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	20.50	18.50	Aim is to reduce ER visits by approximately 10%.	

Change Ideas

Change Idea #1 Initiate advance directive/palliative care discussion at Admission with follow-up at care conferences. This will educate families regarding palliative care and end of life to improve their knowledge and aid their acceptance of the home's strategies and interventions during these stages of a resident's life rather than request a transfer to ED.

Methods	Process measures	Target for process measure	Comments
The Social Worker tracks the number of admissions and annual care conferences. The Palliative Care Committee will track the number of times the advance directive/palliative care discussion is completed with the resident/family (POA/SDM).	Number of advance directive/palliative care discussions as a percentage of the number of admissions each month. Number of advance directive/palliative care discussions as a percentage of the number of annual care conferences each month.	By September 30, 2023, 100% of new residents will have had an advance directive/palliative care discussion at admission. By September 30, 2023, 100% of cognitive residents and/or POA/SDM who participate in the annual care conference will have had an advance directive/palliative care discussion.	Palliative Care Committee will establish the content of the discussion and will be added Admissions team to be able to lead the discussion.

Change Idea #2 To continue to build staff knowledge capacity in assessment skills. The home will continue to hold the monthly Nurse Practice meetings to review residents' transfer and identify those which could have been averted to determine main reasons for ED transfers of residents. Re-education of Registered staff regarding assessment skills.

Methods	Process measures	Target for process measure	Comments
The Home's Attending Nurse Practitioner will collaborate with the Registered Staff in reviewing residents at high risk for transfer to Ed based on clinical and psychological status. The attending NP to provide leadership and mentorship that enhances registered staff knowledge, assessment skills, and ability to care for residents in their home. ED transfer audit will be completed and reviewed monthly by the nursing leadership. The reports will be reviewed at the quarterly PAC and action plan developed to address opportunities for further improvements.	Number of staff that demonstrate uptake of education documented per quarter. The number of ED transfers averted monthly. The number of residents of residents transferred to the ER and returned within the 24 hour period.	Our target is based on reducing the number of ED visits for our residents. Decrease the number of resident visits to the emergency department by the end of the QIP year as per our targeted performance.	

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 like the food here."	C	% / All patients	In house data collection / Jun 2022 - Jun 2023	17.00	27.00	A 10% increase in residents being very satisfied with the food is a very ambitious goal but achievable.	

Change Ideas

Change Idea #1 Focus groups held with residents to review menu items to determine what resident like and don't like about the food. information gathered from the focus group to be brought back to the cooks and dietary aides for appropriate adjustments. Reviewing the new menu with residents council to review new menu items and get resident approval.

Methods	Process measures	Target for process measure	Comments
Meetings with focus group, resident council, and dietary team.	FNM/AFNM/Cooks to do dining room rounds to gather feedback from residents on any adjustments made to the menu items as per feedback from the focus groups and resident council.	100% of residents will be asked about their meal by the cook/AFNM/FNM.	

Change Idea #2 improve food temperature for resident food once placed in front of residents.

Methods	Process measures	Target for process measure	Comments
Auditing food temperatures at the point of service and once plated and served to residents.	percentage of food temperatures taken are within the required range.	100% of food temperatures taken are within the required range.	

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	19.18	17.00	Home to reduce and maintain % of residents with antipsychotics without diagnosis to below Provincial and AgeCare LTC average.	

Change Ideas

Change Idea #1 To have proper diagnosis for residents on antipsychotics by engaging pharmacy and physicians.

Methods	Process measures	Target for process measure	Comments
Nursing leaders and BSO lead to engage pharmacy and physicians in the review of residents on antipsychotic medications and discuss if responsive behaviours require the need to continue, increase, or minimize dosing. Review diagnosis with respect to behaviours and documentation.	number of residents receiving antipsychotics without a diagnosis of psychosis that are reviewed by the pharmacy and physician.	100% of residents will be reviewed and a proper diagnosis will be identified where applicable.	

Change Idea #2	Focus on resident engagement opportunities for residents. Engaging residents and redirecting focus from triggers will positively impact Resident responsive behaviours without the use of medications.		
Methods	Process measures	Target for process measure	Comments
BSO lead to collaborate with nursing staff and recreation staff to look at way in which residents with expressions can be engaged throughout the day to reduce the responsive behaviours. Creating "All About Me" summary for each resident with expressions to learn who the resident is now and what they were engage in while in the community. This would create more opportunities for engagement for residents overall.	number of "All About Me" summaries completed in the home.	100% of the "All About Me" summaries completed for the reminiscing (secure) home area. 60% of the "All About Me" summaries completed for the home overall.	

Change Idea #3	RAI Coordinator to audit assessments to ensure proper coding for delusions and hallucinations.		
Methods	Process measures	Target for process measure	Comments
Upon each assessment, the RAI Coordinator will ensure that resident's delusions and hallucinations are coded appropriately. Education for staff for not normalizing behaviours. Periodic reviews of antipsychotics including documentation, PAC meetings, and CQI meetings.	Number of residents who will have appropriate coding of delusions and hallucinations.	100% of residents experiencing hallucinations or delusions will be coded appropriately in their MDS assessment.	