

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	12.62	11.50	To continue to be below provincial and NELHIN average	

Change Ideas

Change Idea #1 After being provided with education all registered staff will complete e-Interact QI analysis for all emergency department transfers

Methods	Process measures	Target for process measure	Comments
Quality Improvement Nurse will provide education to all registered staff on proper use of the e-interact tool and will audit compliance and complete of tool on a monthly basis	Number of e-Interact tools completed in a monthly basis/number of ED visits per month	100% of ED transfers will have e-Interact tool completed by sending registered staff by August 31, 2023	The home already exceeds the provincial and NELHIN average but will continue to work on this indicator from a resident safety perspective

Change Idea #2 Review all resident emergency room transfers on a monthly basis at registered staff meetings to discuss trends, root cause analysis, and promote discussions about prevention and proactive care

Methods	Process measures	Target for process measure	Comments
Tracking tool to be implemented to log all resident ED transfers with date, time, reason for transfer - data will be analyzed and presented to registered staff on a monthly basis by Quality improvement nurse	Percent of ED transfers that are documented on the tool	100% of all ED transfers will be logged in the tracking tool by June 30, 2023	The home is below the provincial and NELHIN average for ED transfers and wish to continue to lower our numbers

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	90.00	The home will complete a new survey in 2nd quarter of 2023 - no data available from previous year.	

Change Ideas

Change Idea #1 Develop resident satisfaction survey in consultation with resident council and residents with emphasis on scoring of question "How well the staff listen to you"

Methods	Process measures	Target for process measure	Comments
Residents and resident council will be actively engaged in the development of a resident satisfaction survey. Survey results will be collected from all residents who are capable to answer the question in September 2023	number of resident satisfaction surveys completed	90% of residents surveyed will rate a positive score of 8, 9 or 10 that they feel staff listen to them by September 30, 2023	

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	90.00	No data available as comparator - new survey to be developed in consultation with residents and residents council to include this question "I can express my opinion without fear of consequences"	

Change Ideas

Change Idea #1 Develop resident satisfaction survey in consultation with resident council and residents with emphasis on scoring of question "I can express my opinion without fear of consequences"

Methods	Process measures	Target for process measure	Comments
Residents and resident council will be actively engaged in the development of a resident satisfaction survey. Survey results will be collected from all residents who are capable to answer the question in September 2023	number of resident satisfaction surveys completed	90% of residents surveyed will rate a positive score of 8, 9 or 10 that they feel staff listen to them by September 30, 2023	Will engage with Family council to assist with the development of the survey and the collection of survey results

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	18.18	15.00	To decrease antipsychotic usage in residents with no diagnosis of psychosis in line with closer to provincial averages	

Change Ideas

Change Idea #1 quarterly interdisciplinary antipsychotic medication reviews including medical director, nurse practitioner, consultant pharmacist, BSO and nursing

Methods	Process measures	Target for process measure	Comments
monthly monitoring of antipsychotic medication utilization reports, quarterly medication reviews	-number of residents taking antipsychotic medications reviewed monthly - number of new orders for antipsychotic medications each month - number of residents admitted already on antipsychotic medications each month - number of residents who have had antipsychotic medications decreased or discontinued each month	100% of residents who are taking antipsychotic medications will be reviewed quarterly by September 30, 2023	