

## 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 | X                   | 10.00  | Collecting baseline, goal to meet provincial average. |                        |

### Change Ideas

Change Idea #1 Purchasing equipment to decrease Ed visits by utilizing equipment in home.

| Methods   | Process measures                         | Target for process measure | Comments |
|---|--|----------------------------|----------|
| Purchasing bariatric beds, training for use of bladder scanner. Purchasing equipment such as laceration kit, IV pump with training for registered staff. Extensive recruitment efforts with collaboration with Jazz HR for qualified staff. | Number of injuries sustained from falls. | 0 injury from falls        |          |

Change Idea #2 Education provided to registered staff on wound care management.

| Methods   | Process measures                                   | Target for process measure                                      | Comments |
|---|--|---|----------|
| Provide bi-annual education with Medline for registered staff on wound care and bi-annual skincare education to PSWs. | Number of staff educated on wound care management. | 100% of registered staff educated on skin and wound management. |          |

## Change Idea #3 Extensive recruitment efforts for qualified staff.

| Methods  | Process measures   | Target for process measure                                      | Comments |
|--|--|---|----------|
| Collaborating with Jazz HR to increase number of new recruits. | Number of days a new applicant sits in the Jazz HR pipeline. | the average a new applicant will sit in the pipeline is 2 days. |          |

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

| Indicator #2   | Type | Unit / Population | Source / Period                                    | Current Performance | Target | Target Justification                                     | External Collaborators |
|--|------|-------------------|--|---------------------|--------|--|------------------------|
| Resident experience: I can express my opinion without fear of consequence from the home staff or leadership. | C    | % / Other         | In house data, NHCAHPS survey / January - December | 91.70               | 100.00 | Increase survey results to meet previous year's results. |                        |

### Change Ideas

Change Idea #1 Provide additional education to residents and family members on whistleblower policy.

| Methods  | Process measures   | Target for process measure   | Comments |
|--|--|--|----------|
| Include whistleblower policy reviews during bi-annual townhall meetings with families. Include whistleblower policy in monthly newsletter. | Number of POAs and residents that receive newsletter each month. | 100% of eligible residents will receive newsletter and 100% of POAs will receive newsletter. |          |

## Theme III: Safe and Effective Care

### Measure Dimension: Safe

| Indicator #3  | 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 | 6.25                | 6.00   | Currently below provincial and corporate average. |                        |

### Change Ideas

**Change Idea #1** Screen residents' medication list prior to moving in to determine if antipsychotic use without a diagnosis of psychosis and determine if non-pharmacological interventions are more appropriate.

| Methods   | Process measures   | Target for process measure  | Comments |
|---|--|---|----------|
| Collaborating with BSO team, Director Of Care and Primary Physician will review med list and determine if diagnosis is present and what other interventions can be put in place prior to move in. | Number of new admissions that have their med list reviewed prior to moving in that are using antipsychotics. | 100% of residents prescribed antipsychotics without a dx of psychosis will have non-pharmacological interventions discussed prior to move in. |          |

**Change Idea #2** Monitoring and analyzing resident data that triggers use of antipsychotics without a diagnosis of psychosis to determine if reduction in dose is appropriate or if PRN can be discontinued.

| Methods   | Process measures   | Target for process measure  | Comments |
|---|--|---|----------|
| Discuss and collaborate with team members during QIP team meetings monthly to discuss next steps. | Percent of residents that utilize anti-psychotics without diagnosis that were reviewed that month. | 100% of residents using antipsychotics without diagnosis of psychosis will be reviewed each month to determine if reduction is appropriate or remove PRN. |          |