

## 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	21.47	5.00	Maintain current performance, home is currently lower than SW LHIN average and Q1 22/23 data has improved over prior three quarters.	

### Change Ideas

Change Idea #1 Implementation of RNAO-BPG for falls prevention. Falls were identified as the most common reason for ED transfers.

Methods	Process measures	Target for process measure	Comments
Review incidents in PCC Risk Management and maintain tracking records.	The number of falls that occurred resulting in injuries requiring ED transfers.	100% of falls will be reviewed and falls prevention measures put in place to reduce falls by Jun 2023.	

## 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: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	36.96	80.00	We want to improve our sample size relevant to our population in this indicator. With only 46 respondents out of a population of 144, we would like to see a higher positive % and accurately reflect the consensus of residents in the home. We also need to update our scale to reflect the calculated performance as we used 1-10.	

### Change Ideas

Change Idea #1 Continue to provide ample opportunity for residents to express needs at Residents' Council and respond to concerns brought forward. Educate staff on complaints/concerns process and make concern forms available for all staff to use. Track monthly concerns/complaints and ensure timely follow-up.

Methods	Process measures	Target for process measure	Comments
Standing item on residents council agenda to ask for concerns for each department and encourage residents to speak in person if they do not want to speak in a group. Have frontline staff identify a concern and bring forward to leadership team for tracking and follow-up.	% of resident concerns responded to	100% of concerns responded to	Total Surveys Initiated: 46 Total LTCH Beds: 144

**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".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	82.98	90.00	Improve results to be reflective of current resident population, sample size to be increased.	

**Change Ideas**

**Change Idea #1** Improve engagement with residents related to their care and involvement in decision regarding their care. Involve residents in their care conferences more frequently.

Methods	Process measures	Target for process measure	Comments
Add question to resident care conferences: "do you feel you are able to express your opinion without fear or consequences?"	# of care conferences where this question was asked	95% positive response to question, or ability to address concern.	Total Surveys Initiated: 47 Total LTCH Beds: 144

**Change Idea #2** Provide clear opportunities for residents to express their opinion.

Methods	Process measures	Target for process measure	Comments
Standing agenda item at all residents council meetings for residents to share opinions.	# of opinions expressed	100% of expressed opinions are responded to within 10 days.	

## Theme III: Safe and Effective Care

### Measure Dimension: Safe

Indicator #4	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	29.25	19.00	Provincial benchmark	

### Change Ideas

Change Idea #1 Staff members will have enhanced knowledge and skills to assist them in interventions with residents exhibiting responsive behaviours.

Methods	Process measures	Target for process measure	Comments
The Gentle Persuasive Approach (GPA) Coaches will provide training to all existing full-time and part-time direct care staff members and newly hired direct care staff members upon orientation.	% of direct care full-time and part-time staff members that receive GPA training	100% of direct care full-time and part-time staff members will receive GPA training by December 31/2023	

Change Idea #2 Clinical Care Coordinators to review high risk residents and antipsychotic usage, ensuring that diagnosis are reflective of current behaviours constituting antipsychotic usage.

Methods	Process measures	Target for process measure	Comments
Engage in discussions with medical professionals regarding homes use, looking at high risk residents and individualized needs and determine appropriateness of interventions, reviewing progress notes and risk management events.	# of residents reviewed by Clinical Care Coordinator monthly.	100% of residents on antipsychotic medication to be reviewed each quarter.	