

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 | 11.72 | 11.00 | Corporate Set Target | |

Change Ideas

Change Idea #1 Early identification, assessment and recognition of symptoms.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|--------------------------------------|
| Educate all staff on the importance to report changes in residents health status. | All PSW's will be reeducated on utilizing POC alerts for communicating any change in health status to the Registered staff for further assessment and intervention. | 100% of existing frontline staff will be reeducated on POC by Q3 of 2023 | Continual monitoring of change idea; |

Change Idea #2 Decrease avoidable ER transfers

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|-------------------------------------|
| NP from Windsor Regional Hospital has regularly scheduled rounding hours each week. This is clearly communicated and posted to registered staff for accessibility. Multidisciplinary team members to review data monthly to determine if ED visit could have been avoided and provide follow-up education to staff. | Number of residents sent to ED with potentially avoidable conditions. number of communication tools completed monthly. | To reduce the number of ED transfer by December 2023 | Continual monitoring of change idea |

Change Idea #3 Use of physician /nurse communication tool to assess need for hospital transfer.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|-------------------------------------|
| Staff will complete assessment tool prior to calling physician for clear concise information is relayed. | Number of residents sent to ED with potentially avoidable conditions. number of communication tools completed monthly. | 60% of all hospital transfers will have utilized the physician communication tool | Continual monitoring of change idea |

Change Idea #4 Re-education of falls prevention

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|-------------------------------------|
| Staff will be re-educated on falls prevention program to reduce risk of falls with injury requiring transfer to hospital | Number of residents sent to ED due to fall with injury | Reduce the number of transfers due to falls with injury by 1% | Continual monitoring of change idea |

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, NCAHPS survey / Apr 2022 - Mar 2023 | CB | CB | RSS Staff Care for Me – Currently Performing at 100% | |

Change Ideas

Change Idea #1 Engage in regular discussion with residents on their satisfaction with food served.

| Methods | Process measures | Target for process measure | Comments |
|---|-----------------------------|---|--|
| Nutrition Manager will be present in dining room to actively ask resident about their meal. | Sustain current performance | Ongoing feedback from residents on satisfaction with service being provided by staff. | Continue to monitor and track change idea progress |

Change Idea #2 Engage in regular discussion with residents on their satisfaction with recreation services.

| Methods | Process measures | Target for process measure | Comments |
|--|-----------------------------|---|--|
| Recreation Managers will identify key questions within recreation domain for improvement Recreation calendar will be revised based on resident input | Sustain current performance | Ongoing feedback on recreation satisfaction will be obtained and documented through resident council and random interviews. | Continue to monitor and track change idea progress |

Change Idea #3 Engage in regular discussion with residents during resident council and/or care conferences to gage if they feel staff listen to them,

| Methods | Process measures | Target for process measure | Comments |
|--|-----------------------------|---|-------------------------------------|
| Recreation Manager will consider making this standing agenda item for council Managers will ask residents for feedback during their walk abouts. | Sustain current performance | Ongoing feedback from residents on their feelings around ability of staff to actively listen. | Continual monitoring of change idea |

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 | CB | RSS Comfortable speaking with staff – Currently Performing at 100% | |

Change Ideas

Change Idea #1 Staff will continue to be sensitive to resident perception to their requests through education.

| Methods | Process measures | Target for process measure | Comments |
|---|------------------------------|---|--|
| Provide further education to staff on Person Centred care/ listening skills with a focus on the questions we want to improve in the survey results. | Sustain current performance. | Ongoing feedback from residents on satisfaction with service being provided by staff. | Continue to monitor and track change idea progress |

Change Idea #2 Staff to be fully aware of resident and family feedback from surveys

| Methods | Process measures | Target for process measure | Comments |
|---|-----------------------------|--|-------------------------------------|
| Review of survey comments with survey comments at townhalls for awareness and action planning | Sustain current performance | Ongoing feedback from residents on being comfortable to speak with staff | Continual monitoring of change idea |

Change Idea #3 Engage in regular discussion with residents during resident council and/or care conferences to gauge if they feel able to express themselves

| Methods | Process measures | Target for process measure | Comments |
|--|-----------------------------|---|-------------------------------------|
| Recreation Manager will consider making this standing agenda item for council Managers will ask residents for feedback during their walk abouts. | Sustain current performance | Ongoing feedback from residents on their feelings around ability of staff to actively listen. | Continual monitoring of change idea |

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 | 23.47 | 23.00 | Corporate Set Target | |

Change Ideas

Change Idea #1 Review of medications and ensure correct diagnosis for all residents.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|--|
| Online medication incident report system & online education portal for better tracking, trending & analysis Review all residents on antipsychotics and determine if there is a supporting diagnosis. Interdisciplinary care team to review behaviours and recommend possible reduction of medication to family/resident. Initiate reduction strategies and include non-pharmaceutical interventions. | 100% of residents without a diagnosis are reviewed. | 100% of residents on antipsychotics without a diagnosis will be reviewed. | Continue to monitor and track change idea progress |

Change Idea #2 Provision of educational material to families and/or residents on antipsychotics regarding importance of minimizing use.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|--|
| Provision to homes of national best practice information on reducing antipsychotics – Family Fact sheet from Canadian Geriatric Society, Pharmacy etc. Add information on reducing antipsychotics to tour and admission packages Discussion with families/resident weekly on effects of changes in antipsychotics. | Provision to homes of national best practice information on reducing antipsychotics – Family Fact sheet from Canadian Geriatric Society, Pharmacy etc. Add information on reducing antipsychotics to tour and admission packages Discussion with families/resident weekly on effects of changes in antipsychotics Number of families or residents educated on antipsychotic med reduction/month. | 100% of residents ordered antipsychotics will have education/information provided to families or resident. | Continue to monitor and track change idea progress |

Change Idea #3 Ensure that for any responsive behaviours the first interventions are non- pharmacological.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|--|
| Do behaviour mapping and analyze the data. Review medications on admission initiate review if antipsychotics triggered, review to include resident or POA. BSO/psychogeriatric team input monitor behaviors Expand the number of staff with BSO training to ensure each shift has required skills to assess, develop and implement non-pharmacological interventions and to support staff through education. Weekly huddles (or as needed) to assess interventions effectiveness; Review resident with responsive behaviors, potential develop a plan with front line staff. | Percentage of residents with responsive behaviours that have non=pharmacological interventions. | 100% of residents with responsive behaviours will have non-pharmacological interventions. | Continue to monitor and track change idea progress |

Created by Kim Penner, National Director Quality and Learning Excellence in collaboration with Riverside Quality Committee