

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 | 17.28 | 15.00 | We believe we can improve and want to contribute to this health system solution. With education on what is avoidable and improved tracking, we feel we can make further reductions. | |

Change Ideas

Change Idea #1 Education for registered staff, including agency on goals of care/expressed wishes forms and review definition of avoidable ED visits.

| Methods | Process measures | Target for process measure | Comments |
|---|------------------------------------|--|----------|
| A series of education both read and sign and in person training, possibly online education. | track education & completion data. | 100 % of registered staff to complete education. | |

Change Idea #2 Track number of hospital visits including breakdown of reason, who authorized and avoidable y/n

| Methods | Process measures | Target for process measure | Comments |
|---|--------------------------------------|---|----------|
| Excel spreadsheet to track visits. Education needed for registered staff to enter data. | DOC or designate to review quarterly | spreadsheet in place and education documented. Quarterly review shared with CQI committee | |

Change Idea #3 Education for families on benefits of avoiding ED visits

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| develop pamphlet outlining benefits of avoiding ED visits and services home can provide | track % of new families who receive information and % reviewed at annual care conferences. | by March 2023 pamphlet is developed and distributed to 100% new families. Also reviewed at 100% care conferences. | |

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 responding positively to "I have enjoyable things to do here on weekends. | C | % / LTC home residents | In-house survey / Survey in May/June 2023 | 52.00 | 60.00 | 8% increase will assist in improving overall 'very satisfied' score for the home | |

Change Ideas

Change Idea #1 Working with Resident Council to understand what activities they would like on weekend and implement

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Meeting with Resident Council. Implement activities, on calendars. Survey results | Review monthly activity calendars to determine if schedule reflects increased number of weekend activities. Survey in May/June to track resident satisfaction. | 60% very satisfied for this question on the 2023 resident satisfaction survey | |

Theme III: Safe and Effective Care

Measure Dimension: Effective

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-----------------------------------|------------------|---------------------|--------|--------------------------|------------------------|
| Percentage of long-term care home residents who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment | C | Rate per 100 / LTC home residents | CIHI CCRS / 2023 | 3.40 | 1.80 | 1.8 is AgeCare benchmark | |

Change Ideas

Change Idea #1 education for registered staff on pain management and pain scale.

| Methods | Process measures | Target for process measure | Comments |
|--|---|------------------------------|----------|
| Registered staff to receive education on pain management and pain scale. | 100% of registered staff complete education on pain management and pain scale, including new staff. | to be completed by June 2023 | |

Change Idea #2 Implement grand rounds, with a focus on pain, palliative and falls risks.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| DOC and team leads complete grand rounds, establishing baselines for residents, identifying risks and proactively making recommendations | Establish schedule for grand rounds and all residents reviewed monthly. | Rounds completed monthly, reviewing all residents. | |