

## 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	24.49	17.00	Reduce potentially avoidable emergency department visits for long-term care residents to corporate target, 17%	NP stat, Medical Director, Attending Physicians.

### Change Ideas

Change Idea #1 1. Data Review of all ED transfers using tracker; identify any trends such as time of day, diagnosis, process for potential in house treatment, early detection, equipment 2. Staff education on health assessment & SBAR communication 3. Utilization of the NP -to assist with assessing residents.

Methods	Process measures	Target for process measure	Comments
1) All Registered Staff will be educated by the NP or DOC in Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. 2) All Registered Staff will be re-educated by the NP on SBAR communication and documentation process 3) Post instructional guide on how to use SBAR at the nurses station for quick reference 4) review SBAR at risk management morning meeting daily.	# visits /residents for fiscal year 2023-2024. 1) 100% of Registered Staff to attend the Nursing Process and SBAR education 2) Home to track number of times SBAR is used when communicating with a physician.	17 visits per 100 residents. 100% of all HST registered staff will be educated on the Nursing Process and SBAR communication and documentation.	

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families who responded positively to the statement: "I can express my opinion without fear of consequences".	C	% / Family	In house data, interRAI survey / April 2022-2023	96.20	97.00	Maintain target of 97% or above through next year.	Family members, Extencicare consultants

### Change Ideas

Change Idea #1 Maintain overall positive response to the statement: "I can express my opinion without fear of consequences".

Methods	Process measures	Target for process measure	Comments
1. Enhance resident engagement throughout all programs 2. Ensure resident concerns & opinions are heard. 3. Staff education on resident-centered care	Tracking process will be through resident survey % of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	Obtain target 97% on next survey.	

## 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	11.76	13.00	Continue to be below Corporate goal of 17.3% Our current performance is 15.5% not 11.76% as indicated. And be greater than 10% improvement, making new target 13% or lower.	NP Stat, Pharmacist, Medical Director, Attending Physicians, Psychogeriatrician, PASE

**Change Ideas**

Change Idea #1 1. Medication Review of residents on psychotropic medication- 2. Staff Education & review of Med Mgt program 3. Review & educate on appropriate coding through RAI/MDS 4. BSO to assist with non pharmacological interventions 5. educate staff on the use of deprescribing algorithm. 6. BSO lead to develop a tracking tool of all residents taking an antipsychotic; their diagnosis, their dose, associated responsive expression. 7. review tracking tool at Monthly meetings with antipsychotic deprescribing team which includes BSO team recommendation; 8. Residents admitted on antipsychotics will have these discussed at their admission care conference. 9. Educate registered staff on the risk of using antipsychotics medications. 10. Educate staff on definitions of hallucinations and delusions, and appropriately documenting these.

Methods	Process measures	Target for process measure	Comments
1. Track progress through CIHI submission data. 2. Track # of staff educated on use of deprescribing algorithm 3. # of registered staff educated on risks of antipsychotic use. 4. Physicians & Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics by the time of the admission care conference and if appropriate, Pharmacy consultant will make recommendations for tapering antipsychotics.	1. % of residents receiving anti-psychotics without dx of psychosis 2. 100% of registered HST staff will be educated on the algorithm 3. 100% of all staff will be educated on the risks associated with use of antipsychotic . 4. # of new residents who are on antipsychotics who are reviewed by Pharmacy consultant. 5 # of pharmacy recommendations to taper antipsychotics of new admissions. 6. Tracking the number of residents admitted with antipsychotic medication and percentage of those who were able to successfully be deprescribed. 7. % of staff educated on hallucinations & delusions,	Achieve 13% target by end of 2023. 100% of residents admitted on an antipsychotic will have their medications reviewed by pharmacist prior to initial care conference.	