

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 / October 2020 - September 2021	34.62	31.00	Although we aim for greater than a 10% improvement, this indicator can be influenced by residents, families and care provider decisions outside of staff/Home control. We aim to improve nursing assessment(s) and communication to reduce the # of ER visits that could be managed within the Home.	

Change Ideas

Change Idea #1 Improved discussions with residents and families regarding Palliative Care model/approach to care, using CAPCE tools to steer discussion regarding Care Directives

Methods	Process measures	Target for process measure	Comments
Resident Care Coordinator (RCC) and/or Manager of Resident Care (MRC) will review each chart for Care Directives and keep statistics on total residents at each level for a baseline, then continue to monitor over the year as annual Care Conferences are completed and new admissions arrive to determine if there is a trend towards more palliative care.	100% of charts will be audited within the 1st two months, then as care conferences and new admissions arrive. Each month the statistics will be reviewed with the CQI team	100% of charts will be audited within the 1st month two months for a baseline. 100% of care conferences and new admissions will be reviewed for data collection from the new/updated Care Directives.	As care providers develop a better understanding of the transitions of care with a life-limiting illness, we aim to develop additional assessment tools, support communications, and decision-making regarding symptom management during an acute episode.

Change Idea #2 Chart Review for each Emergency Room visit

Methods	Process measures	Target for process measure	Comments
After each ER visit, the MRC/RCC will review the chart for appropriate assessments using tools such as O-V assessment, 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 ER transfers 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	Learning opportunities discovered through the audit will be implemented in teaching plan for Registered nursing staff, physicians, residents and families.

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Care experience: staff not introducing themselves or wearing a name tag (Establish a therapeutic relationship with the person using verbal and non-verbal communication strategies)	C	% / LTC home residents	In-house survey / Dec 2022	82.00	100.00	Goal is to ensure that all staff, at all times, are wearing name tags and that they introduce themselves to the Resident and SDM when providing care, interacting or answering call bells. This aligns with legislation and the RNAO Best Practice Guideline for Person and Family Centered Care.	RNAO

Change Ideas

Change Idea #1 Residents, SDM, visitors will be able to identify staff by their name tags which are colour coded according to departments.

Methods	Process measures	Target for process measure	Comments
Post signs in nursing stations, change room, at the time clock, to remind staff to wear their name tags. Visitor Attendants will remind staff during screening process upon arrival for the shift; 'Cheat sheet' for corresponding colours of the name tags. All managers to conduct audits 2x/week and will remind staff at staff meetings and huddles.	Audits will reveal whether staff are wearing their name tags. Resident satisfaction survey will identify whether this has improved since conducting audits, daily reminders and posting of signs.	By Dec 2022 100% of staff will be wearing name tags 100% of the time.	Name tags sometimes become dislodged when providing Resident care or when donning or doffing gowns. If that is identified as a problem we will create an action plan to counter that issue.

Theme III: Safe and Effective Care

Measure		Dimension: Safe						
Indicator #3	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 / July - September 2021	12.24	12.24	We will not be addressing this indicator this year, as we are well below the provincial average. We continue to monitor our performance trends and will implement a quality improvement plan if trending towards the provincial average.		

Change Ideas

Change Idea #1 Ongoing monitoring

Methods	Process measures	Target for process measure	Comments
Will review statistics from the Point Click Care (PCC) MDS RAI report and the quarterly statistics through CIHI to compare our performance and support sustainability.	Reviewed statistics monthly with the CQI team. Current MDS RAI QI report and compared with the most recent CIHI quarterly report.	100% monthly review.	Goal to sustain and/or improve in statistics.