

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 / October 2020 - September 2021	14.29	0.00	We will not be working on this indicator	

Change Ideas

Change Idea #1 Maintain our current practice

Methods	Process measures	Target for process measure	Comments
Currently our physician ensures a on-call physician when he is away. We will maintain this practice.	We will continue to gather data via PCC.	Remain at our current level	We have spoken with our Medical Director and at this time he does not us to involve a NP at this time.

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, NCAHPS survey / April 2021 - March 2022	CB	95.00	Our current rating is 88%, we will continue with our current practices but also strive to a higher percentage	

Change Ideas

Change Idea #1 Maintain our current practices

Methods	Process measures	Target for process measure	Comments
Continue to encourage staff to take the time and listen to our residents.	We will continue with our current practices and since Covid we have increased our ways of communication	Maintain our current practice	Although we are not at 95%, we are happy with our current 88% status

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 / April 2021 - March 2022	CB	95.00	95% of our residents feel that they can talk to staff without fear. We remain satisfied with these results.	

Change Ideas

Change Idea #1 We will maintain current practices

Methods	Process measures	Target for process measure	Comments
We will maintain current practices	Staff have been notified of the survey results and we encourage them to maintain communication and ensuring residents feel safe	We will strive to maintain 95% for our next survey	We are satisfied with our results

Measure **Dimension:** Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Enhanced staffing to ensure 4hrs of care as mandated by the ministry in the nursing department	C	Days / LTC home residents	In house data collection / January to December	CB	100.00	The Ministry has mandated that 4hrs of care is required for LTC staffing. This amount is staff who are RN, RPN and PSWs	

Change Ideas

Change Idea #1 We will continue to recruit staff to give the residents the extra staffing that thy need

Methods	Process measures	Target for process measure	Comments
Indeed and our Facebook page has been utilized to post jobs for RN, RPN, and PSWs. The DON will interview registered professionals and with the Nursing Clerk, they will interview potential applicants. Local College has been contacted to encourage students to come to LTC for their placement. The goal would be to hire the student if they work well within our environment. Staff and unions will be updated on our hiring process regularly.	Recruitment efforts will monitored	We will achieve at least 3.5hrs of care per day with RN, RPN and PSWs by the end of the calendar year.	The move to 4hrs of care is what our residents deserve. Unfortunately the HR issues for LTC is going to make this challenging

Measure **Dimension:** Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Becoming more efficient with communication for our community partners and the public by enhancing our website.	C	Number / Other	In-house survey / January to December	CB	100.00	Staff, families and community partners have indicated that they would like to see a current website with relevant information	

Change Ideas

Change Idea #1 A new improved website that will meet the needs of families, staff and community.

Methods	Process measures	Target for process measure	Comments
Our new website is expected to go live by early July. This will allow us to post our required policies, QI Plan and safety plan to meet the FLTCA. This will be monitored by management.	We will monitor how often the site is visited	We hope to have a target of end of December 2022	The website will be ongoing and require updates regularly

Measure **Dimension:** Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Establish a Family Council in the home	C	Months / Family	In house data collection / January to December	0.00	1.00	To obtain a functioning Family Council	

Change Ideas

Change Idea #1 Reach out to existing and new family members and explain the benefits of having a family council

Methods	Process measures	Target for process measure	Comments
Prior to covid we would have 'family information night' and family council would be a topic of discussion. Not many families would come to these nights so we started asking family members when they did the satisfaction survey if they were interested in finding out more information about a family council.	We have already been tracking results when the survey was sent to families. We will continue with this and send out information in family newsletters	A family council will be established with hopes of 5-10% of families willing to participate	We have not been successful in the past 18yrs of starting a family council

Theme III: Safe and Effective Care

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 / July - September 2021	23.57	17.00	Compare our data with other homes in the area	

Change Ideas

Change Idea #1 Move forward with ensuring that residents who are on antipsychotic medication, have a diagnosis to support this

Methods	Process measures	Target for process measure	Comments
Get a history of medications when admitted. Review all antipsychotic medications during quarterly med review. Add the appropriate diagnosis to residents care plan and all other areas required on the residents chart. Encourage our pharmacy to complete drug reviews to enhance our monitoring of this process.	Geriatr pharmacy will review antipsychotic use quarterly at our PAC (professional advisory committee) meeting. Currently Geriatr compares our stat with other homes that they service. We create our own goals and compare them with other homes.	We would like to meet a level that is within the ministries provincial average	Currently graphs provided by Geriatr show that we are below the average of the province and homes that we are benchmarked with.