

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	31.08	15.00	Continued goal of improvement	

Change Ideas

Change Idea #1 Enhanced use of NLOT for NP services

Methods	Process measures	Target for process measure	Comments
NP visits twice/week to aid MD in acute resident needs in support of ER diversion. Full head to toe assessments, as well as on the spot assistance for higher acuity residents.	Measured by number of residents assessed by NP per month.	All residents will be seen/receive consultation by MRP within 24 hours of concerns arising. Increase in holistic assessments of all residents due to increased availability of prescribing medical professionals.	

Change Idea #2 Mobile Xray, ultrasound and blood work services.

Methods	Process measures	Target for process measure	Comments
Requisitions for external services/tests will be monitored.	Review of quarterly data: mobility xray, ultrasound and blood work requisitions as well as NP visits.	100% of ultrasounds/xrays and blood work are done within the home.	

Change Idea #3 Family communication and education regarding status of transfer to hospital and goals of care.

Methods	Process measures	Target for process measure	Comments
Tracked by manual audit of goals of care from care conferences and PCC data regarding status of transfer to hospital with advanced directives.	Quarterly review of data.	100% of residents will have goals of care reviewed and status of transfer to hospital up to date.	

Change Idea #4 Purposeful rounding and using the hydration program, review for opportunities for deprescribing.

Methods	Process measures	Target for process measure	Comments
Rounding of staff every hour for checks of high risk fallers. Offering hydration at the same time and checking that medications ordered are reviewed for need.	decreased transfers to hospital	decreased transfers to hospital	

Measure Dimension: Timely

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who have a stage 2 to 4 pressure ulcer	C	% / LTC home residents	CIHI CCRS / Q2 2022	7.20	4.00	Provincial benchmark currently 1%. Maple view lodge is at 2.2%. Target to match or better provincial average.	

Change Ideas

Change Idea #1 Wound committee to assess and address all new and current pressure wounds.

Methods	Process measures	Target for process measure	Comments
Monthly review of all wounds in home, stages, treatments and resident responses.	Committee lead will review 100% of all active, new wounds and progress of each, monthly. New incorporation of wound lead referral in point click care for all new wounds.	100% of new and current wounds will be thoroughly assessed weekly by registered staff. Monthly tracking of wound healing by committee lead.	

Change Idea #2 Skin and Wound app to be in continued use by registered staff.

Methods	Process measures	Target for process measure	Comments
Weekly photo and assessment of wounds by registered staff uploaded directly to point click care for shared assessment and documentation.	100% of all new and current wounds will be assessed and documented via wound app each week by Registered Staff. Wound indicators will be tracked each month by quality committee lead.	100% of wounds will be assessed on a weekly basis.	

Change Idea #3 Restorative aid to work closely with registered team for assessment of pressure surfaces as well as ambulation and repositioning programs of all residents.

Methods	Process measures	Target for process measure	Comments
Focus on prevention via implementation of Roho cushions and pressure devices on at risk residents.	100% Of residents with/or at risk for skin break down to have surfaces assessed for pressure areas.	100% of referrals submitted to restorative aid will be completed in a timely fashion and followed up with the registered team.	

Change Idea #4 Nurse Practitioner for appropriate wound care and assessment of all wounds.

Methods	Process measures	Target for process measure	Comments
NP will collaborate closely with registered staff to assess and address all wounds in the home.	NP will assess and reassess wounds on a weekly basis as needed.	100% of all residents with pressure wounds needing further assessment will be assessed by NP or MD as appropriate.	

Theme II: Service Excellence

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?"	P	% / LTC home residents	In house data, NHCAPHS survey / Apr 2022 - Mar 2023	90.91	95.00	The resident satisfaction survey is now electronic therefore we anticipate an increase in survey responses using this method.	

Change Ideas

Change Idea #1 Publishing resident council meetings on the monthly activity calendar to ensure residents, staff and families have ample notice of this meeting and can support as well as encourage residents in attending to ensure residents have an opportunity to be heard with regards to any concerns about their home operations, care, meals, programs and more.

Methods	Process measures	Target for process measure	Comments
Improved attendance at resident council meetings in an effort to ensure robust representation and therefore resident concerns are voiced, heard and addressed. Attendance collected via the resident council meeting minutes on a bi-monthly basis.	The number of resident complaints.	less than 5 residents complaints per month.	Total Surveys Initiated: 15 Total LTCH Beds: 60 It is with increased attendance and therefore robust resident representation at resident council meetings that resident complaints should decrease.

Change Idea #2 Following process in place to document and trend complaints and or concerns with focus on timely investigation and follow up. Solicit feedback from residents at resident council.

Methods	Process measures	Target for process measure	Comments
Reviewing complaints monthly at Leadership and Quality meetings. Identification of trends with action to improve.	100% of complaints are recorded, timely follow up according to Ministry requirements and reviewed at monthly Leadership and Quality meetings.	100% of complaints followed up with in a timely fashion to ensure the problem at hand is addressed and therefore the residents feel heard.	

Change Idea #3 Family council to have an e mail communication so fellow family members can bring forward concerns on behalf of their loved ones in which management can then follow up / support if appropriate or family council members can provide support from a family to family perspective in an effort to pave the way for change to ensure resident voices / concerns are heard.

Methods	Process measures	Target for process measure	Comments
Family Council to create an e mail account and monitor on an on-going basis to ensure open and on-going communication opportunities with fellow family members on behalf of residents.	e mail communication volume for this account- touchpoint around communication/e mail volume at each family council meeting.	For the family council to bring forward 100% of complaints that may come through this e mail account / line of communication to management to ensure they are addressed in a timely fashion and families on behalf of residents feel heard.	

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".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	93.33	95.00	Surveys are now electronic and therefore we anticipate a better response rate and therefore an increase in target percentile.	

Change Ideas

Change Idea #1 Implementing the BPG for inclusivity and diversity.

Methods	Process measures	Target for process measure	Comments
Designated a home lead for Diversity/inclusion who has taken the training and education through CLRI. Our lead will reference the diversity and inclusion BPG with the support of resident services supervisor and begin a gap analysis to find areas of improvement.	BPG- Gap analysis. Number of identified opportunities for improvement actioned per quarter.	To address 80% of the gaps identified in the gap analysis.	Total Surveys Initiated: 15 Total LTCH Beds: 60 This gap analysis will show us the areas in which we can improve as a LTC home in ensuring an inclusive environment for all our residents in which we hope will influence a culture change through educating staff around our gaps and involving many members of the interdisciplinary team in being a part of this change.

Change Idea #2 Recreation team to ensure more inclusive programming to promote an environment in which residents feel they can be their authentic selves by referencing CLRI's Diversity/inclusion activity calendar when programming on a monthly basis to ensure inclusion of holidays and or celebrations that pertain to our resident populations belief, values and interests.

Methods	Process measures	Target for process measure	Comments
Implementing programs supporting our resident's individuality, values and beliefs to ensure an inclusive environment when calendar planning.	Resident satisfaction survey re: programs/activity satisfaction.	Increased resident satisfaction with programs of 90% or greater.	The CLRI's diversity/inclusion calendar allows for the programming staff to be less subjective and implement resident centered programs supporting the many values, beliefs and interests amongst the resident population.

Change Idea #3 Involving the Behavioral Support Worker in the admission process through evidence based assessment tools in an effort to ensure a resident's transition into long term care is person centered and supports the resident in being comfortable expressing individual wants, needs, values opinions and interests from the start at time of admission.

Methods	Process measures	Target for process measure	Comments
Evidence based admission assessment to ensure the care team can better support the resident in being their authentic self therefore creating an environment where needs, wants and values are openly expressed by the resident.	Resident Satisfaction Survey, residents council meetings, family council.	A response of 100% on the resident satisfaction survey to the question: "I can express my opinion without fear of consequences"	The Behavioral Support worker plays an integral role in supporting residents in being their authentic selves and supporting the care team in providing person centered, comfortable care therefore creating an environment where residents are comfortable expressing individual opinions, wants and needs.

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increase the percentage of residents who have their palliative care needs identified and documented to 95%	C	Rate per total number of admitted patients / LTC home residents	In-home audit / January 2023 to January 2024	CB	100.00	Palliative care needs are discussed in all resident interdisciplinary care conferences at 6 weeks and yearly. Target of 100% of all residents.	

Change Ideas

Change Idea #1 Palliative care committee to add focus to goals of care at end of life of each resident.

Methods	Process measures	Target for process measure	Comments
Committee to raise awareness of this information and make it available for staff caring for residents at end of life.	Committee to do monthly reviews of palliative residents and goals.	100% of residents will have their goals revisited, reviewed and applied as necessary.	

Change Idea #2 Enhanced conversations with families at end of life regarding resident wishes and goals of care.

Methods	Process measures	Target for process measure	Comments
Quarterly review of progress notes and MD notes by palliative care team committee to ensure communication regarding end of life.	Palliative care lead monthly review of 5 charts.	100% of resident's families and/or residents will have effective communication surrounding end of life care with focus on goals of care and values.	

Change Idea #3 Ensure documentation of goals of care for each resident.

Methods	Process measures	Target for process measure	Comments
At 6 week care conference document and at minimum annually, review and revise goals of care	number of residents with documented goals of care to be reviewed annually and at the 6 week mark after admission.	100% of residents will have documentation of goals of care by the end of 2023.	

Measure Dimension: Effective

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To decrease the prevalence of residents with weight loss- loss of 5% or more in last 30 days	C	% / LTC home residents	CIHI CCRS / April-June	11.00	7.00	2021 Q2 4.3%, 2021 Q3 1.9%, 2021 Q4 5.5%, 2022 Q1 8.4%, 2022 Q2 11%	

Change Ideas

Change Idea #1 Ongoing collaboration with Registered Dietitian to review all resident nutritional needs

Methods	Process measures	Target for process measure	Comments
Registered Dietitian to review all residents that are triggered with weight loss 5% or more in last 30 days	% of residents with weight loss 5% or more in last 30 days	100% of residents will be assessed by Registered Dietitian by June 2023	Evaluation and progress will be discussed during PAC meeting and Quality improvement meetings

Change Idea #2 Improve monthly weight recording with accuracy. Residents with 2kg +/- will trigger instant reweight

Methods	Process measures	Target for process measure	Comments
RN on night shift to run monthly weight reports to catch any omissions or reweights needed. RN to follow up with psw staff to obtain missing weights or reweights required. RN to follow up to ensure complete and put in point click care.	# of resident weights missed that month # residents needed reweight	By June 2023 processes in place to capture missing weight or weight variance of 2+/-kg per month in pcc.	Will be joint effort with psw's , RPN's, RN's and Reg. Dietitian.

Change Idea #3 Encourage fluid intake for all residents

Methods	Process measures	Target for process measure	Comments
PSW's to Provide Thermal water mug daily in room- all staff are encouraged to offer and assist resident with water intake especially those with weight loss or poor fluid intake. Nursing/PSW and Dietary and Recreation staff to Encourage fluid intake at snack times and meals.	# residents with weight loss, # residents below recommended fluid intake	100% of residents with weight loss of 5% or more in last 30 days will be encouraged to consume their thermal mug and fluids at meals and snacks daily.	RN/RPN will review fluid intake weekly and push fluids accordingly communicating to psw and dietary team of those who have lost 5% or more in the last month

Change Idea #4 Ensure residents who have become palliative, have end stage disease or on a planned weight loss diet plan are removed from weight loss lists and not counted in the prevalence of weight loss calculation.

Methods	Process measures	Target for process measure	Comments
Registered Dietitian and/or Support Services Supervisor to review list of residents with 5% weight loss each Month and validate if they remain on the list and count as a loss	Removing residents from weight loss list monthly will help decrease prevalence of weight loss total. Requires tracking EOL residents	To ensure residents whom are on weight loss plan or EOL are not on the prevalence of weight loss list. Target is 100% accuracy	On going review of residents monthly/quarterly by Support Services Supervisor/Reg. Dietitian to reflect true prevalence of weight loss. Palliative list to be reviewed each month/quarter with Registered Nurses. Clear communication to Reg. Dietitian when someone is EOL.

Change Idea #5 Evaluate all nutritional supplements

Methods	Process measures	Target for process measure	Comments
Reg. Dietitian to review all nutritional supplements	# supplements received	100% of residents with supplements will be reviewed by Reg. Dietitian	Progress and evaluation will be reviewed and discussed quarterly.

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	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	39.87	20.00	Provincial target is 19.3. Enhanced education for registered staff and MD/NP regarding diagnosis and psychosis.	

Change Ideas

Change Idea #1 Staff education regarding need for diagnosis of psychosis if antipsychotics prescribed.

Methods	Process measures	Target for process measure	Comments
All new admissions will have medication review and reconciliation with a focus on antipsychotic medications.	Admission audit to include antipsychotic use focus.	100% of new admissions will be screened for antipsychotic use and diagnosis of psychosis by end of 2023.	

Change Idea #2 Collaboration with external partners such as MRT, Geri-psychiatry and ACT team to enhance management of behaviors in population.

Methods	Process measures	Target for process measure	Comments
Quarterly review of referrals to external partners.	100% of referrals to work in collaboration with in-house BSO specialist.	100% of referrals will be initiated within one week of referral process.	

Change Idea #3 Initiation of alternative therapy approaches for behavior management such as non-pharmacological methods.

Methods	Process measures	Target for process measure	Comments
Sensory bins provided by recreation team for tactile stimulation to help decrease behaviors.	BSO and Registered staff will identify which residents require these therapies.	60% of behavioral residents will be noted to have a marked decrease in behaviors with use of tool kits.	

Change Idea #4 Review the diagnosis of every resident who has a antipsychotic prescribed to ensure appropriate

Methods	Process measures	Target for process measure	Comments
Medical review in collaboration with the MD and the pharmacist.	decreased percent of residents with antipsychotics without a diagnosis.	100% of charts will be monitored quarterly for alignment of diagnosis and antipsychotic use.	

Measure Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents that have one or more infections indicated on their quarterly RAI assessment.	C	% / LTC home residents	CIHI portal / January 1 to December 31	14.90	10.00	to reach close to provincial averages	

Change Ideas

Change Idea #1 Increased monitoring of hand hygiene and PPE practices of the home.

Methods	Process measures	Target for process measure	Comments
Implement an audit app that can easily track hand hygiene compliance. To be implemented by members of a hand hygiene team. .Repeat education to staff on Hand hygiene on the floor in real time during observations.	Hand hygiene compliance rates	CIHI unadjusted rates will decrease for the home to 10. Hand Hygiene rates would target full compliance,	resident education on hand hygiene will also be increased to educate on knowledge of timing and need for hand hygiene.

Change Idea #2 Ensure vaccine uptake for residents is aligned with best practices in immunization in long term care.

Methods	Process measures	Target for process measure	Comments
Review all new admissions vaccine history is included on admission to the immunization tab in PCC. Enter all consents on admission obtained from the Wellness consent form in the resident Profile for ease of review.	Audit of new admissions 1 week post entry to the home. Weekly vaccine report of administered vaccine.	100% of residents admitted to the home will have the information on consents, immunizations on record in the Immunization tab of PCC and resident profile. Immunizations will be provided to ensure resident is UTD on vaccines as consented by 1 month of admission.	weekly vaccine administration report to be prepared and reviewed weekly by ICP including vaccines administered, vaccines outstanding. Goal of 90% of residents fully vaccinated with seasonal vaccines and Routine vaccines required in LTC (this accounts for those who refuse vaccination in the lower ratio)

Change Idea #3 Track infections are treated appropriately with lab based diagnostics.

Methods	Process measures	Target for process measure	Comments
Review of reported infections in the home by following the PIDAC best practice case definitions for surveillance of HCAI in LCT homes which will be circulated to Registered Staff for inclusion in practice.	Tracking of Lab based diagnosis infections versus Provider based diagnosis infections in the Infection Control module	80% of infections will have a lab based diagnosis for appropriate treatment	PCC module is able to provide this information to facilitate tracking. ICP will review 24 hour and 72 hour reports as appropriate to track and review surveillance.