

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)	19.64	21.00	1) At/Below the provincial Average.	NP; BSO; PRCs: RNAO BP Consultant; MD

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; education to staff; Use of SBAR, Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer

Methods	Process measures	Target for process measure	Comments
Education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians	Number of communication process used in the SBAR format, between clinicians per month	80% of communication between physicians, NP and registered staff will occur in SBAR Format by July 1, 2024	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

Change Idea #2 Support early recognition of residents at risk for ED visits. by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits. Discussion with residents and families, about role of NP's in LTC. re-education of registered staff, regarding assessment skills, and become part of standing nurse practice monthly meetings review

Methods	Process measures	Target for process measure	Comments
Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending NP will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological	The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours	Decrease by 10% until goal is achieved by reviewing all process measures in a quarterly basis	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

Change Idea #3 Build capacity and improve overall clinical assessment to Registered Staff; 4) Discussions about advance care planning on care conferences

Methods	Process measures	Target for process measure	Comments
Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice	based on needs assessment.	20% reduction of ED visits by December 31st 2024.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

Change Idea #4 Discussions about advance care planning on care conferences

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner on site will provide education theoretically and at bedside	Improved confidence and decision making from Registered staff related to clinical assessment	80% of communication between physicians, NP and registered staff will occur in SBAR Format by July 1, 2024	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

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	100.00	100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	Surge Education; BSO

Change Ideas

Change Idea #1 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events	Number of staff education on Culture and Diversity	80-100% of staff educated on topics of Culture and Diversity	Total LTCH Beds: 95 80-100% staff education on Culture and Diversity;

Change Idea #2 To increase diversity training through Surge education or live events

Methods	Process measures	Target for process measure	Comments
Introduce diversity and inclusion as part of the new employee onboarding process	number of new employee trained of Culture and Diversity;	80-100% of staff educated on topics of Culture and Diversity	number of new employee trained of Culture and Diversity

Change Idea #3 To facilitate ongoing feedback or open door policy with the management team

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events	80-100% staff education on Culture and Diversity; number of new employee trained of Culture and Diversity	80-100% of staff educated on topics of Culture and Diversity	80-100% staff education on Culture and Diversity; number of new employee trained of Culture and Diversity

Change Idea #4 To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
Monthly quality meeting standing agenda	Number of staff education on Culture and Diversity; number of new employee trained of Culture and Diversity	80-100% of staff educated on topics of Culture and Diversity	Number of staff education on Culture and Diversity; number of new employee trained of Culture and Diversity

Experience

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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	74.74	80.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 To increase our goal from 74.76% to goal of 80%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else"

Methods	Process measures	Target for process measure	Comments
Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by December 31, 2024. 100% of all staff will have education via department meetings on Resident Bill of Rights #29 by December 31, 2024. 100% of resident Council meeting will have Residents' Bill of Right #29, added at each monthly review by 100% of Standing Agenda for family Dec 31, 2024. Council will have added "resident Bil of Right #29 for review.	100% of all staff and residents and families will have completed the education on resident Bill of Rights #29	Total Surveys Initiated: 95 Total LTCH Beds: 95

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	11.14	15.00	We aim to continue to be below corporate average.	RNAO BP Coordinator; PT; NP

Change Ideas

Change Idea #1 To facilitate a Weekly Fall Huddles on each unit

Methods	Process measures	Target for process measure	Comments
Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls	Number of weekly meeting in each unit	100% of staff participation on Falls Weekly huddle in each unit	

Change Idea #2 to improve overall knowledge and understanding of Falls Program

Methods	Process measures	Target for process measure	Comments
To increase participation with RNAO Best Practice Coordinators navigate falls processes	number of staff participants on the weekly falls meeting	100% of unit staff participated on the weekly falls meeting to identify other interventions mitigating further risk to residents.	

Change Idea #3 To collaborate with external resources of ideas to help prevent further resident increase of falls or injury related to falls

Methods	Process measures	Target for process measure	Comments
To increase training and/or education of Falls program	increase staff participation with RNAO Coordinators	100% of identified staff (management and departmental staff) participated in discussion with RNAO Coordinators	

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	16.96	17.30	We aim to continue to be below corporate average.	NP STAT, BSO LHIN, Lakeridge Mental Health Services, Ontario Shores Centre For Mental Health Sciences, Alzheimer Society of Ontario

Change Ideas

Change Idea #1 The MD, NP, BSO (including Psychogeriatric Team), with nursing staff will meet monthly to review all new admissions for diagnosis and medications related to inappropriate prescribing of antipsychotics. This is also part of PAC quarterly meeting agenda, which also includes the pharmacy for further analysis and improvement strategies

Methods	Process measures	Target for process measure	Comments
Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics	Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use	

Change Idea #2 Residents who are prescribed antipsychotics for the purpose of reducing agitations and or aggression will have received medication reviews quarterly and as appropriate, in collaboration with their care team; that being, physician, pharmacist, NP, nurse etc., to consider dosage reduction or discontinuation.

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing team will ensure that residents who receive antipsychotics are reviewed quarterly and as needed, by the physician and appropriate team members. this will be included in team meetings routinely, occurring, as a means to access responsive behaviours and the use of antipsychotics use.	Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	