Audit the Resident levels currently and monitor levels quarterly	100% of Residents will have documentation of advanced directives discussion and all residents will be supported with in time discussions in change of condition	

**Change Idea #2** To build capacity among Registered team members by analyzing every ED visit and promoting collaborative health teaching.

Methods	Process measures	Target for process measure	Comments
Thorough review of all hospital transfers using clinical notes, identify team members that requires additional education related to treatments that can be managed within the home and share outcomes during huddles, registered staff meeting.	Monitoring numbers of ER transfers and 100% of staff received education	100% of ER transfers will be reviewed at the multidisciplinary huddle	

## 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 statement "Did we exceed your expectations?"	C	% / LTC home residents	In house data, interRAI survey / 2023	61.40	80.00	To increase positive responses from residents on annual survey	

### Change Ideas

Change Idea #1 Improved satisfaction with quality of food, dining experience and overall choices Development of a customer comment card

Methods	Process measures	Target for process measure	Comments
Increase resident participate in the resident food council. Nutrition department meetings to discuss menu selections to include seasonal choices.	Resident and family surveys, audit of meal services, in the moment feedback with new menu choices	80% of resident survey will be satisfied with the quality of meals, and express an enjoyable dining experience.	

Change Idea #2 Resident to feel comfortable with expressing feelings

Methods	Process measures	Target for process measure	Comments
Education to support staff by Nursing Leadership team on communication and listening skills quarterly.	Resident surveys, Education sign off by staff who participated in education.	90 % of resident survey results will confidently respond they feel they can express their feelings, 75% staff will receive education by June 30th and 100% of staff will complete education by Dec 31st, 2023.	

**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 data, interRAI survey / January 2022-December2022	85.00	90.00	Goal is to continue to maintain valuable relationship with families of our residents for overall satisfaction and reach 90%.	

**Change Ideas**

Change Idea #1 Increase the participation and completion of surveys that are provided to all POA/Family members.

Methods	Process measures	Target for process measure	Comments
Personal calls or emails to POA/families with reminders of surveys. Keys messaging to be visible around the home of survey completions dates and by using tracking sheets for logging follow up with survey holder	Increased numbers of survey completion	increase participation of surveys to 75% of all key stateholders have completed surveys	

## 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	26.48	23.00	Reduce our Antipsychotic usage without an appropriate Diagnosis to meet the provincial average	Medical Director and prescribers, CareRx Pharmacy

### Change Ideas

Change Idea #1 Collaborate with the Physician to ensure residents using anti-psychotic medications have a medical diagnosis and reasons for use is identified.

Methods	Process measures	Target for process measure	Comments
Regular reviews of those residents that are on anti-psychotic medications to ensure that they have a medical diagnosis and reason for its use is documented by auditing physician orders upon admission, and at Quarterly medication review	monitoring usage of antipsychotic drug usage	95% of all residents receiving anti-psychotic medications will be reviewed to have appropriate diagnosis to validate usage	