

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	X	10.00	Our goal is to reduce avoidable ED visits by structuring the assessment and information shared when a Residents status changes (through early recognition, assessment and management of high risk or fluctuating Resident health conditions.)	

Change Ideas

Change Idea #1 Staff education on assessment and early interventions/treatment for chronic disease management and change in Resident health status.

Methods	Process measures	Target for process measure	Comments
Identify and develop a training/education plan for Registered Staff on assessment and interventions for chronic disease management.	Our goal is to reduce the number of avoidable ED visits through staff education on chronic disease management increasing our ability to manage chronic disease in the Home. The number of staff completing education will be tracked and compared to the number of ED visits at the end of 2023.	10% reduction in avoidable ED visits by January 2024.	Learning needs will be determined by September and an educational plan developed by January 2024. All staff will have completed eLearning (SURGE) education by Dec 2023.

Change Idea #2 Review the process for initiating and evaluating comfort rounds for residents at high risk of falling or repeat falls.

Methods	Process measures	Target for process measure	Comments
Falls data will be reviewed monthly and as needed by the Falls Team with the focus on Residents who are at high risk of falls and Residents who experience repeated falls. The Falls Team to make recommendations on interventions including utilization of comfort care rounds which will be communicated to all departments via weekly team/department huddles.	To reduce the number of falls and falls with injury through the utilization of comfort care rounds we will track the number of Resident who fell in the past 30 days and the # of Residents on comfort rounds. We will continue to track the # of ED visits related to falls.	Bobier Villa will increase the number of Residents receiving comfort care rounds to decrease the percentage of Residents who experience a fall/fall with injury by 10%.	

Change Idea #3 Track and analyze each occurrence when a Resident is sent to the Emergency Department.

Methods	Process measures	Target for process measure	Comments
Utilizing a formalized tracking system that specifies the reason for transfer, diagnosis, who sent the Resident, the order or treatment received, if the Resident was admitted to the hospital and if this may have been an avoidable ED transfer.	Our goal is to reduce the number of avoidable ED visits by tracking and auditing ED visits and identifying the most common reasons for ED transfer.	10% reduction in avoidable ED visits by January 2024	We recognize that this indicator can be influenced by Resident and/or Caregiver and Physician decision making.

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 who responded positively to "I participate in the development of my personalized plan of care."	C	% / LTC home residents	In house data collection / January 1- August 31	56.00	80.00	<p>This is the first step towards ensuring that each care plan is and that each care plan is based on the Resident's goal and is individualized.</p> <p>This aligns with FLTCA and related legislation, our Home vision statement and with the RNAO best practice guideline on Person and Family Centered Care.</p>	RNAO

Change Ideas

Change Idea #1 Care plan will be reviewed with Resident and Essential Caregivers, in full detail at each care conference and changes will be made to reflect the the Resident choice(s).

Methods	Process measures	Target for process measure	Comments
The Resident and/or the Substitute Decision Maker will be invited to attend the care conference. The importance of attending will be discussed. Throughout the year we will work towards identifying barriers that prevent Residents from attending. If the Resident declines the invitation to attend or to participate, this will be captured. All staff will promote the importance of attending the care conference, specifically the Resident Council support will promote during Resident and Family Council.	Chart audits will indicate the # of residents who attended and participated in their plan of care through the care conference process. Resident Satisfaction Surveys will be reviewed and analyzed annually.	By December 2023 all charts will reflect an active participation in care planning by Residents and SDM. Annual Satisfaction Surveys will show 75-100% of residents will respond positively when asked if they had the opportunity to participate in their plan of care.	This change is designed to flow into the care conference structure

Change Idea #2 The Home intends to create an environment where resident/SDM involvement in their plan of care becomes and integral part of the process. The individual plan of care will be developed in collaboration with the Resident/SDM, in full detail at each care conference and changes will be made to reflect the Resident Choices.

Methods	Process measures	Target for process measure	Comments
The Home will provide education to staff on the value of Resident/SDM involvement in the plan of care. Ongoing communication and eLearning modules will be provided to staff in support of this.	Multidisciplinary care conference Assessment attendance will be reflected in the annual Satisfaction Survey results.	Through the care conference process, all care plans will be developed in collaboration with the resident/SDM. All care plans will be reviewed and updated by December 2023.	We recognize that not all Residents nor Caregivers wish to actively attend the Care Conference and will respect their choice. This will be captured in the progress notes.

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 / Jul - Sept 2022	3.08	3.00	We are well below the provincial benchmark but we will continue to track the use of antipsychotics given without supporting diagnosis and will work with our medical director and pharmacy provider in monitoring antipsychotic medication use and alternative forms of therapy and treatment.	CareRx Pharmacy

Change Ideas

Change Idea #1 Ongoing monthly auditing of all physician orders to ensure that all Residents who take an antipsychotic have a supporting diagnosis and indication for use.

Methods	Process measures	Target for process measure	Comments
Point Click Care and pharmacy reports will continue to be reviewed monthly at CQI meetings. Every antipsychotic order will be tracked for a reason for use. Every chart will be reviewed to ensure that there a medical diagnosis supporting the use of the antipsychotic. The care plan will be reviewed to ensure that it includes a list potential side effects and alternative therapies or treatments. Reports will be reviewed by medical director/attending physician and adjusted as indicated.	Chart audits will ensure that the orders include a supporting diagnosis and indication for use. We will track the # of Residents on antipsychotic medication without a supporting diagnosis and/or clinical indication of use. We will track the # of care plans that include alternative and/or complementary therapies and potential side effects.	By December of 2023, 80-100% of Residents will have a supporting diagnosis and indication for use for all antipsychotic medication. Care plans for Residents on antipsychotic medication will specify the risk of side effects and potential alternative therapies.	Ensuring that orders are reviewed and are appropriately written reduces the inappropriate use of antipsychotics.

Change Idea #2 Provide responsive behavior management education to all staff: education will identify responsive behaviors and offer alternative to the use of antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
Gentle Persuasive Approach (GPA) education will be provided utilizing both online and onsite training.	Increase the number of staff trained in GPA. Track the number of residents whose use of antipsychotic medications for the management of responsive behaviors was reduced.	By October 2023, 80% of staff will have received GPA training. By March 2024 audits will reflect a 10% decrease in usage of antipsychotic medication for the management of responsive behaviors.	