

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)	42.11	16.00	1. The home expects to continue to perform below the provincial average.	RNAO Best practice guidelines , MDs, Medical director ,NP

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; staff education on the use of SBAR, and Root cause analysis of transfers. Registered in-charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction before initiating an ER transfer.

Methods	Process measures	Target for process measure	Comments
Education will be provided to all registered staff on the continued use of the SBAR tool and to support standardized communication between clinicians and clinical assessments.	Number of transfers to ED who returned within 24 hours. # of SBAR communication tools	80% of communication between physicians, NP, and registered staff will occur in SBAR Format by September 30, 2024	

Change Idea #2 Monthly review of the Hospital Transfer Tracking tool to highlight opportunities to further decrease unnecessary ER Visits.

Methods	Process measures	Target for process measure	Comments
The clinical team will review the ER Hospital Transfer Tracking tool monthly to review the nature of ER transfers and possible prevention of Hospital transfers and determine trends	Number of preventable ER visits identified through monthly reviews.	50% reduction of ED visits by March 1, 2025.	

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

Methods	Process measures	Target for process measure	Comments
NP and DOC to provide education on clinical assessments to the Reg staff	Number of reg staff trained on clinical assessments	100 % of all Reg staff will be educated on clinical assessments by August 30/24	

Change Idea #4 Discussions about advance care planning and my wishes during care conferences.

Methods	Process measures	Target for process measure	Comments
Education to residents (as appropriate)and families on "my wishes" .Include residents' wishes related to CPR, Active management, and hospital transfers.	# of residents and families receiving education on advanced care planning and My Wishes program	100% of residents (if applicable) and SMDs will be engaged in advanced care planning and my wishes conversations during care conferences. Target date: December 31/2024	

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	100.00	Through education, the home expects to have an increased understanding of this criteria over the next 6 months	Surge learning and local diversity agencies

Change Ideas

Change Idea #1 To increase awareness 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 and live events.	% of current staff to complete diversity, inclusion, equity, and anti-racism in the workplace. education in 2024 on Surge learning	100% of all staff will be trained by December 31, 2024	Departmental Managers to complete a monthly review of Surge completion rates.

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.	% of all new employees to be trained on diversity, inclusion, equity and anti-racism in the workplace.	100% of all new employees will be trained on diversity and culture New Employee orientation.	

Change Idea #3 Promote equity, diversity, inclusion, and anti-racism amongst staff

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events.	# of events to increase awareness of equity, diversity, inclusion, and anti-racism in 24-25	Equity, diversity, inclusion, and anti-racism events are to be held quarterly. April, July, October, and January. All 4 events will be completed by Jan 31/25. 100% of all events will be held in the home as per schedule	

Change Idea #4 To include Cultural Diversity as part of CQI meetings.

Methods	Process measures	Target for process measure	Comments
Include equity, diversity, inclusion, and anti-racism in CQI meeting standing agenda.	Cultural Diversity to be on the standing agenda to be discussed and change needs reviewed at CQI meetings.	The first discussion is to occur at the CQI meeting on April/24, then quarterly moving forward. 100 % of the meetings will take place as per schedule.	

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	82.00	85.00	Our aim is to improve this target from previous year and exceed the corporate average.	Elder Abuse Ontario

Change Ideas

Change Idea #1 1)Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. "

Methods	Process measures	Target for process measure	Comments
Re-education and review to all staff on Resident Bill of Rights and resident abuse education to be completed annually on SURGE learning.	# of staff will be educated by October 31/24	100 % of all staff in the home will be trained on the Residents' Bill of Rights and abuse prevention.	Total Surveys Initiated: 100 Total LTCH Beds: 160

Change Idea #2 Include Right #29-every resident has the right To raise concerns or recommend changes in policy and services on behalf of themselves or others to the following persons and organizations without interference and without fear OF COERSION, DISCRIMINATION, OR REPRISAL, WHETHER DIRECTED AT THE RESIDENT OR ANYONE ELSE.- as an agenda standing items in all departmental meetings.

Methods	Process measures	Target for process measure	Comments
All departmental managers will be responsible for including Right #29 from the resident bill of rights, as a standing agenda item at all departmental meetings with the purpose of promoting discussions and education.	100% of all department standing agendas will have Residents' Bill of Rights #29 added, for review and discussion.	100% of all department standing agendas will have Residents' Bill of Rights #29 added, for review by August 30, 2024.	

Change Idea #3 Provide education to residents and families on the Resident Bill of Rights and prevention of abuse.

Methods	Process measures	Target for process measure	Comments
The home will provide educational sessions throughout the year, including education for the resident and family council.	The number of educational sessions for residents and family members. Sessions are to occur quarterly and on an as-needed basis.	100% of scheduled educational sessions will take place . Target date: December 31/24	

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	19.32	15.00	Align with Corporate target	RNAO best practice guidelines, MD,NP,PT, Pharmacist

Change Ideas

Change Idea #1 Educate all staff on the Falling star program

Methods	Process measures	Target for process measure	Comments
"*Develop a one-page summary of the program *Provide all new nurses during orientation. Include the Falling Star program as part of the onboarding program for all staff, including non-clinical staff "	# of nursing staff educated on the Falling Star program	100 % of all nursing staff are to be educated on the Falling Star Program. July 31/25	

Change Idea #2 Implement fall prevention strategies for residents determined to be medium to high risk for falls

Methods	Process measures	Target for process measure	Comments
"*Implementation of: - 4P's Approach - BEEACH checklist, - medication reviews and - medications associated with falls and fractures -Recommendations for vitamin D with or without calcium - Review all residents on Low Blood pressure "	"# residents of the home whom the following were implemented; whom the following - the 4Ps (purposeful rounding) the BEEACH checklist (B- Behaviour - Change – a common goal of all strategies, targeting interventions to resident's' readiness for change E- Education – provide regular communication and education with residents, family, caregivers, and staff E- Equipment – promote appropriate use of mobility aids and assistive devices E- Environment - Assessment of the home environment and any modifications aims to enhance accessibility, safety, and performance of daily living. A-Activity - Promote & encourage physical and social activity C- Clothing and Footwear - Ensure appropriate support and fit for risk reduction H- Health Management - Encourage regular medical assessments/referrals, medication reviews, vision tests, bone health, healthy nutrition and hydration and chronic disease management.) Who had a medication reviews and medications associated with falls and fractures recommendations for vitamin D with or without calcium Who were assessed for Hypotension – BP lowering meds "	100 % of residents at risk for falls will have their care plans updated to reflect interventions to minimize risk of falls	

Change Idea #3 Identification of risk factors for residents who have been identified to be medium to high risk for falls

Methods	Process measures	Target for process measure	Comments
"Identification of Risk Factors. The more risk factor(s) for falls, the higher the probability of a fall. Review intrinsic and extrinsic risk factors for falling including those which may be modifiable. Implement an individualized multi-factorial approach focusing on modifiable non-pharmacological and pharmacological factors. Intrinsic Risk Factors (e.g. demographic and biological).Extrinsic Risk Factors (e.g. behavioral, environment, and medication-related)"	# of residents identified as medium to high risk for falls/total number of residents in the home	100 % of residents at risk for falls will be introduced to the 4Ps (Purposeful rounding), BEEACH approach, will have a medication for if on medications associated with falls, be assessed for Hypotension/BP lowering meds Target date: May 15/24	

Change Idea #4 Screen all residents at risk for falls and their fall risk factors.

Methods	Process measures	Target for process measure	Comments
"Complete a Falls management - Fall RISK Ax with Morse (Category and Score and action items) for new admissions, after a change in unit or room, after any transition or transfer from another care setting, after a fall, after any change in status(i.e.; Pain, lethargy, personal expressions) after medication change, for residents with a history of falls. "	# of residents screened for fall risk and their fall risk factors	100 % of residents identified as medium and high risk for falls will be included in the fall prevention strategy .	

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	17.30	Align with Corporate target	RNAO best practice guidelines, MD, NP, Pharmacist

Change Ideas

Change Idea #1 Determine if psychosis has been diagnosed or can be diagnosed for those residents on Antipsychotic medications

Methods	Process measures	Target for process measure	Comments
RAI coordinator to review all residents on antipsychotic medications. Review possible psychotic diagnoses and add them to the residents' current diagnoses. Discuss with MD if missing Dx. Include this process for all admissions, readmissions, and changes in condition	# of all residents on Antipsychotics that have diagnosis of psychosis or have been diagnosed with a psychotic diagnosis.	100 % of residents of residents on antipsychotics without a diagnosis of psychosis will be reviewed by the RAI coordinator. Target date: May 30/24	

Change Idea #2 Launch Antipsychotic Reduction Interdisciplinary Initiative

Methods	Process measures	Target for process measure	Comments
The Interdisciplinary will work collaboratively to decrease the use of antipsychotic medication for residents who do not have a diagnosis of psychosis. This will improve the resident's quality of life and reduce associated side effects. Once all the baseline assessments are completed, the team will proceed with in-person meetings to analyze the data and propose interventions collaboratively. The meetings ;, a three-week cycle: resident reviews will be discussed at a minimum every three weeks. This time frame will allow for the proposed interventions to take effect (in most cases) and inform responsible decision-making that will support continuity and momentum. In instances where medication effects are not expected to be appreciated within three weeks, the cycle could be delayed to six weeks.	# of baseline assessments completed per month	100 % of residents of residents on Antipsychotics without a diagnosis of psychosis will be reviewed by the RAI coordinator. Target date: May 30/24	

Change Idea #3 Roll out of the antipsychotic deprescribing tool

Methods	Process measures	Target for process measure	Comments
Educate Reg staff on the use of deprescribing algorithm. 2) BSO lead uses a tracking tool of all residents taking an antipsychotic and tracks diagnosis, dose, behavior. 3) review tracking Educate registered staff on the risk of using antipsychotic medications. "	3) # of Reg staff educated on the use of deprescribing algorithm 2) # of registered staff educated on risks of antipsychotic use.	3) 100% of Reg staff staff will be educated on the algorithm and the risks associated with use of antipsychotic	The Home is collaborating with the interdisciplinary team, Pharmacist and Medical Doctors with the appropriate intervention and deprescribing of antipsychotic medication that will have less impact on our residents

Change Idea #4 Residents admitted on antipsychotics will have this discussed at their admission care conference.

Methods	Process measures	Target for process measure	Comments
Physicians & Pharmacy consultant are to be involved in the review of newly admitted residents on antipsychotics by the time of the admission care conference. 2. If appropriate, the Pharmacy consultant will make recommendations for tapering antipsychotics.	# of new residents who are on antipsychotics who are reviewed by the Pharmacy consultant. 2. # of pharmacy recommendations to taper antipsychotics up on admissions.	100 % of all new residents on antipsychotics will have medication reviews completed by the pharmacy consultant prior to admission care conference	