

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	23.14	18.48	Continuous improvement in reducing visits. Target goal is to reduce by 20%.	

Change Ideas

Change Idea #1 1) Support early recognition of residents at risk for ED visits; 2) Provide preventative care and early treatment for common conditions leading to potentially avoidable ED visits; 3) Provide more tests and treatments in house; 4) Educate LTC residents and families about the benefits of and approaches to preventing emergency department visits; 5) At admission and updated yearly, discuss end-of-life and do-not-resuscitate (DNR) orders to ensure LTC residents, families, and caregivers are provided education around end-of-life care and that their wishes are documented; 6) Review Advance Care Directives annually with families at care conferences, providing education on hospital transfers and impact on residents 6) Weekly clinical review meetings will be conducted.

Methods	Process measures	Target for process measure	Comments
Annual Care Conference review of resident Care Directive status and education with family and residents on potential impacts of transfer	1) percentage of staff who reports increased understanding of when to call the Physician after completing a training session; 2) Percentage of care directives will be reviewed annually during care conferences; 3) 100% of Care directives will be reviewed annually during care conferences by the end of 2023	100% of care directives will be reviewed annually and increased percentage of staff with increased understanding of when to call physician.	

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 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	CB	92.00	Awaiting our 2022 Survey results, in 2021 our rate was 87.5% which we aim to increase in 2023 to 92%.	

Change Ideas

Change Idea #1 1) Respect resident's values, preferences and expressed needs by: a) Ask questions to residents that cultivate mutual respect and show empathy, b) support residents' councils and work with them to make improvements in the home, c) improve key aspects of daily life that bring residents enjoyment, such as mealtimes, d) learn about and practice active listening towards residents, and e) promote the health and quality of life of long-term care residents by enabling social connections; 2) Educate health care providers on resident-centred care by: a) ensure health care providers are educated on the different attributes of resident-centred care: empowerment, communication, and shared decision-making, b) create relationships and empowering partnerships based on trust, sympathetic presence, and respect, c) incorporate the resident's knowledge, values, beliefs and cultural background into care planning and delivery

Methods	Process measures	Target for process measure	Comments
Participation rate of our 2022 survey was 92.31%	1) percentage of residents surveyed increased from previous survey year. 2) increase in percentage of residents responding positively to at least 92%.	Resident participation rate increased and obtained goal of 92% or higher.	

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	24.35	23.08	The Home is continuing to make improvements to reduce our percentage. Target to be below provincial average.	

Change Ideas

Change Idea #1 1) Explore opportunities to increase growth of our home's behavioural response team and champions; 2) Consult with external teams, such as Erie St Clair BSO Regional Team, Behavioural support Ontario, and senior's mental health services; 3) Collaboration with MD, NP, Regional LTC Consultant, and pharmacy consultant to discuss and consider use of alternative medication such as naturopathic or cannabis based on the current diagnosis and health conditions of residents using antipsychotic medication without the supporting diagnosis.

Methods	Process measures	Target for process measure	Comments
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Review the data from our home and pharmacy provider (indications, new starts, summary of responsive behaviours, interventions); 2) verify the data on the number of residents prescribed antipsychotics, including new starts, PRNs, and administration rates; 3) request a medication-tracking tool from our pharmacist; 4) improve medication review process by using a team approach to quarterly medication reviews, involving physicians, pharmacist, and nurses; 5) Review the continuous use indicator at quarterly multidisciplinary medication reviews and summaries of resident recent behaviours, and identify residents who may benefit from trialing an adjusted antipsychotic use/dose; 5) Identify resident cohort for antipsychotic reduction; 6) during scheduled monthly BSO rounds, BSO nurse will review 3 residents each month to assess for changes in cognition, responsive behaviours and pain over the last 3 months; 7) Cohort tracking sheet will be used to document residents reviewed and assessed by the internal BSO nurse; 8) Changes to medications will be communicated to the nurse to assess and evaluate the resident's response to the medication reduction; 9) Identify residents using antipsychotic medications who could potentially use alternative medications;

1) the number of residents reviewed by the internal BSO Nurse Team with follow up assessment done by the MD, NP and pharmacy; 2) the number of residents reviewed by the internal BSO Lead with an assessment done by the MD, NP and Pharmacy consultant where alternative medications have been ordered

100% of residents using antipsychotic medication without the supporting diagnosis will be reviewed and assessed by our ADOC in conjunction with our LTC Consultant, followed by a collaborative review by the MD, NP and pharmacy by date, 2023; Residents identified as potential candidates for using alternative medications will be reviewed and assessed by the BSO Lead, with further assessment completed by the MD, NP and pharmacy consultant by date, 2023

Progress on the reduction of residents using antipsychotic medications without the supporting diagnosis will be shared at the quarterly Resident Council Meeting, Professional Advisory Council meeting and CQI Meeting