

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	15.57	13.00	Our goal is to reduce avoidable ED visits by structuring the assessment and information shared when a Resident status changes (through early recognition, assessment and management of high risk or fluctuating Resident conditions.)	RNAO - BPSO, Elgin OHT

Change Ideas

Change Idea #1 Review 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 reviewed monthly and as needed by 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 department 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 # of residents 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.	Elgin Manor will increase the # of residents receiving comfort care rounds to reduce the % of residents who experience a fall/fall with injury by 10% by January 2024	

Change Idea #2 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 the education will be tracked and compared to the number of ED visits.	10% reduction in avoidable ED visits by January 2024	Learning needs of staff will be identified by June and an educational plan developed by August.

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

Methods	Process measures	Target for process measure	Comments
Utilizing a formalized tracking system that specifies reason for transfer, diagnosis, who sent the Resident, order/or treatment received, if resident admitted to 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 an ED transfer.	10% reduction in avoidable ED visits by January 2024.	We recognize that this indicator can be influenced by Resident/SDM 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	68.00	80.00	This is the first step towards ensuring that each care plan is based on the Resident's expressed goals and that each care plan is individualized according to Resident direction and wishes. This aligns with FLTCA and regulation as well as with our Home's vision statement which reads: Through Continuous Quality Improvement, using best practice initiatives, we will be influential leaders in the provision of person-centered care within the long-term care sector.	RNAO

Change Ideas

Change Idea #1 The Resident and/or Substitute Decision Maker (SDM) will be encouraged to attend and participate in care planning through the care conference process. Conversations will be Resident focused to support individualized care plans.

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 on the assessment form and in the progress notes. Recreation staff will promote the importance of attending the care conference during family Council and Resident Council meetings.	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 Dec 2023 all charts will reflect an active participation in care planning by Residents and SDM. Annual Satisfaction Surveys will show 75-100% of residents who responded positively to the survey question.	we recognize that not all residents nor SDMs wish to actively attend the care conference and will respect their choice. This will be documented.

Change Idea #2 Care plan will be reviewed with Resident and SDM, in full detail at each care conference and changes will be made to reflect the the Resident choice.

Methods	Process measures	Target for process measure	Comments
MRC to provide this information to Registered staff at nursing meetings. Surge learning will be provided to staff in support of this. Create an environment where the resident/SDM involvement becomes an integral part of the plan of care.	Multidisciplinary care conference Assessment audits Satisfaction Survey results	All care plans will be reviewed and updated by December 2023	This change idea will be incorporated into our care conference structure

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	23.33	15.00	We recognize that with antipsychotic medications there is increased risk of side effects and that antipsychotic medications also appear to increase the risk of stroke, pneumonia, heart disease, kidney injury, diabetes and falls. Some physician prescribe antipsychotic medications as they may also be effective at relieving symptoms such as agitation and aggression and can improve quality of life in people with dementia.	

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/or pharmacy reports will continue to be reviewed monthly at CQI meetings. Every antipsychotic medication will be tracked for a reason for use. Every chart will be reviewed to ensure that there is a medical diagnosis supporting the use of the antipsychotic. The care plan will be reviewed to ensure that it includes a list of 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 2023, 80-100% of residents will have a supporting diagnosis and indication for use for all antipsychotic medications and those care plans will specify the risk of side effects and potential alternative therapies.	Ensuring that orders are reviewed and are appropriately written reduces the unintentional use of antipsychotics.

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

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