

## 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	22.82	25.00	Prevention of ED visits involves many coordinated interventions by the entire inter-professional team. Further work is required, given the current staffing and COVID-19 related challenges, and high resident acuity. This is a multi-year project.	

### Change Ideas

Change Idea #1 Support and mentor nursing staff in critical thinking and decision-making to achieve full scope of practice.

Methods	Process measures	Target for process measure	Comments
Educate registered staff on S-bar implementation and support standardized communication between clinicians	Communication between Registered Staff to physicians and management related to urgent situations (potential ED transfers) will occur in the SBAR format by September 30, 2023.	75% of communication between Registered Staff to physicians and management (related to ED visits) will occur in SBAR format by September 30, 2023.	

Change Idea #2 Improve the process of conducting goals of care conversations with residents or POAs, to ensure they are happening early enough, frequently enough, and in-depth enough.

Methods	Process measures	Target for process measure	Comments
Identify roles and responsibilities for Registered Staff to discuss and provide education to the residents and their family regarding goals of care upon admission and prior to ED transfers (as appropriate).	% of new admissions have documented goals of care; % of ED transfers not admitted to hospital have documented goals of care	100% of new admissions and 100% of hospital transfers (not admitted to hospital) will have a documented conversation regarding goals of care by December 31, 2023.	

Change Idea #3 Conduct a chart review for each ED visit

Methods	Process measures	Target for process measure	Comments
After each ED visit, a review of the resident chart for appropriate assessments using tools such as SBAR communication; reason for transfer; decision for transfer; and what, if anything could have been done to prevent the transfer and yet still treat the resident situation/symptoms.	All ED visits will be reviewed and documented with appropriate assessments completed, what, if anything was missed, who made decision, and if the transfer to ER could have been prevented, i.e.; learning opportunities for staff, resident and family	100% of all ER transfer charts will be reviewed	

## 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, NHCAPHS survey / Apr 2022 - Mar 2023	CB	90.00	This is a stretch target. We are always striving to ensure residents feel comfortable, safe, and part of a vibrant, inclusive community. The methods referenced in this priority area will focus on data and information collected from feedback processes and the annual Resident/Family Experience surveys.	

### Change Ideas

Change Idea #1 Explore the implementation of feedback tools to include residents with cognitive impairment in the annual experience surveys.

Methods	Process measures	Target for process measure	Comments
Conduct a literature review on methods used to obtain feedback from residents with cognitive impairments.	Conduct the literature review; Summarize recommendations for application in LTC.	Select a method for pilot testing.	

Change Idea #2 Improve the overall pleasure of the residents when experiencing dining services.

Methods	Process measures	Target for process measure	Comments
Re-train all active nursing, recreation, and dietary front-line staff on the pleasurable dining experience; Improve the presentation of plating and sample plates; Obtain feedback on dining services from residents each month through Resident Council as a standing agenda item.	Percent of staff re-trained on pleasurable dining; Number of complaints related to plating and dining service; # of follow-ups made to address feedback from each resident council meeting.	Residents who state the overall quality of food and drinks is acceptable will increase from 51% to 85%. This will be measured accordingly on the Resident Experience Survey to be conducted in Fall 2023.	

Change Idea #3 Improve residents engagement in meaningful activities.

Methods	Process measures	Target for process measure	Comments
Implement a recreation needs assessment; Review residents preferences based on past interests, current interests, and activities that residents would like to explore; Data will be analyzed and shared at Residents Council meetings; Information will be reviewed to develop a program structure and schedule of offerings.	Number of resident/family concerns related to programming; # of cultural and community programs implemented	Residents state there are opportunities for them to participate in activities will increase from 62% in 2022 to 85% in 2023. Resident experience survey will be conducted in Fall of 2023; The number of cultural and community programs offered will increase to at least 250 events per year.	

**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	This is a stretch target. We are always striving to ensure residents feel comfortable, safe, and part of a vibrant, inclusive community.	

**Change Ideas**

Change Idea #1 Increase communication provided to residents and families on how to make a complaint and provide feedback to the home.

Methods	Process measures	Target for process measure	Comments
Orient residents and family members on policies and procedures related to Whistle Blower Protection and How to Report a Complaint; Make annual presentations at Resident and Family Councils on Whistle Blower and Complaint policies and procedures; Include this information at quarterly and annual Resident Care Conference.	Percent of residents and families received orientation on complaints and whistle blower policies and procedures upon admission and at regular care conferences.	100% of residents and families receive orientation on complaints and whistle blower policies and procedures; Minutes are taken at Resident and Family Council on annual review of relevant policies and procedures.	

Change Idea #2 Expand staff and supervisor knowledge and understanding of emotion-based care.

Methods	Process measures	Target for process measure	Comments
<p>Provide staff and supervisors with customer service education on how to respond to residents expressing an opinion, to ensure the interaction is therapeutic and welcoming, even if the opinion may be perceived as negative; Continue offering Gentle Persuasive Approach training to increase knowledge and understanding of emotional approaches to care; Care Team Leadership rounds provide an opportunity for residents to raise concerns and provide coaching and mentoring to staff on responding to residents appropriately; Resident and Family Council is encouraged as an opportunity for residents and family to express their opinions.</p>	<p>Percent of new staff and supervisors receive customer service training; Percent of staff and supervisors receive training on Gentle Persuasive Approaches, as appropriate; Number of complaints related to staff approach/professionalism</p>	<p>100% of new staff receive mandatory training; Monitor number and type of complaints/concerns raised; Number and type of staff disciplines.</p>	

### 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	21.93	19.00	This work requires collaboration with inter-professional staff and measurement is complex. This is a multi-year project.	

#### Change Ideas

Change Idea #1 Verify resident data upon admission and readmission and as appropriate.

Methods	Process measures	Target for process measure	Comments
Create an updated list of all residents on anti-psychotic medication including standard and prn orders.	Percent of residents with symptoms of agitation and/or aggression admitted who received a comprehensive assessment	100% of residents admitted or readmitted to our LTC home will receive a comprehensive assessment by the inter-professional care team.	The goal here is not zero. The purpose is to achieve the best outcomes for the resident using appropriate methods and interventions.

Change Idea #2 Implement an interdisciplinary Antipsychotic Stewardship team to review residents on anti-psychotic medication without a diagnosis.

Methods	Process measures	Target for process measure	Comments
BSO Leads will ensure all residents who receive antipsychotics are reviewed quarterly and as needed by the physician and appropriate team members; and will be included in team meetings routinely occurring to assess responsive behaviours and/or antipsychotic use.	Total number of residents prescribed antipsychotic medications / Number of residents who have received a medication review in the previous 3 months.	100% of residents who are prescribed antipsychotic medications will receive a 3-month review of their medications to determine potential for reducing dosage or discontinuing antipsychotics.	

Change Idea #3 RAI-MDS Manager will complete audits on antipsychotic drug use each quarter prior to data submission to ensure MDS coding and information (data) accuracy.

Methods	Process measures	Target for process measure	Comments
RAI-MDS coordinator will track residents on anti-psychotic medication(s) without a diagnosis and report nursing practice meeting 1x/month.	Percent of residents on antipsychotic drugs tracked and monitored.	100% of residents on anti-psychotics tracked and monitored.	

Change Idea #4 Education will be provided to staff to refresh knowledge on antipsychotic use, criteria and MDS coding

Methods	Process measures	Target for process measure	Comments
Monitor and analyze appropriateness of anti-psychotic usage; Awareness of target behavioural symptoms for management or improvement; Review of diagnosis for residents prescribed antipsychotics; Staff to monitor and document behavioural symptoms of residents on antipsychotics.	Percent of registered staff received education on antipsychotic prescribing and utilization	100% of registered staff received education on antipsychotic drug prescribing and utilization	