

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)	X	10.00	To remain Below the provincial Average.	

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use the SBAR tool, communication with the attending physicians and provision of education to staff and families. The charge nurse is to obtain direction prior to initiating an ER transfer.

Methods	Process measures	Target for process measure	Comments
Education will be provided to registered staff on the use of the SBAR tool to support standardized communication between clinicians. Staff, residents and families will receive education on the benefits of avoiding hospital transfers.	Number of staff educated on the SBAR Tool. Number of communications between Registered Staff and Physicians using the SBAR tool	100% of Staff to be educated o the SBAR Tool. 80%-100% of communication between physicians and registered staff will occur in SBAR Format by December 31st 2024	Utilize stake holders such as Medigas, CareRx Pharmacy, attending doctors and MD to provide education to registered staff on topics

Change Idea #2 Identify and support early recognition of residents at risk for ED visits by providing preventive care and early treatment for common conditions leading to potentially avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
Registered staff to collaborate with attending physicians and identify those residents at high risk for ED visit. Provide education to residents and families regarding the benefit of avoiding hospital transfers Educate residents and families about the benefits of and approaches to preventing ED visits.	The number of residents whose transfers were a result of family or resident request. The number of ER transfers averted monthly due to effectively addressing high risk Residents in the home and meeting their needs.	Decrease by 10% until goal is achieved by reviewing all process measures on a quarterly basis.	

Change Idea #3 Build capacity and improve overall clinical assessment to Registered Staff.

Methods	Process measures	Target for process measure	Comments
Conduct needs assessment with Registered Staff to identify clinical skills and assessment that will enhance their daily practice.	The number of staff that complete a needs assessment.	100% of staff complete a needs assessment.	Education will then be tailored based on the needs of the staff to assist with avoidable ED transfers and Resident care.

Change Idea #4 Improve discussions with family and residents on advanced care planning on admission and at care conferences

Methods	Process measures	Target for process measure	Comments
Complete "My Wishes" Program with residents (as applicable) within the first 3 months of admission. Discuss advanced care planning with resident and families at care conferences.	Number of residents that have advanced care wishes discussed and documented at Admission and Annual care conferences. Number of residents who have "my Wishes" completed within the first 3 months of admission (as applicable).	100% of new residents will have "My Wishes" Program offered (as applicable) and a discussion regarding advanced care wishes will taken place within the first 3 months of admission. 100% of Care Conferences will include discussions about Advanced Care Planning and will be documented.	

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

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.	Number of staff education on Culture and Diversity.	100% of staff educated on topics of 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.	Number of new employee trained of Culture and Diversity.	100% staff education on Culture and Diversity upon hire.	

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

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events through the use of the CLRI Diversity and Inclusion Calendar.	Number of events that takes place in the Home	To complete a minimum of 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
Quarterly quality meeting standing agenda to include Culture and Diversity discussions.	Number of CQI meetings that Culture and Diversity was discussed.	100% of meetings will have Culture and Diversity on the Standing Agenda and be discussed.	

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	84.00	90.00	To improve by 6% from previous survey and to be above the corporate average.	

Change Ideas

Change Idea #1 Review Residents at Resident Council Meetings, specifically, Right #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 the standing agenda for discussion on a monthly basis by the Program Manager during Resident Council Meetings.	Number of residents council meetings that have included discussion/education on the Residents Bill of Rights with a focus on Right #29.	By the 31st of December 2024 100% of Resident Council Meetings will have addressed the Residents Bill of Rights #29	Total Surveys Initiated: 25 Total LTCH Beds: 25

Change Idea #2 Staff Re-education of the Residents Bill of Right #29

Methods	Process measures	Target for process measure	Comments
Add the Residents Bill of Rights specifically #29 to the standing agenda at monthly Dept Meetings.	Number of meetings Resident Right #29 is reviewed at.	By 31st December 2024 100% of monthly departmental staff meetings will have reviewed Resident Right #29.	

Change Idea #3 Families are aware of and familiar with the Residents Bill of Rights, specifically #29.

Methods	Process measures	Target for process measure	Comments
Add the Residents Bill of Rights to the standing agenda and specifically review #29 at each Family Town Hall Meeting, which occurs quarterly in lieu of Family Council.	The number of meetings that the Residents Bill of Rights are discussed with specific reference to #29	by the 31st December 2024 100% of Townhall Meetings will have reviewed the Residents Bill of Rights and specifically Right #29.	

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	23.66	15.00	To be at or below the corporate benchmark	

Change Ideas

Change Idea #1 1) To facilitate biweekly Fall Huddles within the home 2) to improve overall knowledge and understanding of Falls Program; 3) To collaborate with external resources for best practice guidelines to help prevent further resident increase of falls or injury related to falls

Methods	Process measures	Target for process measure	Comments
1) Complete a bi-weekly meeting with unit staff to review strategies to help prevent risk of falls or injury related to falls; 2) To increase training and/or education of Falls program; 3) To increase participation with RNAO Best Practice Coordinators and initiate RNAO best practice guideline recommendations ;	1) Number of bi-weekly meetings held; 2) number of staff participants on the bi-weekly falls meeting; 3) Increase staff collaboration with RNAO Coordinators	1) 100% of bi-weekly meetings held 2)100% of direct care staff participation on Falls Weekly huddle in each unit 3) Number of meetings/consultations with RNAO Coordinators	

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 corporate benchmark and maintain current performance	

Change Ideas

Change Idea #1 All new admissions will be reviewed by the Interdisciplinary Team (may include, MD, attending physician, nursing staff, Resident Care Coordinator, internal BSO, external BSO where appropriate) to discuss diagnosis and symptoms and medications in relation to the potential of inappropriate prescribing of antipsychotics.

Methods	Process measures	Target for process measure	Comments
All new residents will have a DOS started upon admission, regardless of diagnosis or prescription. All new residents prescribed antipsychotics or who have previously received care from the BSO outreach team will be automatically referred to the internal BSO Team and reviewed at the monthly BSO meeting.	Number of Residents that have a DOS completed upon admission. Number of meetings held monthly with the Interdisciplinary Team to review appropriate use of antipsychotics.	100% of newly admitted residents will have a DOS completed upon admission. 100% of monthly BSO meetings held with the Interdisciplinary Team to review newly admitted Residents and the appropriateness of their antipsychotics and whether they can be reduced or discontinued.	

Change Idea #2 Residents who are prescribed antipsychotics for the purpose of reducing agitations and/or aggression will have received medication reviews quarterly and prn in collaboration with the Interdisciplinary team - ie physician, pharmacist, internal BSO team, external BSO Team and psychogeriatric team where appropriate.

Methods	Process measures	Target for process measure	Comments
BSO Lead and nursing team will ensure that residents who receive antipsychotics are reviewed quarterly and prn by the physician, pharmacist and other appropriate team members.	Number of residents prescribed antipsychotic medications that have received a quarterly review by the Interdisciplinary Team.	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	

Change Idea #3 All direct care staff will receive training and education related to dementia and responsive behaviors.

Methods	Process measures	Target for process measure	Comments
Develop and maintain a tracking tool for education related to dementia care and responsive behaviors. Advertise and refer staff for educational opportunities as they arise.	Number of direct care staff that have received one or more training/education on GPA, UFirst, CPI, PIECES or BSO Foundations within the last 2 years.	80-100% of direct care staff will have received 1 or more training/education related to dementia care and or responsive behaviours.	

Change Idea #4 The Home will maintain and support the inhouse BSO team.

Methods	Process measures	Target for process measure	Comments
Identify a dedicated registered staff and PSW for the internal BSO Team. Ensure each member of the BSO Team are provided with appropriate education.	Number of successful candidates for the Registered Staff and PSW role. Number of courses internal BSO staff have completed.	100% of available education completed by each member of the BSO Team. 80-100% of dedicated BSO days completed.	