

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	20.34	20.00	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 Use of physician /nurse communication tool to assess need for hospital transfer.

Methods	Process measures	Target for process measure	Comments
Staff will complete the Situation/Background/Assess/Recommend (Sbar)assessment tool prior to calling physician NP 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 Sbar communication tool	Continual monitoring of change idea

Change Idea #3 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

Change Idea #4 Provide Education for other identified trends that can result in a transfer to ED

Methods	Process measures	Target for process measure	Comments
Vital Air to do Chest Assessment education. Additional education will be provided for UTI's and Bacteriuria.	Number of residents transferred to hospital for pneumonia or UTI's is reduced	Reduce the number of transfers due to pneumonia or UTI 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, NHCAHPS 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
Managers will be present in dining room to actively ask resident about their meal. Focus will be on the key questions from the survey that need improvement. Will continue to request feedback during Food Committee	Maintain percentages on survey. Last year was 100%	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 using Pulse Surveys and Resident Council meetings. Recreation calendar will be revised based on resident input. Currently we are adding two new programs to the Recreation Calendar each month.	Increase percentages on survey. Resident council minutes will reflect focus on satisfaction with recreation.	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.	Increase percentages on survey.	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 95%	

Change Ideas

Change Idea #1 Staff to become 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. Gentle Persuasive Approach (GPA) education is being completed across the departments in virtual and in-person sessions.	Increase percentages on survey	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 with survey comments at home wide huddles and department meetings for awareness and action planning	Increase percentages on survey.	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.	Increase percentages on survey.	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	8.00	7.00	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
On Admission and then Quarterly where needed, residents on antipsychotic medications without a diagnosis are reviewed. As of December 31, 2022, we were 0%. 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. Engage the Geriatric Mental Health Team (GMH) to input monitor behaviors. GMH team to provide monthly education to increase improve competencies. 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 Sara Vista Quality Committee