

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	22.40	21.00	The home will continue to strive for continuous improvement and strive to meet the provincial average.	William Osler Health System, Ontario Health

Change Ideas

Change Idea #1 Continue to operationalize the Prevention of Error-based Transfers Project in order to reduce avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
Utilization of individualized summaries; a form that helps ensure that decision making is aligned with Ontario's Health Care Consent Act and provides instructions on obtaining consent as well as information about that resident's goals of care, wishes, values and beliefs.	% of new admission residents and % of residents at Annual Care Conferences that receive a conversation and individualized summary on goals of care, wishes, values and beliefs.	100% of new admission residents and 100% of residents at Annual Care Conferences will receive a updated conversation and individualized summary on goals of care, wishes, values and beliefs by December 31, 2023.	

Change Idea #2 To implement the Preview-ED Observational tool to detect the onset/exacerbation of four top causes of preventable ED visits: Pneumonia, UTI's, Congestive Heart Failure, Dehydration.

Methods	Process measures	Target for process measure	Comments
The home will use the PreviewED tracking tool to track data inputted into POC/PCC on day shift. Staff will be monitoring 9 indicators and comparing them to residents baseline and aggregating an overall score that informs the team on the type of clinical escalation that is required.	# of avoidable hospital transfers	The Preview-ED tool will be completed for all resident who trigger indicators after the go-live date of May 15, 2023.	The Day PSW staff will complete the questions on POC and any triggers will be documented by the Nursing Staff, and subsequently, nursing leadership will complete the Preview-ED tool.

Change Idea #3 Promptly identify and complete an inter-professional review for residents who are experiencing a change in health status

Methods	Process measures	Target for process measure	Comments
On a monthly basis the CHESS score (Changes in health end stage disease and signs and symptoms) and the J5c (end stage disease 6 months or less to live) report will be run from PCC to identify residents that are experiencing a change in health status. Residents identified in this category CHESS 3 or higher and residents identified on the J5c report will be discussed at monthly meetings. The team will review resident status, any referrals that need to be initiated, the need to communicate changes with the family/book conference, health care wishes, current interventions etc.	# of residents identified on the 2 reports will be reviewed monthly	100% of residents identified in the reports will be reviewed at monthly interdisciplinary meetings.	

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	100.00	The home strives to work towards 100% of residents responding positively.	Registered Nurses Association of Ontario

Change Ideas

Change Idea #1 Continue to implement the Person Centered Care Best Practice Guidelines through the RNAO.

Methods	Process measures	Target for process measure	Comments
The home will continue to implement the resident care philosophy of "Nothing About Me, Without Me" and consistently engage the residents in care conferences, and committees that steer care programming.	% of residents participating in care conference meetings.	100% of capable residents invited to participate in care conference meetings.	

Change Idea #2 The home will implement the RNAO Nursing Advantage Module of Person and Family Centered Care on June 29 2023.

Methods	Process measures	Target for process measure	Comments
The home will implement the use of the PFCC Nursing Advantage Module for residents upon new admission to ensure all best-practice guidelines align with the residents care-plan.	# of residents with PFCC assessments completed upon admission	100% of newly admitted residents.	

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	100.00	The home strives to work towards 100% of residents responding positively.	

Change Ideas

Change Idea #1 To continue educate residents on the updated Fixing Long-Term Care Home Act and the enhanced Resident Rights.

Methods	Process measures	Target for process measure	Comments
The home will engage the education coordinator and the resident council liaison in delivering education on the Fixing Long Term Care Act changes to the Resident Rights.	# of residents engaged in education through resident council meetings.	All resident council members	

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who fell in the last 30 days	C	% / LTC home residents	CIHI CCRS / July-September 2022	21.10	18.00	The home is striving to reach provincial average or better.	

Change Ideas

Change Idea #1 To continue to implement the "Preventing Falls and Reducing Injury from Falls" from the Registered Nurses Association of Ontario (RNAO).

Methods	Process measures	Target for process measure	Comments
Nursing staff will continue to perform purposeful rounding for all residents and document completion on all shifts.	% of residents receiving purposeful rounding.	100% of residents will receive purposeful rounding by December 31, 2023	

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	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	10.19	9.50	The home will continue to maintain baseline and strive for continuous improvement.	

Change Ideas

Change Idea #1 Continue to review and monitor through an interdisciplinary Antipsychotic Reduction Committee, new admissions and current residents that are on antipsychotic medication to determine proper indication for usage and consideration of alternative interventions when warranted.

Methods	Process measures	Target for process measure	Comments
BSL will lead the interdisciplinary Antipsychotic Reduction Committee review and monitoring of newly admitted and current residents that are on antipsychotic medications to determine proper indication for usage. Recommendations are given to MD/NP for review and implementation.	% of new admissions and current residents that are on antipsychotic medication will be reviewed and monitored to determine proper indication for usage.	100% of new admissions and current residents that are on antipsychotic medications will be reviewed and monitored to determine proper indication for usage by March 31, 2024.	