

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	9.23	8.50	Target based on improvement of current performance	

Change Ideas

Change Idea #1 Provide preventive care and early treatment for common conditions leading to potentially avoidable ED visits

Methods	Process measures	Target for process measure	Comments
Daily unit rounds by Nurse Practitioner	Daily unit rounds completed with early treatment initiated when appropriate	90% of unit rounding completed weekly	

Change Idea #2 Support early recognition of residents at risk for ED visits

Methods	Process measures	Target for process measure	Comments
Educate Personal Support Workers and Registered Staff on early recognition of acute change in health status	Number of education session attended	90% of staff attendance	

Change Idea #3 ED visits will be tracked and trended monthly by the Quality Improvement Coordinator to identify residents who are frequent ED users and identify causes

Methods	Process measures	Target for process measure	Comments
Quality Improvement Coordinator will trend ED visits monthly to assist with identification of root cause	Review emergency department visits through daily summary report and morning huddle and review quarterly with Quality Improvement Team	100% of emergency department visits are tracked and trends are identified	

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, NHCAPHS survey / April 2021 - March 2022	CB	CB	Collecting Target based on improvement over previous years surveys and trends		

Change Ideas

Change Idea #1 Increase communication between Managers and Residents

Methods	Process measures	Target for process measure	Comments
Director of Programs will meet monthly with Resident Council and as a standing item will discuss the questions how well the staff listen to you	Director of Programs will identify raised issues and level of satisfaction by the resident representatives on the resident council to Senior Management quarterly and identify possible resolutions	100% of resident council meetings include a discussion on residents perception on staff engagement in their care needs	

Change Idea #2 Provide an open door policy and regular management walkabouts to resident home areas to identify concerns and allow for an open dialogue

Methods	Process measures	Target for process measure	Comments
Management walkabouts will be daily and as needed throughout the week	Daily management walkabouts	Management walkabouts 5 days per week	

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	CB	CB	Collecting Target based on improvement over previous years surveys and trends	

Change Ideas

Change Idea #1 Maintain improvements to the complaint process to allow for greater access and easier transmission of resident opinions and concerns

Methods	Process measures	Target for process measure	Comments
The comment and concern form process implemented enables residents timely access to managers to express opinions and concerns	The comment and concern response forms completed by managers will be discussed quarterly at the Senior Management Team meetings	100% of resident comments and ideas will be reviewed by Senior Management	

Change Idea #2 Educate residents, by attending quarterly resident council meetings, on the process for expressing comments and concerns, the location and availability of forms to dialogue that are easily accessible at all times

Methods	Process measures	Target for process measure	Comments
Quality Improvement Coordinator will attend resident council meetings quarterly to inform regarding comment and concern process, will place educational information regarding the process in the resident newsletter monitor	Number of meetings attended, number of informational items distributed	4 resident council meetings attended 2 information items distributed in the resident newsletter	

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	21.55	20.50	Targets represents exceeding provincial average		

Change Ideas

Change Idea #1 Advanced Clinical Practice Fellowship

Methods	Process measures	Target for process measure	Comments
ACPF nurse to educate Registered Staff and PSWs on treating pain prior to utilizing antipsychotic medication	Reduction in antipsychotic medication usage	50% of PSW and Registered staff will be educated on the use of the screening tool in 3 months as evidenced by attendance at an education session.	

Change Idea #2 Quality Improvement Coordinator will conduct Quarterly audits of residents currently on antipsychotics and compare ABS outcome scoring to the previous quarter.

Methods	Process measures	Target for process measure	Comments
Quarterly audits and comparing ABS outcome scoring to suggest a trial of reducing medication if appropriate to the Medical Director	Quarterly audits completed on identified residents who have successfully had their antipsychotic medication reduced.	3 residents will show successful reduction in antipsychotic medication without an increase in their ABS outcome score over the next 6 months.	

Change Idea #3 Inter-professional multidisciplinary team will monitor and manage risk of reduction of antipsychotics

Methods	Process measures	Target for process measure	Comments
The multidisciplinary team will meet weekly and as a standing item discuss reduction strategies and appropriateness	40% of those trialed on reduction plan will have antipsychotic medication discontinued	40% of those trialed on reduction plan will have a successful discontinuation of antipsychotic medication by December 31, 2022.	