

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	12.50	6.00	ED visits to be reduced by greater than 50%	

Change Ideas

Change Idea #1 All registered staff will complete SBAR training for improved communication with physicians and early identification of changes in Resident status

Methods	Process measures	Target for process measure	Comments
NP to provide education, support and coaching to Registered staff in regards to completion of SBAR tool	% of registered staff will complete SBAR training	100% of registered staff will complete SBAR training	

Change Idea #2 We will implement clinical pathway supports to help guide decision making at the bedside.

Methods	Process measures	Target for process measure	Comments
Integration of Clinical Support tools for management of hypoglycemia (Think Research)	% of residents experiencing a hypoglycemic event for whom a hypoglycemia management assessment has been completed.	100% of residents experiencing a hypoglycemic event for whom a hypoglycemia management assessment has been completed.	

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	79.07	100.00	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.	

Change Ideas

Change Idea #1 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.

Methods	Process measures	Target for process measure	Comments
A PCC self reflective practice exercise guide will be developed by the PCC steering committee based on best practices in resident empowerment and resident centered care.	% of staff completing a PCC self reflective practice by December 31/23	100% of staff will complete a PCC self reflective practice by December 31/23	Total Surveys Initiated: 43 Total LTCH Beds: 101

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	83.72	100.00	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.	

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
Implementation of OARC Through our Eyes education package in collaboration with Resident and Family Councils	% 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: 43 Total LTCH Beds: 101

Change Idea #2 Establish a Person Centered Care Steering Committee with representatives from every department ,Residents and Families.

Methods	Process measures	Target for process measure	Comments
Utilize culture change tools: Pioneer Network's Artifacts of Culture Change and Planetree Long-Term Care Improvement Guide Assessment Tool to drive powerful resident centered empowerment efforts with a focus on concrete strategies for actualizing a resident directed, relationship centered philosophy.	A Person Centered Care Steering Committee will be in place with regular meetings scheduled effective April 30 2023.	A Person Centered Care Steering Committee will be in place with regular meetings scheduled effective April 30 2023.	

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	31.79	15.80	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 Ongoing Implementation of Montessori based programming to provide meaningful engagement and interaction for Residents in the Home based on past roles and preferences.

Methods	Process measures	Target for process measure	Comments
Ongoing Implementation of Montessori based programming to provide meaningful engagement and interaction for Residents in the Home based on past roles and preferences.	% of staff completing Dementiability training	50% of staff will complete and participate in Dementiability training and program implementation in the home.	

Change Idea #2 Ongoing BSO Champion Education series including training on GPA, Positive Approaches to Dementia care and Montessori methods for Dementia care.

Methods	Process measures	Target for process measure	Comments
Staff will be supported to attend education on GPA, Positive Approaches to Dementia care and Montessori methods for Dementia care.	% of staff will completed BSO Champion Education Series	50% of staff will complete BSO Champion Education Series	

Change Idea #3 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
To be developed in collaboration with internal and external BSO support and Physician Advisory Committee.	% of residents with a completed BSO referral prior to implementation of an antipsychotic.	100% of residents will have a completed BSO referral prior to implementation of an antipsychotic.	