

## 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)	18.71	17.00	The PoET individualized form will help to ensure that the decision making is align with Ontario's Health care consent act and fixing the Long Term Care Act - Resident's Bill of Rights	

## Change Ideas

Change Idea #1 Appropriate assessment of residents prior to ER transfer by registered staff and NP .

Methods	Process measures	Target for process measure	Comments
Continue to provide education to all registered staff of thorough assessment of resident prior to ER transfer , consult with NP and attending physician's of resident condition and discuss with POA /SDM prior to transferring to ER	All the residents will have assessment completed by registered staff , CN and NP prior to transferring to ER . Good communication with family , SDM and physician will take place respecting resident's wishes	Aiming to reduce potentially avoidable ED visits 18.71% to 17% by Dec31st 2024	Thorough assessment and communication with resident and POA /SDM will reduce avoidable ER transfers

Change Idea #2 Utilize PoET individualized form to support resident and families in regards to Health care decision making

Methods	Process measures	Target for process measure	Comments
PoET form will be discussed on 6 weeks and annual care conferences with resident's and families	100% of residents will have PoET completed on 6 weeks care conferences and annually	Number of ED visit will decrease from 18.7% to 17% by December 2024	PoET form will be discussed with all residents / families during care conferences and resident's wishes will be documented and reviewed as needed

## 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	Community had organized equity , diversity and inclusion training for management staff and front line staff in 2022 and will retrain 100% of staff in the year 2024	

### Change Ideas

Change Idea #1 Continue to provide education to all staff on equity , diversity and inclusion and anti -racism

Methods	Process measures	Target for process measure	Comments
- EDI and anti racism training for staff - home will create a Equity , Diversity and inclusion board and post the resources from CLRI	Number of management and staff completed the reeducation in the year 2024	100% of management and staff will have equity , diversity , inclusion and anti-racism reeducation by December 31st 2024	Community has already initiated equity , diversity , inclusion and anti-racism training in 2022 and will continue to retrain all staff in this topic again in 2024

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	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?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	35.00	65.00	Currently only 35% of the resident /families participated in the survey , the goal for this year is to increase participation in survey to improve resident and family satisfaction	

### Change Ideas

Change Idea #1 - customer service education will be provided to front line staff

Methods	Process measures	Target for process measure	Comments
- Daily huddles , monthly meetings , on the spot education on the importance of listening to residents care needs , follow up on residents concern and feed backs	- Number of resident and family satisfaction surveys - Monthly concern /complaint analysis	Home will have 65% increase in the satisfaction to the question on :what number you will use to rate how well the staff listen to you ? by October 31st 2024 .	Total Surveys Initiated: 128 Total LTCH Beds: 128 Home will continue to provide education to staff on customer service

## Change Idea #2 Seek out formal suggestion for improvement in satisfaction with resident's and families

Methods	Process measures	Target for process measure	Comments
- Executive Director will attend Resident and family council meetings to discuss areas for improvement in regards to care needs . - Life Enrichment Manager will attend Resident and family council meetings to discuss areas for improvement in regards to care needs	Executive Director attends family council meetings and Life enrichment manager attend monthly Resident council meetings and concerns are followed up with staff and communicated back to councils	Regular attendance of ED and LEM to family council and Resident council meetings	Community will have regular communication with Resident's , families to improve satisfaction survey results

## Measure - Dimension: Patient-centred

Indicator #4	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	87.50	92.50	Hope will try to reach 92.5% in 2024	

## Change Ideas

Change Idea #1 - Frontline staff to become sensitive to resident's perception to their requests through education

Methods	Process measures	Target for process measure	Comments
- Daily huddles , monthly meetings , coaches corner to discuss the importance of understanding resident's care needs .	Increase percentage on satisfaction survey	To increase 5% in the satisfaction question related to "I can express my opinion without fear of consequences	Total Surveys Initiated: 40 Total LTCH Beds: 128 Continue to improve in resident and family satisfaction

Change Idea #2 Enhance knowledge with Residents and Families that community would want the resident's to be involved with their own care decisions

Methods	Process measures	Target for process measure	Comments
Interdisciplinary care conferences with resident's and families	Inviting residents to their annual care conferences and ensuring documentaion is updated to reflect their presence	To increase percentage of resident satisfaction from 87.5% to 92.5% by December 31st 2024	

## Safety

### 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	16.88	15.00	To reduce the percentage of antipsychotic use without the diagnosis of psychosis	

### Change Ideas

Change Idea #1 People living with dementia who are prescribed psychotropic medication to reduce responsive behaviors receive a documented medication review to consider reducing or discontinuing medication if they have no diagnosis of psychosis

Methods	Process measures	Target for process measure	Comments
Nursing team /DBSO will have ensure that all residents on prescribed psychotropic medication will have their use reviewed by MD and Pharmacy consultant during three month medication reviews and will discuss the alternatives	Number of residents with the use of psychotropic medications without the diagnosis of psychosis, this will be reviewed quarterly by DBSO with MD and pharmacy consultant	100% of the residents on psychotropic medication have a full review to determine eligibility to decrease or discontinue antipsychotics	DBSO will review quarterly antipsychotic use with MD and pharmacy consultant and consider reducing or discontinuing medication if there is no diagnosis of psychosis

## Change Idea #2 Utilize an interdisciplinary team approach to reduce the percentage of resident's antipsychotic medication use without the diagnosis of psychosis

Methods	Process measures	Target for process measure	Comments
- DBSO will coordinate with registered staff , MD , NP , Pharmacy consultant , NBNP team , PRC , TRC and psychiatrist to manage the responsive behaviors - DBSO and interdisciplinary team will review all residents prescribed antipsychotic without the diagnosis of psychosis quarterly	Percentage of residents receiving antipsychotic medications without the diagnosis of psychosis	To reduce the percentage of antipsychotic use without the diagnosis of psychosis from 18.7% to 17 % by December 31st 2024	DBSO will work closely with interdisciplinary team to reduce the use of antipsychotics without the diagnosis of psychosis