

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)	21.21	21.00	to meet the provincial average	

Change Ideas

Change Idea #1 To implement a comprehensive assessment and communication with physicians to obtain direction prior to sending any resident to the Emergency Department.

Methods	Process measures	Target for process measure	Comments
Implementation of the SBAR Tool	Number of Registered staff educated on the SBAR Tool	100% of Registered Staff will be educated on the SBAR tool	

Change Idea #2 Support early recognition of residents at risk for ED visits, by providing preventative care and early treatment for common conditions leading to potential avoidable ED visits

Methods	Process measures	Target for process measure	Comments
NP and Physicians to educate residents and families about the benefits of preventing ED visits upon admission and during annual care conferences.	The number of residents whose transfers were requested by family or resident. The number of ER transfers averted monthly	Decrease by 5% until goal is reached by reviewing all process measures quarterly.	

Change Idea #3 Improve clinical assessment skills with registered staff

Methods	Process measures	Target for process measure	Comments
Conduct a needs assessment from registered staff to identify clinical skills and assessments that will improve their daily practice.	Number of needs assessments completed by Registered Staff which outlines needs for additional assessment	100% of staff will complete a needs assessment	Utilize nurse practitioner to provide education based on needs assessment

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	100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	

Change Ideas

Change Idea #1 To improve overall communication of diversity, inclusion, equity and anti-racism in the workplace

Methods	Process measures	Target for process measure	Comments
Training and education through Surge education and live events by in house BSO team	Number of staff education on culture and diversity	100% of staff will be educated on culture and diversity	

Change Idea #2 To increase diversity training through Surge education or live events

Methods	Process measures	Target for process measure	Comments
Diversity and inclusion with be introduced as part of the new employee onboarding process	Number of new employees trained to diversity and culture	100% of new employees with receive education on diversity and culture	

Change Idea #3 To increase discussions of culture and Diversity within the Home with Residents and Staff

Methods	Process measures	Target for process measure	Comments
To celebrate culture and diversity events through the use of the CLRI Diversity and Inclusion Calendar	Number of events planned within the Home related to Culture and Diversity	To complete at minimum 4 events by December 2024	

Change Idea #4 To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
Cultural Diversity will become a meeting standing agenda	Will be available on every meeting minutes	Will be on each meeting minutes	

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	95.24	100.00	To improve by 5%	

Change Ideas

Change Idea #1 Engaging all residents in meaningful conversations and care conferences that allow the resident to express their opinions.

Methods	Process measures	Target for process measure	Comments
Add resident right #29 as a standing agenda item at monthly resident council meeting	Resident bill of right #29 will be added and reviewed by July 2nd, 2024	100% of residents will be educated on Bill of rights #29	Total Surveys Initiated: 21 Total LTCH Beds: 27

Change Idea #2 Increase staff awareness of Resident Bill of Rights, specifically to #29

Methods	Process measures	Target for process measure	Comments
All staff will be educated on Bill of Right #29	Number of staff that have been educated on Bill of Right #29	100% of staff will receive education by December 31st, 2024	

Change Idea #3 Increase family awareness of Resident Bill of Rights #29

Methods	Process measures	Target for process measure	Comments
Resident Bill of Rights #29 To be added as standing agenda item during bi-annual Town hall meetings	Number of town hall meetings that include Resident Bill of Rights #29	100% of Town Hall Meeting will include Resident Bill of Rights #29	

Change Idea #4 Provide additional education to residents and family members on whistleblower policy

Methods	Process measures	Target for process measure	Comments
Whistleblower policy will be reviewed monthly at resident council meeting, and bi-annually for family members during Town hall	Number of meetings that include Whistleblower policy review	100% of residents and families will be aware of whistleblower policy	

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	14.58	13.00	To have a 2% reduction in current performance	

Change Ideas

Change Idea #1 To improve discussions about Falls that take place in the Home

Methods	Process measures	Target for process measure	Comments
Complete monthly meeting with staff regarding ideas to help prevent risk of falls or injuries related to falls	Number of Monthly meetings that review falls with staff	100% of staff participation during monthly meetings	

Change Idea #2 Improve the overall knowledge and understanding of the Falls program

Methods	Process measures	Target for process measure	Comments
To increase participation on the falls program and process through Surge education	Number of staff that complete education on Falls Management Program	100% of staff will complete the Surge Falls program training	

Change Idea #3 To work with external resources for ideas to help prevent further resident falls or injuries related to falls

Methods	Process measures	Target for process measure	Comments
Include Physiotherapist in Monthly Falls Meetings	Number of meetings that the Physiotherapist attends	100% of Falls Meetings will have Physiotherapy present.	

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	X	0.00	To remain below the Corporate Benchmark of 17.3%	

Change Ideas

Change Idea #1 The Anti-psychotic reduction team, which includes the physician, nurse practitioner, BSO team and nursing staff will meet monthly to review new admissions for diagnosis and medications related to inappropriate prescribing of antipsychotics

Methods	Process measures	Target for process measure	Comments
Monthly meeting held with interdisciplinary team and number of antipsychotics reduced as a result of monthly meeting. Also to be reviewed during quarterly PAC meeting.	Number of Monthly meetings held and number of antipsychotics reduced as a result of the meeting	100% of new admitted residents will have been reviewed for the appropriateness of antipsychotic use	

Change Idea #2 Residents who are prescribed antipsychotic medication for the purpose of reducing agitation or aggression will have a quarterly med review completed by physician or nurse practitioner along with BSO Team

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing team will ensure each resident receiving antipsychotic medication received a quarterly med review specifically related to the potential for reduction or discontinuation of antipsychotics	Number of residents prescribed antipsychotic medications over the number of residents who receive a quarterly med review	100% of residents prescribed antipsychotic medications will receive a quarterly med review	It is with the plan that this will result in a reduction of inappropriate antipsychotic use

Change Idea #3 All residents receiving prescribed antipsychotic medication will be reviewed monthly during quality meeting and review non medicinal interventions

Methods	Process measures	Target for process measure	Comments
To ensure each resident has interventions available to aide in reduction of antipsychotic medications	review monthly at quality meeting	100% of resident will be reviewed	

Change Idea #4 Education to be provided to nursing staff on reduction of antipsychotic medication by nurse practitioner and BSO team

Methods	Process measures	Target for process measure	Comments
Number of education meetings on reduction of antipsychotic medication annually	Number of nursing staff that attend education sessions provided by nurse practitioner and in house BSO team	100% of nursing staff will attend education sessions	