

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	28.81	20.00	Our goal is to reduce avoidable ED visits by improving early recognition, assessment and management of high risk or fluctuating Resident conditions and with a focus on fall prevention and management.	

Change Ideas

Change Idea #1 Reduce the number of falls by analyzing the contributing factors and implementing resident specific interventions.

Methods	Process measures	Target for process measure	Comments
MRC/RCC will monitor and track the use of PRN psychotropic and narcotic analgesic medications given prior to a fall, to determine if possible contributing factor. RCC will continue with monthly huddles on each RHA to discuss residents who fall frequently, to determine contributing factors and possible interventions to reduce falls and risk of injury.	Track the number of residents who fell in past 30 days; Track the number of residents who fell more than 3 times in the past quarter; track # of ED visits related to falls	reduce # of residents who fell to under 15% by December 2023; reduce # falls for residents with frequent falls to under 8% by December 2023; reduce ED visits related to a fall by 10% by December 2023	Through analysis, we were able to determine that many of the ER visits are related to falls and potential injuries r/t falls. By decreasing the number of falls, addressing contributing factors and determining resident specific interventions, we strive to decrease the risk of falls and fall related injuries to decrease the number of ER visits.

Change Idea #2 Identify learning needs of all registered staff in having discussions with family and physicians to promote care in place, whenever possible.

Methods	Process measures	Target for process measure	Comments
Develop a survey for registered staff to complete (pre and post education). Identify available educational Resources and/or develop education to support identified needs.	# of surveys completed; # of staff completing education	100% survey completion by November 30, 2023; 75 % of registered staff will have completed education by March 2024	Through tracking, ER visits are often at the request of families or on-call physicians who may not be familiar with the resident or the Home's capabilities. This prompts the question about the content of the conversations that the registered staff are conducting with these parties, and whether they have the skills, knowledge, and confidence to promote Care in Place. Once the learning needs are identified, the Home will develop an education program to address these needs.

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 respond 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	69.00	90.00	This is the first step towards ensuring that each care plan is based on the Resident goals and is individualized. This aligns with FLTCA and related legislation, our Home's vision statement and with the best practice guideline on Person and Family Centered Care.	RNAO

Change Ideas

Change Idea #1 The Resident and the Substitute Decision Maker will be encouraged to attend the admission and annual care conferences. Conversations will be resident focused to support individualized plans of care.

Methods	Process measures	Target for process measure	Comments
Enhance the process for documenting these conversations, building individualized plans of care, and identifying any barriers to attendance.	# residents/SDM who attend care conferences; # who answer the Resident satisfaction Survey question "I participate in the development of my personalized plan of care" positively.	Care conferences will be consistently attended by resident and/or SDM by December 2023; 2023 Resident satisfaction survey will show 75 -100% answered positively to the survey question	

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

Methods	Process measures	Target for process measure	Comments
Create an environment where the SDM/resident involvement becomes an integral part of the care plan. Management of the Home to attend care conferences to support this approach to care planning.	Audit of care conference assessment including care conference progress notes and care plan; resident satisfaction survey responses	All resident care plans will demonstrate a personalized approach by March 2024; 2023 resident satisfaction survey question responses will demonstrate the indicated improvement target(s)	

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	15.26	12.00	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. Antipsychotic medications may be ordered as they may also be effective at relieving symptoms such as agitation and aggression and can improve quality of life in people with responsive behaviours related to dementia.	

Change Ideas

Change Idea #1 Provide responsive behavior management education to all staff: education will identify responsive behavior and offer possible alternatives to the use of antipsychotic medication.

Methods	Process measures	Target for process measure	Comments
Gentle Persuasive Approach (GPA) education will be provided utilizing both online and onsite training.	Number of staff trained in GPA; # of residents whose use of antipsychotic medications for the management of responsive behaviours was reduced (e.g. PRN medication usage)	By October 2023, 80% of staff will have received GPA training; By March 2024, audits will reflect up to 20 % decrease in usage of antipsychotic medication for management of responsive behaviours	

Change Idea #2 Ongoing monthly auditing of all physician orders to ensure that all Residents who are prescribed an antipsychotic medication have a supporting diagnosis and indication for use.

Methods	Process measures	Target for process measure	Comments
Resident specific medication reports will be reviewed at CQI meetings. All antipsychotic orders will be audited for an indication of use. Care plans will be reviewed to ensure that they reflect potential side effects. Care plans to include alternative and/or complementary therapies and/or treatments.	# of Residents on antipsychotic medication without a supporting diagnosis and/or clinical indication of use; # of care plans that include alternative and/or complementary therapies and potential side effects	By January 2024, 80 - 100% of Residents on antipsychotic medications will have a supporting diagnosis and indication for use for all antipsychotic medications. Residents on anti-psychotic medications care plans will specify risk of side effects and potential alternative therapies	

Change Idea #3 Education will be provided to staff on how to document symptoms and episodes of psychosis including delusions and hallucinations.

Methods	Process measures	Target for process measure	Comments
Identify gaps in PSW understanding of psychosis and develop a training plan. Increase nursing huddles and/or team meetings to review responsive behaviors, specifically documentation methodology. Registered staff training on MDS coding.	# of nursing huddles/meetings; # of registered staff trained in RAI/MDS coding; # of residents receiving antipsychotic medications without supporting diagnosis	By December 2023 all non-probationary, active registered staff will have received RAI/MDS training. By December 2023 team huddles will routinely include discussions on documentation. # of residents on antipsychotic medications without a supporting diagnosis will reduce by up to 20 % by March 2024	