

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	15.43	13.50	We are targeting to remain below Ontario and NELHIN averages while continuing to implement actions to further reduce ED visits to previously seen lower values nearing the Golden Manor mean of 13.5.	

Change Ideas

Change Idea #1 Falls prevention program: injuries from falls contributed to the majority of ED visits, therefore continued focus on the falls prevention program will reduce the number of falls and fall related injuries.

Methods	Process measures	Target for process measure	Comments
Upon completion of the RNAO Gap Analysis-Preventing Falls and Reducing Injuries from Falls, the following priorities were identified, in conjunction with ongoing falls prevention program activities: a) resident and family education b) nutritional monitoring c) transitions of care to ensure proper hand off regarding resident's fall risk and current interventions	% of falls resulting in injury per year	We target to reduce % of falls resulting in injury per year by 15% from 21.9% (Jan/22-Dec/22) to 18.3% by December 31, 2023.	

Change Idea #2 Discuss advance care planning (ACP) and goals of care (GOC) to ensure LTC residents, families, and caregivers are provided education and that their wishes are documented: Care plans are up to date and relevant to goals of care in order to avoid potential unwanted ED visit.

Methods	Process measures	Target for process measure	Comments
Process established for each resident to be offered an ACP meeting with NP and family in which goals of care are discussed and documented in the resident care plan, meetings to occur annually and with significant change.	% of current residents that have had an ACP meeting and ACP section added to their care plan	We target to increase the % of residents that have had an ACP meeting and ACP section added to their care plan from 22% to 50% by March 31, 2024.	

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	61.40	75.00	We are targeting to increase performance by 22.15% to 75%. Based on positive percent change of 8.35% from last years data and annual increases from 2019, we wish to continue to increase to reach our goal of 75%.	

Change Ideas

Change Idea #1 Improve key aspects of daily life that bring residents enjoyment, such as mealtimes: Help team members work towards achieving the CHOICE+ principles (connecting, dignity, support, identity, creating opportunities, enjoyment) and reflect on their current practices and work toward relationship centred practices.

Methods	Process measures	Target for process measure	Comments
Complete the CHOICE+ Mealtime Practices Checklist with PSWs, Dietary Aides and RPNs quarterly on each floor and develop actions based on results.	% of staff responding positively (most of the time) to CHOICE+ Mealtime Practices Checklist (in house data)	We target to increase the % of staff respond positively (most of the time) to CHOICE+ Mealtime Practices Checklist by 25%, from 52% to 65% by March 31, 2024.	Total Surveys Initiated: 57 Total LTCH Beds: 177

Change Idea #2 Ensure all staffs are educated on the different attributes of resident-centred care: empowerment, communication, and shared decision-making

Methods	Process measures	Target for process measure	Comments
Include at least one quality improvement activity encompassing resident-centred care values in each Integrated Quality, Safety and Risk Management Plan	% of resident-centred care quality improvement activities from the Integrated Quality, Safety and Risk Management Plans initiated by March 31, 2024	We target to have 100% of resident-centred care quality improvement activities from the Integrated Quality, Safety and Risk Management Plans initiated by March 31, 2024	

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	85.96	90.00	We are targeting to increase performance by 10.52% to 90%. Based on positive percent change of 5.25% from last years data it is a feasible target and nears previous years values of 95%.	

Change Ideas

Change Idea #1 Support residents' councils and work with them to make improvements in the home: Increase resident involvement with menu production and other functions in the Dietary Department.

Methods	Process measures	Target for process measure	Comments
Continue to facilitate monthly Food Council meetings to provide a forum for residents to be involved in dietary functions and provide feedback.	% of residents responding positively (answer: yes) to: "Do you enjoy the foods you are served?" on the Dietary Resident Satisfaction Survey (in house data)	We target to increase the % of residents responding positively to "Do you enjoy the foods you are served?" by 10%, from 77.2% to 85% by March 31, 2024.	Total Surveys Initiated: 57 Total LTCH Beds: 177

Change Idea #2 Support residents' councils and work with them to make improvements in the home: utilize OARC resources to more effectively engage resident members

Methods	Process measures	Target for process measure	Comments
Residents' Council President and Assistant to work collaboratively to utilize OARC resources to continue to recruit new members and ensure meetings are accessible.	Average # of resident attendees at Residents' Council meeting per month	We target to have an average of 12 residents attend Residents' Council meetings per month by March 31, 2024.	

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	29.82	27.30	We are targeting to reduce our performance to the NELHIN average as a first step in target setting to move beyond average in subsequent years.	

Change Ideas

Change Idea #1 Improve medication review process: update antipsychotic monitoring program with interdisciplinary approach and standardized process

Methods	Process measures	Target for process measure	Comments
Key improvements to the updated antipsychotic monitoring program will be: a) utilization of the standardized pharmacy monitoring form adapted from Alberta Health Services b) involvement of RPNs in completion of monitoring form for residents on their floor to gather most accurate info c) NP and BSO lead to review completed monitoring forms based on residents they are most familiar with prior to review by prescriber	% of eligible residents in review period assessed per quarter (residents that meet exclusionary criteria will be reviewed annually)	We target to have 100% of eligible residents in review period assessed per quarter starting Q2/23.	