

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	6.85	6.00	reduce slightly as the home is already performing significantly lower than the provincial average.	

Change Ideas

Change Idea #1 Review reason for ED visits at each quarterly RAP meeting.

Methods	Process measures	Target for process measure	Comments
ED visits will be discussed at quarterly RAP meeting to determine if the visit could have been avoided. The increase in discussion will assist in knowing what assessment education is needed for registered staff, and how other treatment options and can be utilized in the home.	The number of residents that had their ED visits reviewed during quarterly RAP meeting.	100% of the residents with ED visits will be reviewed individually.	

Change Idea #2 Increased assessment education for registered staff.

Methods	Process measures	Target for process measure	Comments
Residents being assessed and treated at the home to avoid ED visits.	100% ED visits will be reviewed to determine what education is needed. 100% will participate in online education via SURGE Learning.	100% of registered staff will complete education.	

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: I can express my opinion without fear of consequences from home staff or leadership.	C	% / Other	In house data, NHCAPHS survey / January 2021 - December 2022	100.00	100.00	Maintain current performance	

Change Ideas

Change Idea #1 Additional education provided to residents and POAs regarding whistleblower hotline and how it provides and third party, confidential agency for reporting.

Methods	Process measures	Target for process measure	Comments
Whistleblower hotline will be discussed and contact information will be provided in monthly newsletter.	Add whistleblower hotline and contact information will in monthly newsletter every monthly and in Welcome Package and discussed at the next three resident council.	100% of POA will be provided with Whistleblower Hotline information and it will be reviewed at the next three resident council meetings.	

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	23.26	17.30	to reach corporate goal.	

Change Ideas

Change Idea #1 Meet with medical director to discuss antipsychotic use and reduction program.

Methods	Process measures	Target for process measure	Comments
ED and quality lead will meet with medical director of the home to review use of antipsychotic use without a psychosis diagnosis to start reduction program.	Percentage of residents using an antipsychotic without a diagnosis of psychosis that are eligible to start reduction program.	100% of eligible residents will start a reduction program.	

Change Idea #2 Review antipsychotic medication use to determine if diagnosis needs review.

Methods	Process measures	Target for process measure	Comments
Review antipsychotic medication use monthly in quality meetings, on resident admissions, and post hospital stay to identify reason for use.	number of resident's that had a review of prescription for antipsychotic medications.	100% of residents with antipsychotic use will be reviewed to determine if medication and diagnosis review can be requested to MRP or medical director.	

Change Idea #3 Educate staff on non-pharmacological interventions for antipsychotics.

Methods	Process measures	Target for process measure	Comments
All staff will be enrolled in education via SURGE Learning.	the number of staff that will complete the education via SURGE Learning.	100% of staff will complete education on alternative interventions to antipsychotic medication.	