

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)	24.90	21.00	At/Below the provincial Average	NP; BSO; PRCs: RNAO BP Consultant; MD

Change Ideas

Change Idea #1 1) To reduce unnecessary hospital transfers, through the use of on-site Nurse Practitioner 2) Education to families, residents, and staff regarding goals of care 3) Collaborate with Charge RN, utilize SBAR

Methods	Process measures	Target for process measure	Comments
1) Education will be provided on the continued use of SBAR tool and support standardize communication between clinicians (NP is in frequent communication with Medical Director 2) Educate residents and families about the benefits of and approaches to preventing ED visits/goals of care 3) Nurse Practitioner on site will provide education theoretically and at bedside.	1) The number of residents whose transfers were a result of family or resident request 2) The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours; 3) based on needs assessment. 4) Improved confidence and decision making from Registered staff related to clinical assessment	1) 80% of communication between physicians, NP and registered staff will occur in SBAR Format by Q2; 2) Decrease by 5% until goal is achieved by reviewing all process measures in a quarterly basis; 3) 25% reduction of ED visits by December 31st 2024.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

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	74.81	100.00	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 #1 100% of all staff will complete their surge education of "Cultural Competence and Indigenous Cultural Safety - 4 Part series" by end of 2024.

Methods	Process measures	Target for process measure	Comments
Online learning, monitoring completion of assigned courses.	100% of all staff will complete their online surge education.	Completion of required education	Total LTCH Beds: 160

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".	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	88.97	90.00	The Home is above the Corporate Average and is aiming to be better.	Family council

Change Ideas

Change Idea #1 1) To increase our goal from 88.9% to 90%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. 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; 2) review complaints and concerns process at Resident Council quarterly	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by April 2024. 100% of all staff will have education via department meetings on Resident Bill of Rights #29 by April 2024. 100% of resident Council meeting will have Residents' Bill of Right #29, added at each monthly review by 100% of Standing Agenda for family by April 2024. Council will have added "resident Bil of Right #29 for review.	100% of all staff and residents and families will have completed the education on resident Bill of Rights #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	18.18	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 1) Weekly Fall Huddles 2) Monthly falls meeting review and analysis of falls including residents at high risk of falls 3) Falls tracking including audit for preventative measures and care plans 4) Personalizing assistive devices to facilitate recognition.

Methods	Process measures	Target for process measure	Comments
Fall committee will analyze falls to determine root cause and interventions to mitigate.	Review and analyze reduction in fall root cause analysis	Falls reduction by 5%	

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	9.09	17.30	Target is based on corporate averages. We aim to do better than or in line with corporate average.	NP/MD, CareRX, ROH, BSO

Change Ideas

Change Idea #1 1) The MD, NP, BSO (including Psychogeriatric Team), with nursing staff will meet monthly to review all new admissions for diagnosis and medications related to inappropriate prescribing of antipsychotics. This is also part of PAC quarterly meeting agenda, which also includes the pharmacy for further analysis and improvement strategies; 2) Residents who are prescribed antipsychotics for the purpose of reducing agitations 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
1) Monthly meetings by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics; 2) BSO lead and 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 use.	1) Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics; 2) Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	1) 100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use; 2) 100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	