

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 / October 2020 - September 2021	20.93	16.00	Our initial target for this indicator is based on our understanding of the complex interplay of factors resulting in transfer to ED from a LTCH setting. Our goal is to make sustainable changes within a number of programs.	

Change Ideas

Change Idea #1 Improve Infection Control practices in Long Term Care

Methods	Process measures	Target for process measure	Comments
Continue handwashing and PPE Audit tools. Reevaluate cohorting strategies, include looking at staff schedules to ensure maximum staffing continuity. Ongoing education to all staff.	Improved infection control metrics, including number of residents infected during outbreak, and containment to geographic location in home.	Reduction in number of residents transferred to ED related to infections	This planned improvement initiative is related to infections

Change Idea #2 Improved care planning for responsive behaviours.

Methods	Process measures	Target for process measure	Comments
1) The multidisciplinary team members with recommendation from internal BSO lead to develop, review and implement Care Plan interventions. 2) Implement communication rounds for early identification of risk. 3) Early identification of Urinary Tract Infections.	Number of residents transferred to hospital related to behaviours.	Reduction in number of residents sent to acute care related to responsive behaviours.	This planned improvement initiative is related to responsive behaviours.

Change Idea #3 Improved care planning by nursing staff regarding falls.

Methods	Process measures	Target for process measure	Comments
1) Continued education for nursing staff regarding expectations for falls meeting attendance and participation. 2) Conducting interdisciplinary falls meetings to cover alternating shifts. 3) Care planning for residents with increased risks. 4) Increase use of available tools such as non-skid socks, hip protectors. 5) Implement communication rounds to assist in early identification.	1) Number of residents transferred to hospital related to falls. 2) Number of care plans reviewed per month.	1) Reduction in the number of residents sent to ED related to falls 2) 100% of care plans will be updated with appropriate interventions.	This planned initiative is related to falls as a condition

Change Idea #4 In conjunction with palliative care needs identification, educate residents and family members surrounding palliative care realities and options.

Methods	Process measures	Target for process measure	Comments
Early education regarding risks of hospital visits, including hospital acquired illnesses, altered skin integrity, and preference of residents to remain in home-like setting rather than more stressful hospital setting for end of life. Continued education of staff through Surge Learning of Palliative Care.	Number of residents transferred to hospital related to end of life.	Reduction in number of residents transferred to hospital related to end of life.	

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 responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / April 2021 - March 2022	93.59	94.00	To maintain an average of >94% satisfaction.	

Change Ideas

Change Idea #1 1)Improve response rate by educating staff on the indicator.

Methods	Process measures	Target for process measure	Comments
1) Continued education of resident rights. 2) Continued training of staff in methods to engage residents and respond to their needs, including active listening. 3) Prompt follow up of complaints. 4) Train staff in PAC (Positive Approach to Care) 5) Assign education as need on Surge Learning Platform.	Improve rate of response from residents through the Resident Satisfaction Survey.	>94% of residents responding positively to the question.	Total Surveys Initiated: 190 Total LTCH Beds: 231 Would like to increase rate of response of Satisfaction Survey

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".	P	% / LTC home residents	In house data, interRAI survey / April 2021 - March 2022	35.79	40.00	From the 35.79% surveys obtained, 90% of those Residents responded positively to the question: "I can express my opinion without fear of consequences. Our goal is to increase participation of Residents in the survey process.	

Change Ideas

Change Idea #1 Add indicator to Resident Satisfaction Survey and educate staff on the addition of this indicator.

Methods	Process measures	Target for process measure	Comments
1) Continue with annual training on Residents Rights, Whistle-Blowing Protection and having healthy therapeutic relationships. 2) Prompt follow up of complaints.	Rate of response in Resident Satisfaction Survey	94% of residents responding positively.	Total Surveys Initiated: 190 Total LTCH Beds: 231 To maintain above a 94% positive rate.

Change Idea #2 Complaints to be responded to according to the Fixing Long-Term Care Act.

Methods	Process measures	Target for process measure	Comments
Use corporate Complaints Form and process to ensure all complaints are acknowledged, investigated, resolved, documented, and maintained in a centrally located complaints binder.	Percentage of complaints addressed.	100% of complaints addressed.	

Change Idea #3 Increase survey response rate

Methods	Process measures	Target for process measure	Comments
Survey will be sent out to allow more time to complete and return. Utilize support staff to assist residents and families in completing survey.	Communicate and encourage survey completion through the Resident Council, Family Council, Newsletter, internal and external communications.	Our target is to increase response rate of survey respondents by 10%.	

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 / July - September 2021	22.71	20.00	The Home has fluctuated between 22% to 25%. Target goal is to decrease to 20%.		

Change Ideas

Change Idea #1 In conjunction with the physicians, and CareRx the Home will collaboratively reduce the use of antipsychotic medications without a diagnosis.

Methods	Process measures	Target for process measure	Comments
Quarterly Medication reviews, adhoc review of medications with changes in medical conditions, PAC Meeting, etc.	Rate of residents without psychosis on antipsychotic medication.	Indicator will be reduced by 2.7%.	We will continue to work with our in-house BSO and external mental health service providers to ensure that there is no increase in Responsive Behaviors in resident with the elimination/reduction of antipsychotic medication without a diagnosis.