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)	27.54	21.00	Target is to be at the provincial average.	NP; BSO; PRCs: RNAO BP Consultant; MD

Change Ideas

Change Idea #1	Introduce educational pamphlets/conversation on admission outlining to residents' and families the in-home treatments that are offered 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	Ongoing Education to all Registered staff on improving Nursing process and SBAR communication tool.

Methods	Process measures	Target for process measure	Comments
Instructional guide will be posted on how to use SBAR at the nurses station for quick reference	An SBAR documentation note will be present in PCC for every resident sent to hospital.	All Registered staff will be educated on the Nursing Process and SBAR communication and documentation.	

Change Idea #3	Education for registered staff to develop their skills on physical assessments via education sessions through Nurse Practitioner.		
Methods	**Process measures**	**Target for process measure**	**Comments**
Mandatory education session to capture all full-time and part-time staff	Number of staff educated by the NP	100% of registered staff will receive education from the Nurse Practitioner.	

Change Idea #4	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		
Methods	**Process measures**	**Target for process measure**	**Comments**
The home's attending NP will review and collaborate with the registered staff on a monthly basis regarding residents who are at high risk for transfer to ED, based on clinical and psychological indicators	The number of ED transfers will be averted monthly.	10% reduction of ED visits by December 31st 2024.	

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	96.19	80.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	Surge Education; BSO

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events	# of staff education on Culture and Diversity	80-100% of staff educated on topics of Culture and Diversity	Total LTCH Beds: 71) 80-100% staff education 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
Introduce diversity and inclusion as part of the new employee onboarding process	# of new employee trained of Culture and Diversity	80-100% of staff educated on topics of Culture and Diversity	

Change Idea #3   To facilitate ongoing feedback or open door policy with the management team

Methods	Process measures	Target for process measure	Comments
Reimplementation of the employee engagement survey with custom question of, " I am comfortable approaching members of the management team with concerns".	# of staff that completed the employee engagement survey.	100% of staff will have completed the employee engagement survey.	

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

Methods	Process measures	Target for process measure	Comments
Cultural diversity to be added to the CQI standing agenda.	All CQI meeting minutes to contain section for Cultural diversity.	100% of monthly meetings will have evidence of Cultural diversity topics.	

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	91.30	100.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1	To increase our goal from 91% to 93%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions

Methods	Process measures	Target for process measure	Comments
Residents will continued to be invited and encouraged to participate in their care conferences and interdisciplinary committee meetings	Residents will be accounted for in care conference and interdisciplinary committee meeting minutes	Resident participation will be documented as either "attended" or "choose not to" for all in-home meeting minutes by December 31 2024	Total Surveys Initiated: 69 Total LTCH Beds: 69 We are performing well on this indicator (ie. above provincial average)

Change Idea #2	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	All department meeting minutes will contain the topic of Resident Bill of Rights #29.	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by December 31 2024.	

Change Idea #3	Staff to receive education through Surge learning platform on Resident Bill of Rights #29

Methods	Process measures	Target for process measure	Comments
Surge Learning e-platform for mandatory education.	Audit of surge learning to ensure all staff have completed Resident Bill of Rights #29 education.	100% of all staff will have education via department meetings on Resident Bill of Rights #29 by December 31 2024.	

Change Idea #4	Create a post admission survey that will ask residents 2 questions - "Did you feel comfortable during your admission expressing your opinions openly?" and "Do you feel that your opinions were included into your plan of care?"

Methods	Process measures	Target for process measure	Comments
Post admission survey will be created and administered to all new admissions	All new admissions will receive a post admission survey within 14 days of admission of their stay.	100% of all new admissions will complete a post admission survey by December 31 2024	

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	18.11	15.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	RNAO BP Coordinator; PT; NP

Change Ideas

Change Idea #1 Improving the documentation process for falls.			
Methods	Process measures	Target for process measure	Comments
Implement a new falls checklist to ensure thorough documentation, care plan and interventions are in place.	# of completed checklists over number of resident falls.	100% of resident falls will have a checklist completed	

Change Idea #2 Improving the identification of high risk residents' in the home.			
Methods	Process measures	Target for process measure	Comments
Implementation of the falling leaf program.	# of residents; identified as a high fall risk that have a falling leaf in place.	100% of residents' that are high risk will have a falling leaf in place.	

Change Idea #3 Review residents' medication regime to identify medications that may in crease the risk for falls.			
Methods	**Process measures**	**Target for process measure**	**Comments**
Nursing team to review high risk residents on a monthly basis (Fall Meeting) from residents who are at a high risk or had a fall the prior month.	# residents at high risk or had falls in the month will have a medication review completed by the NP	100% of residents at high risk or had falls in the month prior will have a medication review completed.	

Change Idea #4 RN in charge will audit the floor every shift to review possible environmental fall factors.			
Methods	**Process measures**	**Target for process measure**	**Comments**
Daily RN shift routine will be updated to include environmental audit section.	# of audits completed will be equal to every shift.	All RN shift reports will include the environmental audit section and sign off daily.	

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	35.33	17.30	Target is based on corporate averages. We aim to do better than or in line with corporate average.	NP, CAMH, BSO LHIN, Alzheimer Society of Ontario

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Review tracking tool at Monthly meetings with antipsychotic deprescribing team which includes BSO team recommendation;	# of residents with prescribed antipsychotics reviewed monthly.	100% of residents with prescribed antipsychotics will be reviewed monthly and re-evaluated on an on-going basis.	

Change Idea #2   Educate Registered staff on the algorithm and the risks associated with use of antipsychotic.

Methods	Process measures	Target for process measure	Comments
Staff will receive education from the homes Pharmacy consultant.	# of registered staff educated on risks of antipsychotic use.	100% of Registered staff will receive education on the algorithm and the risks associated with use of antipsychotic.	

Change Idea #3   Upon admission, full medication review conducted for residents' receiving antipsychotics.

Methods	Process measures	Target for process measure	Comments
Newly admitted residents' on antipsychotics will receive medication review by Physician and Pharmacy consultant within 14 days.	# of completed medication reviews over the number of newly admitted residents' on antipsychotics.	100% of newly admitted residents' on antipsychotics will have a med review completed in the first 14 days.	

Change Idea #4   Residents who are prescribed antipsychotics for the purpose of reducing agitation and or aggression will have received medication reviews quarterly and as appropriate, in collaboration with their care team; that being, physician, pharmacist, NP, nurse etc.., to consider dosage reduction or discontinuation.

Methods	Process measures	Target for process measure	Comments
Nursing team will ensure that residents who receive antipsychotics are reviewed quarterly and as needed, by the physician and appropriate team members. this will be included in team meetings routinely, occurring, as a means to access responsive behaviours and the use of antipsychotics.	# of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics	