

## 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)	31.06	25.00	there will always be a component of residents that must seek ER level services. Staff will be supported to manage residents in house to the degree possible given the available resources and expertise to ensure safe resident care	

### Change Ideas

#### Change Idea #1 trend ER transfers to understand themes and trends

Methods	Process measures	Target for process measure	Comments
continue to track trending though communications tab in PCC	number of ER visits reduced by 5% by December 2024 from the 2023 year end average	5% reduction from 2023	

#### Change Idea #2 Re- implement and Revive My wishes program using the 10 cards with straight forward conversation

Methods	Process measures	Target for process measure	Comments
Review process with social worker and Activation	Number of “MY WISHES” assessments done per month is a least 12 by December 2024 year and recorded in the resident care plan	2 assessments per month	

Change Idea #3 work with clinical team to optimize resident care and assessments so as to proactively manage resident care

Methods	Process measures	Target for process measure	Comments
review reporting information that is presented in risk meeting	Meetings with clinical team at least once monthly to review residents who have been transferred with the goal of ensuring every transfer was appropriate vs being able to manage the resident in the home	At least 2 meetings per month	

Change Idea #4 continue to recruit for a 2nd full time NP to support the provision of appropriate clinical care

Methods	Process measures	Target for process measure	Comments
working with a head hunter to assist in filling position	Successful recruitment on one full time NP by June 2024	Position filled	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The number of residents who would recommend this home to others	C	Rate per 100 residents / Residents	In house data, NHCAHPS survey / November 2023- November 2024	86.70	90.00	Corporate Target	

### Change Ideas

#### Change Idea #1 Work with Dietary to improve dining experience

Methods	Process measures	Target for process measure	Comments
Establish working group	Mid year survey at least 20 residents and 10 family by July 30, 2024 that shows at least a 5% improvement	10% improvement from survey results	

#### Change Idea #2 Work with EHS to continue with building repairs and upgrades

Methods	Process measures	Target for process measure	Comments
-determine painting plan for renewal of areas -replace broken or missing window coverings -upgrade other furniture as able	Track completion of work so that aligns with the approved capital budget	Completion rate	

## Change Idea #3 Work with activation to increase staff complement and ensure more resident focused programs

Methods	Process measures	Target for process measure	Comments
complete hiring of additional positions - focus group with residents re activities and events planning	minimum of 1 more activity staff hired, less than 20% % of dollars are being transferred to cover nursing deficits	Increase in PRD for Allied professional health by 10%	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication – I am updated regularly about any changes in my home and the information is clear and timely	C	Rate per 100 residents / Residents	In house data, NHCAHPS survey / November 2023- November 2024	41.90	85.00	Corporate target	

**Change Ideas**

Change Idea #1 Work with resident council to create strategy that will address this gap

Methods	Process measures	Target for process measure	Comments
Working group	Mid year survey with all eligible residents as determined by their CMI score and with a minimum of 20 residents to determine if at least a 10% change has occurred by July 31, 2024	85%	

Change Idea #2 Create Resident communication board on RHA

Methods	Process measures	Target for process measure	Comments
Public communication	Mid year survey with at least 20 residents by July 30, 2024 that shows at least a 10% improvement	85%	

## Safety

### Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.57	15.00	Corporate Target	

### Change Ideas

Change Idea #1 Implement specific activity program at afternoon change of shift for residents who are high risk for falls

Methods	Process measures	Target for process measure	Comments
1. Review current high-risk residents for falls to identify their needs/preferences for activities 2. Implement program during afternoon change of shift to engage residents and prevent falls	# of residents reviewed for activity needs/preferences weekly # of activity programs that occur during change of shift in afternoon weekly	Specific activity program at afternoon change of shift will be implemented by June 2024	

### Change Idea #2 Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement

Methods	Process measures	Target for process measure	Comments
1. Staff to do environmental assessments for all residents at high risk for falls at minimum monthly 2. Address any identified deficiencies from completed assessments	# of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly	Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024	

### Change Idea #3 Continue to ensure all resident who have falls, they are referred to Physio Therapy

Methods	Process measures	Target for process measure	Comments
When Directors are reviewing incident of a resident having a fall, a review will be completed to ensure that a referral was sent to Physio Therapy	# of identified falls that did not have referrals sent	reach corporate target	

### Change Idea #4 In completion on the post fall assessment a team huddle will continue to be completed to help determine root causes of fall and interventions that will be put into place to prevent another fall or injury if another fall should occur

Methods	Process measures	Target for process measure	Comments
Continue to educated team leaders how to completed a post fall huddle to help determine root cause(s) when a resident falls	# of post fall huddles not completed with team	Every fall is followed by a post fall huddle	

**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	17.79	17.30	Corporate target	

**Change Ideas**

Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Review all residents who are currently prescribed antipsychotics 2) Review plan of care for supporting diagnosis 3) If no diagnosis, team will review and implement reduction strategy process	# of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly	All residents currently prescribed antipsychotics will have a medication review completed by July 2024	



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

Methods	Process measures	Target for process measure	Comments
1) Provide families with best practice information on reducing antipsychotics such as – Family Fact sheet from Canadian Geriatric Society, Pharmacy etc. 2) Add information on reducing antipsychotics to tour and admission packages	# of families provided with best practice information on reducing antipsychotics monthly # of tour and admission packages provided with antipsychotic reduction information included monthly	Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024	

### Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents with physical restraints is reduced to align with corporate target	C	Rate per 100 / Residents	POC/PCC Audits / Oct to December 2023 PCC Data	4.00	2.50	corporate target	

### Change Ideas

## Change Idea #1 Review current physical restraints and determine plan for trialing alternatives to restraints

Methods	Process measures	Target for process measure	Comments
1) Review all residents currently utilizing restraints 2) Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident Each resident who has a restraint will have a referral sent to physio to assess if any other alternatives can be trailed	# residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident monthly # of referrals to physio should match the number of residents who have orders for physical restraints	100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024	

## Change Idea #2 Re-educate staff on restraint policy and use of alternatives to restraints

Methods	Process measures	Target for process measure	Comments
Organize education sessions with all staff on restraint policy and alternatives to restraints	# of education sessions held monthly	100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024	

## Change Idea #3 Ensure the Physio Therapy has received a referral to assess alternatives prior to any use of Physical restraints

Methods	Process measures	Target for process measure	Comments
Education provided to each Registered staff to ensure to send a referral to Physio to assess for alternatives prior to recommending any physical restraints	# of residents who are ordered physical restraints should also have a referral to physio therapy which indicates that they have assessed for any alternatives	100% of residents with restraints have been referred to physio	

**Measure - Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	Rate per 100 residents / Residents	CIHI CCRS / January 2024 to December 2024	4.30	2.00	corporate target	

**Change Ideas**

Change Idea #1 Review current bed systems/surfaces for residents with PURS score 3 or greater.

Methods	Process measures	Target for process measure	Comments
1) Develop list of residents with PURS score 3 or greater 2) Skin/wound team to review residents list to determine if surface meets their needs Replace mattress/surface if required	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024	

Change Idea #2 Improve Registered staff knowledge on identification and staging of pressure injuries

Methods	Process measures	Target for process measure	Comments
Provide education for Registered staff on correct staging of pressure injuries	# of education sessions provided monthly for Registered staff on correct staging of pressure injuries	100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024	