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	14.04	14.00	Our facility goal is to maintain this indicator as we currently measure under the provincial average.	Southbridge Care Homes, Nurse Led Outreach Team, Medical Director

Change Ideas

Change Idea #1   Initiate education to residents and families on admission regarding the benefits of in-home treatments VS hospitalization.

Methods	Process measures	Target for process measure	Comments
The home will provide education to residents'/SDM's on admission.	The number of residents'/SDM's receiving educations on admission/ The total number of residents admitted to the home.	100% of residents/ SDM's that have been admitted will receive the education.	

Change Idea #2   Education to all Registered staff on improving Nursing process and SBAR communication tool.

Methods	Process measures	Target for process measure	Comments
1) All Registered Staff will be educated by the ADOC/DOC in Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. 2) All Registered Staff will be re-educated by the ADOC/DOC on SBAR communication and documentation process 3) Post instructional guide on how to use SBAR at the nurses station for quick reference 4) review SBAR at risk management morning meeting daily	1) # of Registered Staff attended the Nursing Process and SBAR education 2) number of times SBAR was used when writing a progress note.	100% of all WP registered staff will be educated on the Nursing Process and SBAR communication and documentation.	

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: "I feel my goals and wishes are considered and incorporated into the care plan whenever possible."	C	% / LTC home residents	In house data collection / 2022 In-House Satisfaction Surveys	70.40	75.00	Our target justification is to surpass the Long-Term Care Division overall score of 70.6%	

Change Ideas

Change Idea #1   Enhance the residents opportunity to actively provide input in quality-of-life activities.

Methods	Process measures	Target for process measure	Comments
Encourage the residents and substitute decision maker(s) to participate in Care Conferences.	# of residents participated in the Care Conference/Total # of Care Conferences completed.	80 % of Care Conferences held will have a resident and/or substitute decision maker present.	

Measure   **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of residents who responded positively to the statement: "I am satisfied with the quality of care from personal support staff."	C	% / LTC home residents	In-house survey / 2022 Resident Satisfaction Survey	82.10	85.00	Our target justification is to surpass the Long-Term Care Division overall rating of 81.4%	

Change Ideas

Change Idea #1   Staff will continue to receive education on the new Residents' Bill of Rights (Fixing Long-Term Care Home Act, 2021)

Methods	Process measures	Target for process measure	Comments
All staff will participate in annual education on the new Residents' Bill of Rights via the e-learning platform.	# of education modules completed/Total # of staff	100% of staff will complete education module by September 30, 2023.	

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	37.11	21.00	Target justification is comparable to the provincial average. It also takes into account our facility demographic. While planning our target goal for this quality indicator we know our resident population's needs are unique to our home with a younger demographic and existing mental health conditions.	Medical Director, Southbridge Care Homes, Care RX Pharmacy/ Pharmacist, Nurse Led Outreach Team

Change Ideas

Change Idea #1   Review use of antipsychotic medications monthly, including behavioral charting and observation.

Methods	Process measures	Target for process measure	Comments
1) "Pharmacist Consultant will provide a list of residents on prescribed antipsychotic and will be reviewed monthly by the medication management team via antipsychotic reduction meeting. 2) Educate staff on the use of de-prescription algorithm. 3) BSO lead uses tracking tool of all residents taking an antipsychotic, tracks diagnosis, dose, behavior. 4) review tracking tool at Monthly meetings with antipsychotic deprescribing team which includes BSO team recommendation; 4) Educate registered staff on the risk of using antipsychotics medications. . Physicians & Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics by the time of the admission care conference. 5) If appropriate, Pharmacy consultant will make recommendations for tapering antipsychotics."	1) # of residents with prescribed antipsychotics reviewed monthly. 2) # of staff educated on use of deprescribing algorithm 3) # of registered staff educated on risks of antipsychotic use. 4) # of new residents who are on antipsychotics who are reviewed by Pharmacy consultant. 5) # of pharmacy recommendations to taper antipsychotics of new admissions.	1) 100% of residents with prescribed antipsychotics will be reviewed monthly and re-evaluated on an on-going basis. 2) 100% of WP staff will be educated on the algorithm and the risks associated with use of antipsychotic.	Outcome will be reviewed by the care team during monthly antipsychotic reduction meeting.

Change Idea #2   Certification of the Nursing team with Gentle Persuasive Approaches (GPA) in Dementia Care.

Methods	Process measures	Target for process measure	Comments
Further education to be provided by qualified GPA coaches to the Nursing/front line staff to facilitate resident centered care.	# of GPA certificates/total #of Nursing/front line staff in the home.	100% of Nursing staff to be GPA trained by September 30, 2023	

Change Idea #3   Continue to involve external resources to assist in managing behaviors, prior to initiating antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
Involve resources such as Behavioral Supports Ontario BSO, Alzheimer Society and Psycho Geriatric resource team to assist in managing behaviors prior to medications.	# of referrals being made to external resource/Total # of residents with unmanageable responsive behaviors.	100% of residents with reported, unmanageable Responsive behaviors have been referred to external resources prior to initiating antipsychotic medication.	