

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	6.74	5.00	Below the Provincial average. The home has implementation of our change ideas the home expects an improvement over the next year	Brightshores Health System, Behavioral Supports Ontario, Nurse Practitioner, RNAO BPG Consultants, Medical Director

Change Ideas

Change Idea #1 Improve communication between Registered staff and physician/NP by using a comprehensive communication tool to obtain direction prior to initiating an ER transfer.

Methods	Process measures	Target for process measure	Comments
Educate the registered staff on the use of SBAR tool to support standardized communication between clinicians	Number of staff educated on the SBAR Tool	100% of Registered Staff will be educated on the SBAR tool	

Change Idea #2 Support early recognition of residents at risk for ED visits. by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner on site will provide education for residents and families.	1) Number of ED transfers at the request of POA/Resident even after the early recognition and treatment plan in place.	80% reduction in ED transfers for avoidable conditions.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.00	100.00	Through education the home expects an increased understanding of this criteria over the next 6 months.	Surge Learning, Behavioral Supports Ontario

Change Ideas

Change Idea #1 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace.

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events throughout the year using the CLRI Diversity and Inclusion Calendar.	Number of culture and diversity events that take place in the home.	Minimum of 4 events to take place by December 2024	Total LTCH Beds: 48

Change Idea #2 To increase diversity training through Surge education or live events.

Methods	Process measures	Target for process measure	Comments
Introduce diversity and inclusion as part of the new employee onboarding process.	Number of new employee trained of Culture and Diversity	100% of new employees educated on topics of Culture and Diversity.	

Change Idea #3 To include Cultural Diversity as part of CQI meetings.

Methods	Process measures	Target for process measure	Comments
1) Quarterly quality meeting standing agenda.	1) Number of CQI meetings with Cultural Diversity as a standing agenda.	1) 100% of CQI meetings with have the standing agenda item.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	86.67	100.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else".

Methods	Process measures	Target for process measure	Comments
Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting.	Number of Resident council meetings that include discussion on Resident Bill of Right #29	100% of Resident Council meetings will include Resident Bill of Right #29	Total Surveys Initiated: 30 Total LTCH Beds: 50

Change Idea #2 Educate the residents and families regarding Whistleblower policy.

Methods	Process measures	Target for process measure	Comments
Review the whistleblower policy with resident and family council meetings and through news letters.	Number of council meetings where whistleblower policy was reviewed as a standing agenda.	100% meetings will have whistleblower policy reviewed.	

Change Idea #3 Provide more accessibility and availability to the residents and families to address concerns in a timely manner.

Methods	Process measures	Target for process measure	Comments
Educate and Review with the residents and family regarding open door policy.	Number of concerns resolved within 24 hours because of increased accessibility.	80% of concerns are resolved within 24 hours. Increased resident and family satisfaction in the next survey.	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	20.25	15.00	Target is based on corporate average and we aim to do better or in line with corporate average.	RNAO BPG Co-ordinator, Nurse Practitioner, Physio Therapist

Change Ideas

Change Idea #1 To improve discussions with staff on Falls in the Home

Methods	Process measures	Target for process measure	Comments
Complete weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls.	Number of weekly falls huddles.	100% staff participation on weekly falls huddles.	

Change Idea #2 To improve overall knowledge and understanding of falls program.

Methods	Process measures	Target for process measure	Comments
Re-educate all staff on the Falls management policy	Number of staff participation in falls education.	100% of staff will have the knowledge and understanding of Falls program.	

Change Idea #3 To identify new residents with high risk of falls from history of falls and from the falls risk assessment with Morse on admission.

Methods	Process measures	Target for process measure	Comments
To educate and train the registered staff to complete Fall risk assessment with Morse upon admission for every resident and also the history collection in regards with falls.	Number of residents with high falls risk identified and preventative measures were implemented upon 24-48 hours of admission.	100% of residents with high falls risk will have preventative measures in place within 24-48 hours of admission.	

Measure - Dimension: Safe

Indicator #5	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	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	31.37	17.30	Target is based on corporate averages and we do aim to better or in line with corporate averages.	Brightshores Health System, Behavioral Supports Ontario, Nurse Practitioner, Medical Director, Alzheimer's society, Home and Community Care

Change Ideas

Change Idea #1 Upon admission the registered staff completes the DOS tracking for 5 days to identify any behavior and the NP, MD and the BSO team will re-evaluate the antipsychotic medication usage for its appropriateness.

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing team will ensure that residents who receive antipsychotics are reviewed quarterly and as needed, by the physician and appropriate team members.	Number of residents that were prescribed antipsychotic medications over the number of residents who have received a medication review in the last quarter.	100% of residents whose medication reviews that were completed on quarterly.	

Change Idea #2 The multidisciplinary team will complete the antipsychotic review for its effectiveness and or reduction every month during the QI meetings.

Methods	Process measures	Target for process measure	Comments
Meetings held with the multidisciplinary team that includes antipsychotic medication review for its effectiveness.	Number of antipsychotic medication reviews completed monthly by multidisciplinary team	100% meeting participation and review.	