

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	15.69	15.16	Remain below the provincial and LHIN average.	

Change Ideas

Change Idea #1 Provide education to Registered staff on criteria for Potentially avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
Each new Registered staff hired will be provided with education as per the MOH definition of potentially avoidable ED visits. This education will be provided by the NCC in the scheduled time allotted for the NCC to provide orientation to the new Registered Staff member. The NCC will track this information monthly and report to the Continuous Quality Improvement team at the scheduled meetings that are held every 2 months.	% of new registered staff provided with education material.	100% of new Registered staff hired will be provided with educational material by Feb. 29, 2024 .	

Change Idea #2 Recruit for a Nurse Practitioner for our home who would be able to provide assessments, treatment options, as well as education for residents and families.

Methods	Process measures	Target for process measure	Comments
The Manager of HR will actively recruit for a Nurse Practitioner (NP) from April 1, 2023 to Dec. 31, 2023. The CEO & the HR Manager are also participating in discussions with other health partners via the HR committee to share a NP related to the small population to recruit from. Due to the small population the CEO and HR Manager are looking at incentives and advertising provincially.	# of job postings on websites, in newspapers, meeting with partners, electronic communications, and phone calls per month.	The home will hire 1 Nurse Practitioner by Feb. 29, 2024.	

Change Idea #3 Provide education on Cellulitis to the PSW's so that prompt recognition can avoid visits to the ED.

Methods	Process measures	Target for process measure	Comments
The Nursing Coordinator created an educational package for the PSW's that includes an overview of Cellulitis, symptoms, causes, risk factors, complications, and prevention. A short quiz was also created by the Nursing Coordinator on cellulitis for the PSW's. The Nursing Administrative Assistant or the Unit Clerk will distribute this educational package and quiz to all of the PSW's. Upon completion the Nursing Coordinator will review all completed quizzes and track. Data will be entered monthly into the QIA tab in Point Click Care. This information will be shared with the Continuous Quality Improvement team at their regular meetings that are held every 2 months.	# of PSW's who have received education and completed a Quiz on Cellulitis each month.	75% of PSW's will receive education and complete a Quiz on Cellulitis by Sept. 30, 2023 and 100% of PSW's will receive education and complete a Quiz on Cellulitis by Feb. 29, 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	45.45	60.00	75 surveys were provided to residents and/or their POA-PC. Only 11 surveys were completed. A new survey will be created as a change idea for the 2023/24 QIP, and it is hoped to receive improved feedback.	

Change Ideas

Change Idea #1 Improve communication with residents and family

Methods	Process measures	Target for process measure	Comments
The CQI Coordinator will create an information board on Quality Improvement initiatives that the home is working on for 2023/24. Other important information will also be shared on this board such as - when the hairdresser will be on site, when footcare will be offered, etc. Currently some of this information is posted on the PCC Home page. The CQI coordinator will review the PCC Home page daily and update the CQI Board to include the information on the CQI board. The CQI coordinator will also update the CQI Board quarterly with updates on change ideas implemented for the 2023/24 QIP. Data will tracked and entered monthly into the QIA tab in Point Click Care by the CQI Coordinator. This information will be shared with the Continuous Quality Improvement team at their regular meetings that are held every 2 months.	# of times the CQI board has been updated each month to keep our residents and family members updated on changes within the home and on progress with change ideas from May 1, 2023 to Feb. 29, 2024.	Improve our current performance on how well the staff listen to 60 from increased feedback received on the Resident and Family Satisfaction survey that will be sent out in the Fall of 2023.	Total Surveys Initiated: 11 Total LTCH Beds: 90

Change Idea #2 Implement a new computer charting system for Recreation Activities called "ActivityPro" that includes a "Family Portal" where families can see photos/videos of their loved ones.

Methods	Process measures	Target for process measure	Comments
The Activities department will receive education on the ActivityPro computerized charting system that collects and organizes resident participation levels and various therapeutic recreation activities offerings. The Activities department will also receive education and training on the Family Portal in effort to upload photos/videos of residents to the Family Portal. The Activities Director will reach out to family members to inform them of the Family Portal and encourage them to receive education on how to use it. The Activities staff will upload photos/videos to the resident's files. Data will tracked and entered monthly into the QIA tab in Point Click Care by the Activities Director. This information will be shared with the Continuous Quality Improvement team at their regular meetings that are held every 2 months.	# of residents who have photos/videos uploaded to the Web-Based Secure Platform in the Family Portal for them or their SDM to access per month.	50 % of our residents will have photos/videos uploaded by Sept. 30, 2023, and 100% of our residents will have photos/videos uploaded by Dec. 31, 2023.	Only residents or SDM's with access can view photos/videos.

Change Idea #3 Survey residents after participating in recreation programs.

Methods	Process measures	Target for process measure	Comments
Using the ActivityPro Software the Activity staff will survey residents after a program in effort to determine whether they enjoyed the program or not. Changes will be made to programming by the Activity staff based on the results of each program. Data will tracked and entered monthly into the QIA tab in Point Click Care by the Activities Director. This information will be shared with the Continuous Quality Improvement team at their regular meetings that are held every 2 months.	# of residents surveyed every 4 months using the ActivityPro Software.	50% of residents who participated in programs will be surveyed by July 31, 2023 and 80% of residents who participated in programs will complete a survey by Dec. 31, 2023.	

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	13.33	25.00	75 surveys were provided to residents and/or their POA-PC. Only 11 surveys were completed. A new survey will be created as a change idea for the 2023/24 QIP, and it is hoped to receive improved feedback.	

Change Ideas

Change Idea #1 To improve the resident participation in the annual survey.

Methods	Process measures	Target for process measure	Comments
Review and revise the current Resident and Family survey with the Continuous Quality Improvement (CQI) Committee. Implement changes recommended by the CQI Committee and conduct the survey encouraging all residents and SDM's to complete.	# of residents/SDM's provided with annual survey	To have 80% of residents participate in the annual survey.	Total Surveys Initiated: 75 Total LTCH Beds: 90

Change Idea #2 Have family complete the survey if resident CPS score is 4 or above.

Methods	Process measures	Target for process measure	Comments
All resident scores to be identified to determine if the resident or family will participate in the survey. Utilize computerized call system, emails, phone calls, face to face etc. NCC will provide a list of resident's whose SDM will be contacted to the Admin/Education Coordinator.	100% of families for residents with a CPS of 4 or more will be provided with a survey and asked to complete.	To have 80% of families who are contacted participate in the annual survey.	Note: residents who do not have family to complete the survey will be reduced from the total number.

Change Idea #3 Address concerns as they are identified at the resident MDCC's.

Methods	Process measures	Target for process measure	Comments
All concerns to be addressed at the time of data collection or referred to the appropriate department. Do a root cause analysis on any concern that is not easily rectified or understood. If concerns are raised at the Move In MDCC or annual MDCC the NCC will track the concerns by department. The CQI coordinator will update the QIA tab on PCC so that each department head in addition to the NCC will report on concerns at the CQI meetings that are held every 2 months.	# of voiced concerns expressed at each resident MDCC per department per month	100% of concerns are addressed within the time line of the homes concerns and complaints policy.	

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	10.69	6.69	The homes performance was 4.28% according to CIHI CCRS/July - September 2021. Aim to meet that performance.	

Change Ideas

Change Idea #1 Engaging residents/SDM's in discussion regarding use of antipsychotics.

Methods	Process measures	Target for process measure	Comments
The NCC or delegate will discuss the use of antipsychotics with those residents/SDM's receiving them at the Move In MDCC or annual MDCC. Additional time will be provided to allow discussions about the indication and possible adverse effects. The NCC/delegate will record in the resident's progress notes the discussion and details of the discussion. If the resident/SDM is requesting any changes to the residents antipsychotics this information will be forwarded to the MD. The NCC or delegate will track this information on a monthly basis and report the findings to the Continuous Quality Improvement team at the meetings that are held every 2 months.	# of residents/SDM's engaged in discussions regarding use of antipsychotics per month.	Discussions regarding use of antipsychotics will occur at each Move In and Annual MDCC with the resident/SDM from April 1, 2023 to Feb. 29, 2024.	

Change Idea #2 Increased awareness for the use of anti-psychotics medication without a supporting diagnosis

Methods	Process measures	Target for process measure	Comments
Monthly tracking of number of residents using anti-psychotics without diagnosis of psychosis. Review of data with Long Term Care Pharmacist and MD to explore alternative options. The NCC will track this information under the QIA tab of PCC and share this information with the Continuous Quality Improvement Committee at the scheduled meetings that are held every 2 months.	# of residents who are using antipsychotics medication without a supporting diagnosis each month.	100% of residents will be reviewed on a monthly base for use of anti-psychotics medication without a supporting diagnosis.	

Change Idea #3 Provide education to the Resident and Family Councils on the Role of the BSO PSW.

Methods	Process measures	Target for process measure	Comments
The Activities Director will speak with the Resident Council and the "Lead" of the Family Council and ask if they would be agreeable to have the BSO attend a scheduled monthly meetings.	# of educational sessions provided by the BSO to the Resident and Family Councils per year	The BSO will provide 1 educational session to both the Resident and Family Council.	