

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	17.05	15.00		

Change Ideas

Change Idea #1 Provide preventative care and early treatment of common conditions leading to potentially avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
Focus on UTI, pneumonia and falls 1. Quarterly review of data to identify trends and opportunities for improvement and/or education 2. Investigate opportunities to expand the scope of services offered in house. Provide registered staff education and training on IV medication administration and therapy. 3. Implement Purposeful Rounding as per RNAO best practice guidelines.	1. number of quarterly analysis completed and reviewed by Quality Improvement team. 2. Number of staff educated on IV therapy. 3. Number of staff educated on Purposeful Rounding.	1. 100% of all UTI's, incidents of pneumonia and falls will be analyzed quarterly for trends and recommendations/ improvement plans brought forward to QI Committee 2. 100% of registered staff will be educated on IV therapy by September 2023. 3. 100% of registered staff will be educated on Purposeful Rounding by December 2023	

Change Idea #2 Improve communication to support informed conversations on alternatives to transfers.

Methods	Process measures	Target for process measure	Comments
Provide education/refresher to registered staff on the use of SBAR tool and Crucial Conversations to improve communication with MD prior to decision to transfer.	Total number of registered staff educated on use of SBAR tool. Total number of registered staff completing Crucial Conversations training.	100% of registered staff will be education on SBAR tool and Crucial Conversations by August 31, 2023.	

Change Idea #3 Provide health teaching and support to residents and families around end-of-life care and care options available in-home.

Methods	Process measures	Target for process measure	Comments
1. Development of education tool for families. 2. Care team and Chaplain to provide support as appropriate.	Number of documented discussions with resident and families at end-of-life.	100% of residents at end-of-life will have a documented discussion.	

Change Idea #4 Support early recognition of residents at risk for ED visits through enhanced communication.

Methods	Process measures	Target for process measure	Comments
Standardize shift times and develop a consolidated reporting tool. Focus group to review current shift to shift reporting process to align with best practice guidelines.	Formation of focus group and development of shift to shift reporting tool.	Improved shift to shift reporting tool will be developed and implemented by June 2023.	

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, NHCAHPS survey / Apr 2022 - Mar 2023	CB	75.00		

Change Ideas

Change Idea #1 Support the Residents' Council and work with them to make improvements in the home.

Methods	Process measures	Target for process measure	Comments
Utilize tools from OARC to better engage Residents' Council. Develop a feedback tool, for use at Residents' Council Meetings, to solicit feedback from residents on a more frequent basis.	Development and implementation of Residents' Council feedback tool.	Tool will be developed and implemented by July 1, 2023.	

Change Idea #2 Educate staff on active listening towards residents.

Methods	Process measures	Target for process measure	Comments
Develop educational program on active listening to deliver to staff.	Number of staff who have participated in education on active listening towards residents.	100% of staff will be educated on active listening towards residents by April 2024.	

Change Idea #3 Improve communication with residents.

Methods	Process measures	Target for process measure	Comments
Standardize Care Conference process to allow for greater communication between residents and medical practitioners.	The physician explains things in a way I am able to understand.	% of residents responding "Usually" or "Always" will increase from 48% to 55%	

Change Idea #4 Grow the volunteer program to assist in supporting resident social interactions.

Methods	Process measures	Target for process measure	Comments
Develop a targeted volunteer recruitment strategy.	Number of new volunteers.	The home will recruit 10 new, active volunteers by March 31, 2024.	

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 / Apr 2022 - Mar 2023	82.72	85.00		

Change Ideas

Change Idea #1 Embed resident-centered care into the culture of the home. Educate staff, residents and families on resident-centered care.

Methods	Process measures	Target for process measure	Comments
Enhance annual education on resident-centered care to focus on empowerment, communication, and shared decision-making for staff. Discuss concepts of resident-centered care with Resident and Family Council.	Development of enhanced education for resident centered care for staff, residents and families.	100% of staff will receive enhanced education on resident-centered care by December 31, 2023.	Total Surveys Initiated: 81 Total LTCH Beds: 143

Change Idea #2 Improve admission process to ensure Residents/SDM feel supported and heard by the home

Methods	Process measures	Target for process measure	Comments
1. Improve the flow of information at time of admission to increase opportunities for resident/SDM input into care planning by utilizing the Nursing Advantage Canada tool. 2. Develop and initiate a new 'Admission Feedback' tool.	Nursing Advantage Canada tool will be introduced and staff will be educated/trained. Admission feedback tool will be developed and initiated.	Nursing Advantage Canada tool will be introduced and implemented by September 2023. 100% of all new admissions (as appropriate) will complete an admission feedback survey.	

Change Idea #3 Family Council to strengthen outreach and support to new families.

Methods	Process measures	Target for process measure	Comments
Implementation of a Family Support Team and "welcome program"/resources.	Implementation of Family Support Team Implementation of Family "Welcome Program"	A Family Support Team and Family Welcome Program/Resources will be in place by December 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	22.75	19.00		

Change Ideas

Change Idea #1 Adopt an interprofessional team approach to quarterly medication reviews, involving physicians, pharmacy consultant, and registered staff.

Methods	Process measures	Target for process measure	Comments
Formation of an interprofessional healthcare team to review medication management and administration.	Active medication review team.	An active medication review team will be in place by April 1, 2023.	

Change Idea #2 Work with the home's Behavioural Support Team to identify potential triggers and interventions for responsive behaviours.

Methods	Process measures	Target for process measure	Comments
Review and integration of BSO Foundations Program/BSO Toolkit. BSO team to meet monthly.	Individualized care plans with specific interventions for residents exhibiting responsive behaviours.	All residents with responsive behaviours will have individualized care plan interventions.	

Change Idea #3 Work with the home's Behavioural Supports Team to develop targeted programs for resident engagement.

Methods	Process measures	Target for process measure	Comments
Education and training for staff on PIECES and Montessori Methods for Dementia Programming.	Number of staff who receive specialized training and education.	5 team members will receive specialized training in PIECES and/or Montessori Methods for Dementia Programming by July 2023.	

Change Idea #4 Educate direct care staff on effective communication with residents exhibiting responsive behaviours.

Methods	Process measures	Target for process measure	Comments
To provide training/re-training to direct care staff on Gentle Persuasive Approach.	Number of staff who have completed the GPA full day training.	25% of direct care staff will have received GPA training by December 31, 2023.	

Measure Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Falls	C	% / LTC home residents	In house data, interRAI survey / 2022/23	12.90	10.00		

Change Ideas

Change Idea #1 Increase resident and family awareness of falls risk and prevention strategies.

Methods	Process measures	Target for process measure	Comments
Include falls risk as a topic for discussion at all admission and annual care conferences.	Number of care conferences that include a discussion of falls risk and prevention strategies.	All care conferences will include a discussion of falls risk and prevention strategies.	

Change Idea #2 Grow the Restorative Care Program to improve or maintain resident physical fitness and strength.

Methods	Process measures	Target for process measure	Comments
Increase opportunities for restorative care through increased hours and assessment of potential residents.	Number of residents on Restorative Care Program.	Number of residents on the Restorative Care Program will increase by 5% by March 31, 2024.	

Change Idea #3 Implement Purposeful Rounding, as per RAO Best Practice Guidelines, to support an interdisciplinary, holistic approach to proactively meet the residents' needs and prevent falls.

Methods	Process measures	Target for process measure	Comments
Educate staff on Purposeful Rounding and develop process for cross-departmental implementation.	Number of staff educated on Purposeful Rounding.	100% of staff will be educated on Purposeful Rounding by December 31, 2023	

Measure **Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	In house data, interRAI survey / 2022/23	2.00	1.00		

Change Ideas

Change Idea #1 Weekly skin and wound rounds by Wound Care Champions.

Methods	Process measures	Target for process measure	Comments
Recruit Wound Care Champions for each resident home area and provide education and training to support comprehensive skin and wound care rounds weekly.	Number of Wound Care Champions designated and educated.	5 Wound Care Champions will be recruited - one for each home area - and complete RNAO best practice guidelines training for skin and wound care by September 2023	

Change Idea #2 Implementation of Point Click Care Skin and Wound Care Application.

Methods	Process measures	Target for process measure	Comments
Educate registered staff on use of PCC Skin and Wound Care Application.	Number of registered staff educated on PCC Skin and Wound Care Application.	All registered staff will be educated on PCC Skin and Wound Care Application by September 30, 2023.	

Change Idea #3 Implement "Purposeful Rounding" as per RNAO Best Practice Guidelines to proactively meet the residents' needs related to repositioning.

Methods	Process measures	Target for process measure	Comments
Educate staff on "Purposeful Rounding" and develop process for implementation.	Number of staff educated on "Purposeful Rounding".	100% of staff will be educated on "Purposeful Rounding" by December 31, 2023.	

Measure **Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Medication/pain Management	C	% / LTC home residents	In house data, interRAI survey / 2022/23	7.50	5.50	Percentage of residents with worsened pain	

Change Ideas

Change Idea #1 Implement Electronic Medication Administration Record (eMAR) to support safe medication administration practices.

Methods	Process measures	Target for process measure	Comments
Work with external pharmacy provider to implement eMAR. Educate registered staff on use of eMAR.	Implementation of eMAR.	All registered staff will be trained and eMAR will be implemented by September 2023.	

Change Idea #2 Implement medication incident analysis system to determine root causes and develop actions to address them.

Methods	Process measures	Target for process measure	Comments
Participation in ISMP Incident Analysis in Long Term Care training.	Number of staff who complete ISMP Incident Analysis in LTC training.	DOC and ADOC will participate in ISMP Incident Analysis in LTC training by December 31, 2023.	

Change Idea #3 Adopt an interprofessional team approach to quarterly pain reviews, involving physicians, pharmacy consultant, and registered staff.

Methods	Process measures	Target for process measure	Comments
Formation of an interprofessional healthcare team to review pain management.	Formation of active pain management review team.	An active pain management review team will be in place by April 1, 2023.	