

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	X	7.00	Below the Provincial average of 18.5%	NPSTAT, STL Imaging Services, LifeLabs

Change Ideas

Change Idea #1 Support early recognition of residents at risk for ED visits.

Methods	Process measures	Target for process measure	Comments
Increase the use of of the NPSTAT and in-house NP in making a decision about an ED transfer.	# of residents assessed by the NP prior to sending to the hospital.	80% of residents will be assessed by the NP prior to sending the resident to the hospital.	

Measure Dimension: Efficient

Indicator #2	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.	C	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	7.80	7.00	Below the Provincial average of 18.5%	NPSTAT, LifeLabs, STL Diagnostic Imaging

Change Ideas

Change Idea #1 The Home will educate and discuss end-of-life (EOL) and do-not-resuscitate (DNR) orders with residents and families/caregivers and ensure that care directives are documented as per wishes.

Methods	Process measures	Target for process measure	Comments
All residents and families/caregivers will be educated during admission and annual care conferences about EOL and DNR status.	# of Care Directives will be reviewed on admission and annually during care conferences.	100% of Care Directives will be reviewed on admission and at annual care conferences by Dec 31, 2023.	

Change Idea #2 The Home will provide education to residents and families/caregivers on the importance of ED visit reduction.

Methods	Process measures	Target for process measure	Comments
All residents and families/caregivers will be educated during admission and at annual care conferences on reduction of ED visits, including prevention of common reasons for ED visits such as UTIs, Pneumonia and Dehydration by the Clinical Care Coordinator/designate.	# of residents and families/caregivers who are provided in-house education on ED visit reduction.	100% of residents and families/caregivers will be educated on ED visit reduction on admission and at annual care conferences by Dec 31, 2023	

Theme II: Service Excellence

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	CB	97.00	Current performance is 95%. Above 86.9% LTC home average.	EC Nursing Consultant, SB Consultant

Change Ideas

Change Idea #1 Encourage Residents to share opinions and feelings with staff.

Methods	Process measures	Target for process measure	Comments
All staff will be educated on building Therapeutic Relationships with residents.	# of staff educated on Therapeutic Relationships.	100% of staff will complete Surge learning education on therapeutic relationships by Dec 31, 2023.	

Change Idea #2 Encourage participation in Resident Council Meetings.

Methods	Process measures	Target for process measure	Comments
Residents and families/caregivers will be provided information on Resident Council meetings on admission and at regular care conferences.	# of residents and families/caregivers who are provided information on Resident Council participation.	100% of residents and families/caregivers will be provided information on Resident Council participation by Dec 31, 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	7.41	7.00	Below the Corporate Benchmark of 17.3%.	MediSystem Pharmacy, EC Nursing Consultant, SB Consultant, Psychogeriatrician - PASE, Community Volunteers

Change Ideas

Change Idea #1 The BSO nurse will identify residents who are taking antipsychotic medications without a diagnosis and the Clinical Care Coordinator will discuss alternative medications (such as naturopathic or cannabis) or documenting a supporting diagnosis with the MD on bi-weekly rounds.

Methods	Process measures	Target for process measure	Comments
Changes to medications will be communicated to the nurse to assess and evaluate the resident's response to the medication.	# of residents suggested by the BSO/Clinical Care Coordinator to the MD for reduction of antipsychotic medication on bi-weekly rounds.	100% of residents using antipsychotic medication without the supporting diagnosis will be assessed and reviewed by the MD on his bi-weekly rounds by Dec 31, 2023.	

Change Idea #2 Education on responsive behaviours will be provided to staff.

Methods	Process measures	Target for process measure	Comments
All staff will be educated on signs, symptoms and documentation of hallucinations and delusions.	# of PSWs educated on recognition and documentation of hallucinations and delusions.	100% of PSWs will be provided education on recognizing and documenting the signs and symptoms of delusions and hallucinations by Dec 31, 2023.	BSO RPN will conduct education