

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	17.49	16.00	Below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next year.	

### Change Ideas

Change Idea #1 1) To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; education to staff; Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer; 2) Support early recognition of residents at risk for ED visits. by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits. Re-education of registered staff, regarding assessment skills, and become part of standing nurse practice monthly meetings review; 3) Build capacity and improve overall clinical assessment to Registered Staff; 4) Discussions about advance care planning on care conferences

Methods	Process measures	Target for process measure	Comments
1) Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending NP will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological; 2) Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice. 3) Nurse Practitioner on site will provide education theoretically and at bedside. 4) Utilize internal hospital tracking tool and analyze each transfer. ED transfer audit will be completed and reviewed monthly by nursing leadership (DOC, ADOC). Reports will be reviewed at quarterly PAC meetings; 5) Education and utilization of Palliative Performance Score (PPS) to determine disease progression	1) Number of residents/families educated 2) The number of residents whose transfers were a result of family or resident request. 3) Number of registered staff skills training sessions completed based on needs assessment. 4) The number of ER transfers averted, Number of transfers to ED who returned within 24 hours, Number of avoidable ED visits monthly 5) Number of staff educated on PPS	1) See a decrease in number of residents transfer at family request by 10% 2) At minimum 1 session per quarter 3) 2% reduction of ED visits by December 4) 100% of registered staff educated on PPS 31st 2024.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	80.00	Through education, the Home expects to have an increase understanding of equity, diversity, inclusion and anti-racism over the next year.	

### Change Ideas

Change Idea #1 1) To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; 2) To increase diversity training through Surge education or live events; 3) To facilitate ongoing feedback or open door policy with the management team; 4) To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
1) Training and/or education through Surge education or live events; 2) Introduce diversity and inclusion as part of the new employee onboarding process; 3) Celebrate culture and diversity events; 4) Monthly quality meeting standing agenda	1) Number of staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity; 3) Number of cultural diversity events held 4) Number of CQI meetings held including discussion on cultural diversity	1)80-100% of staff educated on topics of Culture and Diversity 2) at minimum one cultural diversity event held per quarter 3) Every quarterly CQI meeting (4) held will include discussion	

## Experience

### 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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	84.76	90.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

### Change Ideas

Change Idea #1 Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else"

Methods	Process measures	Target for process measure	Comments
Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by June 1, 2024. 100% of all staff will have education via department meetings on Resident Bill of Rights #29 by July 2024. 100% of resident Council meeting will have Residents' Bill of Right #29, added at each monthly review and 100% of Standing Agenda for family council by June 1, 2024 .	100% of all staff and residents and families will have completed the education on resident Bill of Rights #29	Total Surveys Initiated: 210 Total LTCH Beds: 210

## Safety

### Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	16.98	15.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

### Change Ideas

Change Idea #1 1) To facilitate a Weekly Fall Huddles on each unit; 2) to improve overall knowledge and understanding of Falls Program; 3) To collaborate with external resources to help prevent injury related to falls

Methods	Process measures	Target for process measure	Comments
1) Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls; 2) To increase participation with RNAO Best Practice Coordinators or alternate available resources to enhance program to reduce injury from falls; 3) To increase training and/or education of Falls program	1) Number of weekly meeting in each unit; 2) number of staff participants on the weekly falls meeting; 3) number of meetings with external partners on falls injury prevention 4) number of staff who received fall prevention training	1)Fall huddles occur each week 2) Minimum 50% of staff on duty participate in each huddle, each week on each unit 3) minimum one meeting per quarter 4) 100% of staff receive training	

**Measure - Dimension: Safe**

Indicator #5	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	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	26.45	17.30	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

**Change Ideas**

Change Idea #1 1) Antipsychotic reduction program will be initiated, this will include a monthly meeting to review new admissions on antipsychotic medication and all current residents who trigger on an antipsychotic without relevant diagnosis QI, to determine appropriateness and considerations to alternate strategies 2) Pharmacist consultant to review antipsychotic medication use quarterly and provide recommendations to physicians 3) Indicator to be reviewed by interdisciplinary team at quarterly CQI/PAC meetings

Methods	Process measures	Target for process measure	Comments
Meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly will be tracked. CQI/PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics; 2) Quarterly medication reviews completed that included recommendations around antipsychotic use	1) Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics; 2) Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	1) 100% of newly admitted residents and residents currently on antipsychotic without relevant diagnosis will have been reviewed for the appropriateness of antipsychotics use monthly; 2) 100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics. 3) All quarterly CQI/PAC meetings will include discussion around antipsychotic reduction	