

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 22, 2024



OVERVIEW

Belvedere Heights is committed to excellence in care and community services. Our purpose is to enrich lives by offering long term care and supports that our Residents and families trust, our employees are proud of and our communities value!

Under the Leadership of the Quality Improvement Lead and guided by our core values; the Belvedere Heights Continuous Quality Improvement Program ensures that a comprehensive, coordinated, facility wide program is in place to monitor, analyze, evaluate and improve the quality of accommodations care, service, programs and goods provided to residents by the facility.

The selection of the Priority Indicators are not only in alignment with the Quality Dimensions provided by Ontario Health but are also reflective of the keys areas of focus as identified by our Residents, Families and Team members.

Our area of priority focus in 2023 support our vision, mission and values with a strong focus of transformative, culture change practices that promote “dwellings of possibilities”!

In 2024, we will:

Put People First: We believe that every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident’s individuality and respects the resident’s dignity.

Take Care of What’s important: We will continue to improve the safety of care we provide by focusing on three core clinical practices: Medication Safety including a reduction in the use of antipsychotics and falls prevention.

Create Comfort: We will support Resident and their families/caregivers to address the physical, psychological, social, spiritual and practical issues related to end of life and their associated expectations, needs, hopes and fears.

Promote Choice and Freedom: We will support Resident dignity through the dining experience: moving from traditional methods to a person directed dining experience for Residents, Families and Team members!

Exceed Expectations: We will continue to ensure that Residents and their families receive care in the right place at the right time through the prevention of potentially avoidable transfers to the Emergency Department.

ACCESS AND FLOW

Belvedere Heights has partnered with the Registered Nurses Association of Ontario (RNAO) and Point Click Care (PCC) to launch the RNAO clinical Pathways which are integrated fully into PCC. These pathways have been demonstrated to improve quality of care, enhance resident centered care, facilitate regulatory compliance and improve staff efficiency thus reducing potentially avoidable transfers to acute care.

Through successful applications to the Local Priorities Fund, Belvedere Heights has been able to successfully recruit additional critical staff supports including Registered Nurses, Occupational Therapists, Personal Support Workers and Physiotherapist Aides. These diverse clinicians have worked collaboratively to support the

following initiatives ensuring Residents receive safe, person centered care in their own home:

1. Enhanced ability to proactively meet Resident needs thus reducing falls and fall related injuries during critical hours (ex. Sundowning, reduced staff compliment).
2. Improved ability to meet Residents needs secondary to complex and challenging responsive behaviors. Enhanced coordination of behavior support programs, capacity building and interventions.
3. Preventing escalating responsive behaviors and risk of staff and resident injuries as a result of responsive behaviors.
4. Improved ability to manage care needs for Residents with complex Chronic Diseases
5. Prevention and early identification of decline in Health Status,
6. Improved end of Life care
7. Improved ability to support therapies such as IV therapy, fluid therapies, enteral nourishments / feeding
8. Greater ability to accept admissions and re-admissions to the home in the evenings and on weekends.

EQUITY AND INDIGENOUS HEALTH

Belvedere Heights recognizes the value of ongoing equity, diversity and inclusion training and education. Belvedere Heights provides employees with learning opportunities to develop knowledge and skills to work effectively with a diverse population.

In 2023 greater than 90% of staff completed education related to Culturally Competent Care and Indigenous Cultural Safety and 100% of Senior Leaders completed education related to Culturally Competent Care and Indigenous Cultural Safety.

Building on the Culturally Competent Care education that was provided in 2023; all Staff will complete the following training in 2024: Diversity, Equity, and Inclusion at Work & Blind Spots: Challenge Assumptions.

This education will support the following learning objectives:

- An understanding of what Equality, Diversity and inclusion means
- Identify ways that people are different.
- An awareness of your assumptions and attitudes.
- An understanding of the diverse types of discrimination.
- An understanding of acceptable behavior at work

In addition Belvedere Heights will continue to work in collaboration with Lakeland LTC to complete the Embracing Diversity Toolkit from CLRI. Completing this assessment will help identify what our home is doing well and how we can improve equity, diversity and inclusion practices in the following seven areas:

- Planning and policy
- Organizational culture
- Education and training
- Human resources
- Community capacity building
- Resident and family engagement Service provision

As a core signatory partner in the newly announced West Parry Sound OHT; Belvedere Heights engages actively in planning and strategies to proactively meet the health care needs of our community. This initial work has included the formation of an Equity, Diversity and Inclusion Advisory Council to explore

opportunities to collect, review, interpret and share information with regard to improving awareness and the delivery of equity, diversity, inclusion in all programs and services for the communities served by the constituent organizations.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At Belvedere Heights we believe that it is the Residents and families voices that guide our care and strategic priorities. That it is THEIR stories that drive positive changes in our organizations and our community!

We continue to engage and collaborate closely with residents and families at our monthly Resident and Family Council Meeting as well as at our weekly Family Town Hall Meetings.

In 2023 our improvement strategies included a focus on how we gather information from our stakeholders and is this information truly reflective of their wishes and preferences? Does it tell their stories?

Through the use of Eden alternative Warmth Surveys in 2022 & 2023 for both Residents and families, we were able to elicit powerful feedback from those we serve helping us to evaluate how prepared our home is to be begin the journey to eliminate helplessness, boredom and loneliness in our home while strengthening relationships between team members, residents and families.

For example, one area of focus was our ongoing commitment to create a home wherein residents can continue to celebrate life in safety and security. QI plans working to improve safety have

focused on our ability to enhance lives and alleviate distress through meaningful, accessible programming and engagement with others. The importance of this aim was validated by the feedback we were receiving from our Residents via their Eden warmth surveys in 2022. Many Residents commented on their desire to feel more engaged, to feel less "lonely" and have more joy. Of the residents who completed the survey 69% reported feeling lonely and a further 51 % reported feeling helpless and 48% reported feeling bored.

We continue to expand our ability to provide Residents with engaging activities that can be independently accessed and are easily available to Residents, their loved ones and team members no matter what the time of day. This premise is based on the Montessori Approach for Dementia Care: that focuses on re-discovering and supporting the person behind the dementia. In 2023 over 24 staff in total completed Dementia-bility 2 day training! This training has helped team members to design person centered, meaningful activities in collaboration with Residents to help proactively meet needs, improve autonomy and reduce boredom, helplessness and loneliness.

Families and our Community continue to be engaged in this exciting work and were instrumental in 2023 in fundraising for the purchase of 3 interactive Obie projectors! An Obie projector was purchased for Belvedere Heights, Lakeland LTC and Community Support Services. These projectors help to engage residents through the interactive programs that integrate cognitive, physical, and social stimulation.

Residents and Families continue to be active participants in the decisions made in our home. We continue to meet weekly with family members at our Family Zoom town hall, share residents stories at every governance meeting, welcome both Resident and Family council members as standing members of our Quality Improvement Committee, Equity and Diversity Committees and Infection Prevention and Control Program.

In 2023 we are thrilled to report that improvements in resident satisfaction have increased across all 3 indicators! 14% fewer residents report feeling bored, 15.6% fewer residents reported feeling helpless and 40% fewer Residents reported feeling lonely!

Our Residents and families have spoken and we are committed to ensuring that it is their voice and their stories that guide us in everything we do!

PROVIDER EXPERIENCE

Care giver burnout, health human resource challenges, reliance on temporary workers and decreased staffing levels have all placed significant pressures on our home. We continue to focus on transformative culture change strategies that promote well-being and team empowerment. These include:

- The development of leadership roles for direct care providers (BSO Leads, Education / Coaching leads, Clinical leads, IPC departmental leads)
- Opportunities for tuition support and continued education
- Flexible scheduling solutions
- Increased number of full time positions in the home

- Daily team huddles and leadership rounds
- Integration of person centered practices and enhanced opportunities for resident engagement to reduce moral distress associated with inability to spend meaningful time with Residents
- Cross training to foster a team approach to meeting the needs of the home
- Celebration of successes and staff recognition awards
- Ongoing collaboration with education institutions to offer opportunities for learning and career advancement in the home. This includes our PSW Living classroom in collaboration with Near North District School Board which has now successfully supported 60 students to obtain their PSW certification!
- Employee assistance and wellness programs including access to counselling and mental health supports.
- Eden Alternative Initiative such as the introduction of pet therapy including home pets

We are proud of our successes in promoting a supportive work culture which has resulted in a reduction in agency reliance by greater than 90% and more than 60 students graduating from our fully integrated PSW living classroom!

SAFETY

Belvedere Heights is committed to providing quality care and respecting Resident rights, in a safe, homelike environment.

To help support resident safety in our home, Belvedere heights continues to focus on the following safety initiatives:

- Engaging residents and families in safety awareness
- Supporting a Just culture with a focus on collaborative, solution oriented learning from resident safety incidents
- Enhanced peer-to-peer communication strategies such as daily team huddles and leadership rounds
- Comprehensive education for team members
- Tools and Resources to support safe resident transitions
- Use of rapid cycle improvements (PDSAs) to test and trial change ideas to improve resident safety

POPULATION HEALTH APPROACH

As a core signatory partner in the newly announced West Parry Sound OHT; Belvedere Heights engages actively in planning and strategies to proactively meet the health care needs of our community. This initial work has included the formation of an Equity, Diversity and Inclusion Advisory Council to explore opportunities to collect, review, interpret and share information with regard to improving awareness and the delivery of equity, diversity, inclusion in all programs and services for the communities served by the constituent organizations.

As a core OHT partner, Belvedere Heights has been actively involved in developing a terms of reference for the West Parry Sound Collaboration Council and Chair's council. This important work lays the foundation for the mandate of our OHT to plan, design and implement strategies that support proactive services to promote health, prevent disease, and help people live well with their conditions in every interaction with the health system.

Belvedere Heights continues to be an active member of the Health and Social Services Network, collaborative IPAC teams, Palliative Care Committees, Behavior Support Ontario and Community Support Services. This ongoing collaboration ensure that the residents we serve are supported, not only during their time with us, but also prior to admission and after discharge. This collaboration also ensures that residents are supported to receive care in their own home and avoid unnecessary or avoidable transfers to acute care.

CONTACT INFORMATION/DESIGNATED LEAD

Kami Johnson
Administrator
1 705 774 7327

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

Board Chair / licensee or delegate

Administrator / Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

Access and Flow | Efficient | Priority Indicator

Indicator #4	Last Year		This Year	
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Belvedere Heights)	12.50	6	28.46	14.23

Change Idea #1 Implemented Not Implemented

All registered staff will complete SBAR training for improved communication with physicians and early identification of changes in Resident status

Process measure

- % of registered staff will complete SBAR training

Target for process measure

- 100% of registered staff will complete SBAR training

Lessons Learned

This change idea remains ongoing as part of each registered Team members orientation with the home. Belvedere Heights Nurse Practitioner continues to provide in-person education related to SBAR, clinical pathways and communication with physicians.

Change Idea #2 Implemented Not Implemented

We will implement clinical pathway supports to help guide decision making at the bedside.

Process measure

- % of residents experiencing a hypoglycemic event for whom a hypoglycemia management assessment has been completed.

Target for process measure

- 100% of residents experiencing a hypoglycemic event for whom a hypoglycemia management assessment has been completed.

Lessons Learned

100%. This change idea remains ongoing. Currently Belvedere Heights has partnered with the Registered Nurses Association of Ontario (RNAO) and Point Click Care (PCC) to launch the RNAO clinical Pathways which are integrated fully into PCC. These pathways have been demonstrated to improve quality of care, enhance resident centered care, facilitate regulatory compliance and improve staff efficiency.

Experience | Patient-centred | Priority Indicator

Indicator #3	Last Year		This Year	
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Belvedere Heights)	83.72	100	95	100

Change Idea #1 Implemented Not Implemented

Residents will be empowered to lead education for staff on Residents rights and Quality of care (OARC Through Our Eyes)

Process measure

- % of Residents responding positively to participation in resident-led education program

Target for process measure

- 100% of Residents will respond positively to participation in resident-led education program

Lessons Learned

The implementation of this change idea remains ongoing with a planned rollout date of April 2024.

Change Idea #2 Implemented Not Implemented

Establish a Person Centered Care Steering Committee with representatives from every department ,Residents and Families.

Process measure

- A Person Centered Care Steering Committee will be in place with regular meetings scheduled effective April 30 2023.

Target for process measure

- A Person Centered Care Steering Committee will be in place with regular meetings scheduled effective April 30 2023.

Lessons Learned

The implementation of this change idea remains ongoing with a planned rollout date of April 2024.

Change Idea #3 Implemented Not implemented

Enhanced collaboration and outreach with local homes Resident Councils

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

With support from the Programs Department, Belvedere Heights' Resident Council was able to travel to visit with Lakeland LTC Resident Council and vice versa. Lunch and learns were held at each home improving communication, support and connection between local Resident Councils.

Indicator #2	Last Year		This Year	
	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Belvedere Heights)	79.07 Performance (2023/24)	100 Target (2023/24)	86 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Person Centered Care Self Reflective Practice Exercises will be completed by all staff. Managers will collaborate with their team to implement Resident Centered Change ideas based on feedback from self reflective practice.

Process measure

- % of staff completing a PCC self reflective practice by December 31/23

Target for process measure

- 100% of staff will complete a PCC self reflective practice by December 31/23

Lessons Learned

The implementation of this change idea implementation remains ongoing with a goal for completion in 2024. Focus in 2023 was the implementation of Person Centered satisfaction surveys with Residents and Families which was fully implemented.

Safety | Safe | Priority Indicator

Indicator #1	Last Year		This Year	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Belvedere Heights)	31.79 Performance (2023/24)	15.80 Target (2023/24)	18.99 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Ongoing Implementation of Montessori based programming to provide meaningful engagement and interaction for Residents in the Home based on past roles and preferences.

Process measure

- % of staff completing Dementiability training

Target for process measure

- 50% of staff will complete and participate in Dementiability training and program implementation in the home.

Lessons Learned

24 staff in total completed Dementia-bility 2 day training in 2023! This training has helped team members to design person centered, meaningful activities in collaboration with Residents to help proactively meet needs, improve autonomy and reduce boredom, helplessness and loneliness.

Change Idea #2 Implemented Not Implemented

Ongoing BSO Champion Education series including training on GPA, Positive Approaches to Dementia care and Montessori methods for Dementia care.

Process measure

- % of staff will completed BSO Champion Education Series

Target for process measure

- 50% of staff will complete BSO Champion Education Series

Lessons Learned

Belvedere Heights continues to collaborate closely with internal and external BSO resources to provide enhanced BSO education to team members across all departments. This includes GPA, PAC, PIECES and Dementia-ability training. In 2024 Belvedere Heights will build on this training with additional in person training provided related to the management of Delirium. Depression and Dementia for LTC residents.

Change Idea #3 Implemented Not Implemented

Develop and implement a process by which requests for new or adjusted psychotropic orders are referred to internal BSO team for review with Physician prior to implementation.

Process measure

- % of residents with a completed BSO referral prior to implementation of an antipsychotic.

Target for process measure

- 100% of residents will have a completed BSO referral prior to implementation of an antipsychotic.

Lessons Learned

This process remains ongoing for 2024

Change Idea #4 Implemented Not Implemented

Integration of innovative tech solutions to meet residents needs and improve access to meaningful programs.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

BSO and Programs department collaborated together on fund raising initiatives that enabled the home to purchase 3 interactive OBIE projectors. A projector was purchased for Belvedere Heights, Lakeland LTC and Community Support Services. These projectors help to engage residents through the interactive programs that integrate cognitive, physical, and social stimulation.

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)	28.46	14.23	50% reduction in potentially avoidable transfers to ED.	Lakeland Long Term Care, West Parry Sound Health Center

Change Ideas

Change Idea #1 Implementation of the RNAO Clinical Pathways with full integration into Point click Care

Methods	Process measures	Target for process measure	Comments
This change idea remains ongoing. Currently Belvedere Heights has partnered with the Registered Nurses Association of Ontario (RNAO) and Point Click Care (PCC) to launch the RNAO clinical Pathways which are integrated fully into PCC. These pathways have been demonstrated to improve quality of care, enhance resident centered care, facilitate regulatory compliance and improve staff efficiency.	% of new admission will have a corresponding RNAO Admission Assessment and Clinical Pathway completed in PCC.	100% of residents newly admitted to the home will have a completed RNAO Admission Assessment and Clinical Pathway in PCC.	

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	84.02	100.00	Belvedere Heights recognizes the value of ongoing equity, diversity and inclusion training and education. Belvedere Heights provides employees with learning opportunities to develop knowledge and skills to work effectively with a diverse population (source CLRI Embracing Diversity Toolkit)	

Change Ideas

Change Idea #1 Building on the Culturally Competent Care education that was provided in 2023, All Staff will complete the following training in 2024: Diversity, Equity, and Inclusion at Work & Blind Spots: Challenge Assumptions. This education will support the following learning objectives: - An understanding of what Equality, Diversity and inclusion means -Identify ways that people are different. - An awareness of your assumptions and attitudes. - An understanding of the diverse types of discrimination. - An understanding of acceptable behavior at work

Methods	Process measures	Target for process measure	Comments
Online training and in-person education has been scheduled for all staff in the home.	% of staff who complete Diversity, Equity and Inclusion Education	100% of staff will complete Diversity, Equity and Inclusion Education	Total LTCH Beds: 101

Change Idea #2 Belvedere Heights will work in collaboration with Lakeland LTC to complete the Embracing Diversity Toolkit from CLRI. Completing this assessment will help identify what our home is doing well and how we can improve equity, diversity and inclusion practices in the following seven areas: Planning and policy Organizational culture Education and training Human resources Community capacity building Resident and family engagement Service provision

Methods	Process measures	Target for process measure	Comments
1. Monthly internal EDI committee meetings will be held at each home to track and maintain progress. 2. Quarterly collaborative meetings will be scheduled with Lakeland LTC to compare learning and share successes.	Equity and Diversity Self Assessment score pre-implementation and post implementation	Score will improve by 25-50% post implementation of recommended practices	

Experience

Measure - Dimension: Patient-centred

Indicator #3	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?"	O	% / LTC home residents	In house data, NHCAPHS survey / Most recent consecutive 12-month period	86.00	100.00	Evidence of strong adherence to residents rights and practices that support resident autonomy and empowerment	

Change Ideas

Change Idea #1. Implementation of the RAO Clinical Decision Pathway Resident and Family Centered Care with full integration in PCC.

Methods	Process measures	Target for process measure	Comments
1. GAP analysis completed "Resident and Family Centered Care". 2. Plan developed based on GAP analysis to meet standards and provide education resident and family centered care principles. 3. Policies to be updated to reflect changes in assessment process based on BPG. 4. Resident and Family Centered Care Clinical Pathway integrated in PCC including practice decision supports. 5. GOLIVE date: March 26/24.	% of Residents and Families participating in developing their personalized plan of care	100%	Total Surveys Initiated: 160 Total LTCH Beds: 101

Measure - Dimension: Patient-centred

Indicator #4	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	95.00	100.00	Evidence of strong adherence to residents rights and practices that support resident autonomy and empowerment	

Change Ideas

Change Idea #1. Residents will be empowered to lead education for staff on Residents rights and Quality of care (OARC Through Our Eyes)

Methods	Process measures	Target for process measure	Comments
1. Programs Team will work in collaboration with Residents and Resident council to implement the learning package "OARC Through our Eyes".	% of Residents responding positively to participation in resident-led education program	100% of Residents will respond positively to participation in resident-led education program	Total Surveys Initiated: 100 Total LTCH Beds: 101

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents with an end of life/palliative plan of care created within 6 weeks of admission	C	% / LTC home residents	In-house survey / 2024	CB	100.00	We will ensure that Palliative Care planning is initiated at admission and re-assessed in the early stages of illness to prevent and alleviate suffering for Residents. This will include early identification of symptoms and the provision of comfort care as well as emotional and social support to the Residents and their families.	

Change Ideas

Change Idea #1 Enhanced education re: medications and indications for use

Methods	Process measures	Target for process measure	Comments
Provision of education by Pharmacy including: - Palliative toolkit - Pain management toolkit - Clinical guidelines summary to be laminated and placed in narcotic book on the med carts	% of staff completing education	100%	

Change Idea #2 Improved palliative care process and provision of comfort care

Methods	Process measures	Target for process measure	Comments
<p>1. Palliative Care Protocol will be revised and included in palliative care policy 2. Resident receiving end of life care are added to Quality and high risk Rounds. 3. Palliative Care Protocol Checklist will be completed by team under the direction of the RN. ADOC will audit completion of the checklist and associated tasks. 4. RPN to initiate Palliative Care Routine which is completed by RPN and PSW 5. ADOC will update routine to reflect recommendations from Medical Director 6. Changes to be communicated at huddles and departmental meetings 7. Review of Pain and Palliative care Program and completion of Best Practice GAP Analysis of existing program 8. Enhanced Clinical Decision Support Tools and pathways for Registered staff: The home is currently completing phase 1 of integrating RNAO Clinical Pathways into Point Click Care to support decision making at point of care based on best practices. This will include Clinical Decision Support tools for Pain and Palliative Care.</p>	<p>100% of Resident will have a palliative/end of life plan of care that outlines their preferences and goals within 6 weeks of admission</p>	<p>100%</p>	

Safety

Measure - Dimension: Safe

Indicator #6	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	20.87	11.00	represents 50% decrease in falls	

Change Ideas

Change Idea #1 Improved communication at point of care regarding falls prevention strategies.

Methods	Process measures	Target for process measure	Comments
1. Individualized Falls Prevention signage will be posted at point of care for every resident including information on specific falls prevention measures, safe transfers and continence needs.	% of Residents with Falls Prevention Signage in place at point of care.	100% of Residents will have falls prevention in place at point of care.	

Change Idea #2 RNAO Clinical Decision Pathways Integration – Falls Prevention & Delirium Management

Methods	Process measures	Target for process measure	Comments
1. GAP analysis completed "Management of Delirium, Depression and Dementia". 2. Plan developed based on GAP analysis to meet best practice standards . 3. Policies to be updated to reflect changes in assessment process based on BPG. 4. Management of Delirium, Depression and Dementia integrated in PCC including practice decision supports. 5. GOLIVE date: March 26/24.	% of Resident with a completed Delirium screening when significant change has been noted.	100% of Residents will have a completed Delirium screening when significant change has been noted.	

Measure - Dimension: Safe

Indicator #7	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	18.99	9.50	represents 50% reduction in percentage of residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	

Change Ideas

Change Idea #1 Develop and implement a process by which requests for new or adjusted psychotropic orders are referred to internal BSO team for review with Physician prior to implementation.

Methods	Process measures	Target for process measure	Comments
1. All Residents for whom a change in antipsychotics is recommended will first receive a referral to BSO and MD to explore non-pharmacologic interventions to address personal expressions and responsive behaviors.	% of Residents with a completed BSO referral prior to change/initiation of an antipsychotic.	100 % of Residents will have a completed BSO referral prior to change/initiation of an antipsychotic.	

Change Idea #2 RNAO Clinical Decision Pathways Integration – Management of Delirium, Depression and Dementia

Methods	Process measures	Target for process measure	Comments
1. GAP analysis completed "Management of Delirium, Depression and Dementia". 2. Plan developed based on GAP analysis to meet best practice standards . 3. Policies to be updated to reflect changes in assessment process based on BPG. 4. Management of Delirium, Depression and Dementia integrated in PCC including practice decision supports. 5. GOLIVE date: March 26/24.	% of Resident with a completed Delirium screening when significant change has been noted.	100% of Residents will have a completed Delirium screening when significant change has been noted.	