

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	19.13	10.00	Meet or exceed provincial average.	

Change Ideas

Change Idea #1 Monthly review of data to identify trends and opportunities for improvement and/or staff training.

Methods	Process measures	Target for process measure	Comments
Quality Committee to review all transfers to Emergency Department (ED) to identify trends and improvement.	Percentage of transfers to ED that are reviewed by Quality Committee.	All transfers to ED will be reviewed the Quality Committee.	

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

Methods	Process measures	Target for process measure	Comments
1. Train registered staff on early recognition of resident decline to support prevention of avoidable transfer. 2. Staff training on the use of SBAR (Situation, Background, Assessment, Recommendations) Tool to improve communication with physicians prior to transfers.	1. Total number of registered staff trained on both the early recognition of resident decline and SBAR Tool.	All registered staff will be trained on early recognition of resident decline and SBAR tool.	

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	61.90	70.00	This increase would demonstrate improved resident satisfaction.	

Change Ideas

Change Idea #1 Staff training on communication and resident centred care.

Methods	Process measures	Target for process measure	Comments
Educate staff across all disciplines on communication and resident centred care	Number of staff who have completed education on communication and person centred care.	All staff will have completed education by Q4	Total Surveys Initiated: 24 Total LTCH Beds: 160

Change Idea #2 Staff education in emotion-based care model.

Methods	Process measures	Target for process measure	Comments
DementiAbility trainers will educate staff quarterly on resident centred dementia care.	Number of DementiAbility sessions.	All DementiAbility quarterly sessions offered.	

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	62.50	69.00	Would demonstrate improved resident satisfaction	

Change Ideas

Change Idea #1 Staff education in relation based care via Gentle Persuasive Approaches (GPA).

Methods	Process measures	Target for process measure	Comments
Staff to receive specialized training in relational care via Gentle Persuasive Approaches.	Number of staff trained per month in GPA.	Twelve staff per month will attend GPA training.	Total Surveys Initiated: 24 Total LTCH Beds: 160

Change Idea #2 Improve admission process in order to enhance resident, family and/or substitute decision maker involvement in care planning.

Methods	Process measures	Target for process measure	Comments
Improve resident information gathered during admission by adopting the Nursing Advantage Canada tool to support the development of evidenced based care plans that reflect resident, family or substitute decision maker input.	Nursing Advantage Canada tool adopted and used for admissions.	100% of admissions supported with the Nursing Advantage Canada tool, post adoption.	

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents whose mood from symptoms of depression worsened	C	% / LTC home residents	POC/PCC Audits / Oct 2022 - Dec 2022	29.20	21.00	Meet or exceed provincial average	

Change Ideas

Change Idea #1 Staff to complete assessment tools (i.e. Geriatric Depression Scale).

Methods	Process measures	Target for process measure	Comments
Where the Depression Rating Scale (DRS) scores 3 or greater indicating potential for depression, registered staff will complete the Geriatric Depression Scale (GDS) or, where there is a diagnosis of dementia, the Cornell for Depression in Dementia (Cornell).	Number of times the GDS or, if required, the Cornell Scale completed where DRS identifies potential for Depression.	GDS or Cornell Scale, as appropriate, completed 100% of the time where DRS triggers a potential for depression.	

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	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022		26.00	Meet or exceed provincial average	

Change Ideas

Change Idea #1 Utilize non-pharmacological approaches to manage responsive behaviours.

Methods	Process measures	Target for process measure	Comments
On a quarterly basis nursing team, in collaboration with attending physician/NP, to review residents prescribed anti-psychotics without a corresponding diagnosis and identify potential improvements.	Number of residents prescribed antipsychotics without diagnosis that are reviewed quarterly.	All residents prescribed antipsychotics without diagnosis will be reviewed quarterly.	

Change Idea #2 Staff will receive training in Gentle Persuasive Approaches (GPA).

Methods	Process measures	Target for process measure	Comments
Monthly training sessions for staff on non pharmacologic approaches by GPA certified coaches.	Percentage of staff who have received GPA training.	70% of staff will receive GPA training by q4.	

Change Idea #3 Collaboration with Psycho-Geriatric Resource Consultant (PRC) and Ontario shores to support residents exhibiting responsive behaviours.

Methods	Process measures	Target for process measure	Comments
1. BSO nurse to collaborate with PRC and review care plans of residents prescribed antipsychotics without an corresponding diagnosis and identify potential care plan improvements. 2. PRC to provide training to staff in each home area on responsive behaviours, mock code white, and personality disorders.	1. Number of care plans reviewed. 2. Number of home areas receiving training in PRC led training in each of the 3 areas of focus.	1. 100% of care plans reviewed. 2. Every home area will receive training in each of the 3 PRC led training topics.	

Measure Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Falls	C	% / LTC home residents	POC/PCC Audits / Oct - Dec 2022	14.10	9.00	We are performing better than provincial average, we have not yet hit provincial benchmark	

Change Ideas

Change Idea #1 Identify trends and inform quality improvement.

Methods	Process measures	Target for process measure	Comments
Falls and Quality Committee to review falls to identify trends and potential improvements.	Percentage of falls will be reviewed by Falls and Quality Committee.	100% of falls will be reviewed by Falls and Quality Committee.	

Change Idea #2 Increase resident, family/substitute decision maker awareness of falls risk assessment results and individualized falls prevention strategies.

Methods	Process measures	Target for process measure	Comments
Develop information package regarding fall prevention strategies to discuss at care conferences in Q2.	Number of care conferences where information package presented and discussed post development.	Once developed, information package presented at all care conferences.	

Measure **Dimension:** Safe

Indicator #7	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	POC/PCC Audits / Oct - Dec 2022	1.60	1.44	Meet or exceed provincial average.	

Change Ideas

Change Idea #1 Implementation of Point Click Care (PCC) Skin and Wound Application.

Methods	Process measures	Target for process measure	Comments
Education for registered staff on use of PCC Skin and Wound Application.	Number of registered staff educated on PCC Skin and Wound Care Application by Q3.	All registered staff will be trained on the Skin and Wound Application by Q3.	

Change Idea #2 Completion of weekly skin and wound assessments.

Methods	Process measures	Target for process measure	Comments
Skin and Wound Care nurse lead will complete weekly audits of skin and wound assessments to screen for new and worsening wounds to inform wound care management.	As of Q2, number skin and wound assessment audited.	As of Q2, all skin and wound are audited by Skin and Wound Care nurse lead.	