

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	21.48	21.05	New target is established to continue to move towards the provincial average. (18.5%). We acknowledge the difficulties encountered when residents/care partners/self call and admit to ER. Open discussions and follow up education with residents/care partners upon return from ER visits will continue on a consistent and regular basis.	Quinte Healthcare

Change Ideas

Change Idea #1 Recognizing the ability of residents/SDM to self admit to ED for visits, we will provide education on what can be done in house and when an ER visit is warranted. Information shared practices in collaboration with QHC on HCM admissions and resident outcome post discharge with staff, residents and families. Early recognition and assessments implemented with residents' status change. Goals of care discussions at the admission, yearly with MDC and as needed with a change in status Clear visual identification on charts spine for residents who choose not to be hospitalized. A SBAR for team members with examples of when to consider sending to ER vs calling the on call physician to assist in decreasing ER visits.

Methods	Process measures	Target for process measure	Comments
Collaboration with physicians and hospital in providing residents/care partners ED visit education and medical services available within the home	Process maps will be created to oversee the data collected on a quarterly basis	We will reduce the number of ED visits by 2% by March 31, 2025.	We will partner with QHC and our physicians including the MD on measuring the ED visits, reasoning for the visits and CTAS scores will be reviewed.

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	97.00	Successful completion of equity, diversity and inclusion training for all team members.	

Change Ideas

Change Idea #1 97% of the team members completed this training. Training offered to 100% of team members through different methods of learning virtual and in person.

Methods	Process measures	Target for process measure	Comments
<p>Online training: SURGE, PIECES, The Working Mind, Living the Dementia Journey, Person Centered Care.</p> <p>Classroom training: GPA, Dementiability, IPAC, Incivility, Culture and Diversity mural Presentation, Love and Belonging</p> <p>Increased awareness through Culture Diversity and Inclusion T-Shirts and Language Pole. The drumming circle and collaboration with the Metis</p>	100% of all new team members will be trained on BPG culture diversity and inclusion education.	100% of Team members, residents and carepartners will increase knowledge of culture diversity and inclusion best practice guidelines.	HCM Team, residents and carepartners along with community partners collaborate on improving knowledge acceptance and build capacity of implementing new learnings to practice.

Experience

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?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	87.50	90.00	We will increase collaboration with Alzheimer's Society and Community Partners, encouraging 1:1 visits, education, increased individualized activities based on preferences such as music for me and dementiability based activities. Introduced Goals of care assessment at admission and as needed. Residents and carepartners News Letter which includes feedback from residents and carepartners as well as opportunities and changes within the home.	

Change Ideas

Change Idea #1 Our efforts are in place to provide 90% satisfaction among residents and their families. We are providing staff education on resident centered care and building staff capacity to implement best practice guidelines responding to expressive behaviour driven by dementias. (ie: Living the Dementia Journey, Gentle Persuasive Approach, and others). HCM is committed to collecting feedback and improving raised concerns on all level in a timely manner. All committees newly formed at HCM will work together with physicians, residents and care partners to improving standard of care.

Methods	Process measures	Target for process measure	Comments
We are providing staff education on resident centered care and building staff capacity to implement best practice guidelines responding to expressive behaviour driven by dementias. (ie: Living the Dementia Journey, Gentle Persuasive Approach, and others). Acceptance by RNAO for HCM to become a BPSO home with focus on resident centered care. HCM is committed to collecting feedback and improving raised concerns on all level in a timely manner. All committees newly formed at HCM will work together with physicians, residents and care partners to improving standard of care.	Satisfaction survey implemented yearly Ongoing feedback - continous feedback from Committees meetings monthly/quarterlies	90% resident and care partners satisfaction	Total Surveys Initiated: 24 Total LTCH Beds: 110 Total Survey Initiated=110 # of LTCH beds=110

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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	91.43	93.00	To provide a safe culture for residents to express their opinion and feel supported. This will be done through education, 1-1 conversation and discussed during the admission process. Team member education being provided on behaviours associated with dementias, mental health and neurological diseases. The responses to this question do not match up with the survey question responses from the home. Responses coded matched as closely as possible.	

Change Ideas

Change Idea #1 Our efforts are in place to provide 93% satisfaction among residents and their care partners. We are providing staff education on resident centered care and building staff capacity to implement best practice guidelines responding to expressive behaviour driven by dementias. (ie: Living the Dementia Journey, Gentle Persuasive Approach, and others). HCM is committed to collecting feedback and improving raised concerns on all level in a timely manner. All committees newly formed at HCM will work together with physicians, residents and families to improving standard of care.

Methods	Process measures	Target for process measure	Comments
We are providing staff education on resident centered care and building staff capacity to implement best practice guidelines responding to expressive behaviour driven by dementias. (ie: Living the Dementia Journey, Gentle Persuasive Approach, and others). HCM is committed to collecting feedback and improving raised concerns on all level in a timely manner. All committees newly formed at HCM will work together with physicians, residents and care partners to improving standard of care.	Satisfaction survey implemented yearly Ongoing feedback - monthly Committees meetings monthly/quarterlies	93% resident and families satisfaction	Total Surveys Initiated: 35 Total LTCH Beds: 110 Total Survey Initiated=35 # of LTCH beds=110

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	16.58	16.25	Implementing strategies to reduce falls.	

Change Ideas

Change Idea #1 HCM planned is to decrease by 2%.

Methods	Process measures	Target for process measure	Comments
Physio assessments, Nursing and Recreation will work collaboratively delivering programs on falls prevention activities and exercises. Collaboration with Dietary department on meals assessments. Improved lighting on beds Implementing falls reduction measures such as perimeter mattress; floor mats, bed/chair alarms, motion sensors, non skid socks, continual flooring repairs, hip and helmet protections, helping hand kids. Improving the staff ratio as per 4hrs of care MOH requirement. BSO internal team Requested and working on forming a restorative team	Resident Safety Committee will review falls numbers on a monthly basis and compare. Pre and post GAP analysis to be completed looking at BPG implemented and effectiveness of measures implemented.	reducing the falls with injuries by 2% from 16.58 to 16 by the end of March 31, 2025.	Partnerships with residents and carepartners as well as external community services available such as Project Life Saver and Music for me will be explored.

Measure - Dimension: Safe

Indicator #6	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	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	12.12	11.88	Planning and monitoring to reduce numbers of antipsychotic medication prescription will be done by implementing and tracking data, collaboration with QHC, education for team members, collaboration with BSO for non pharmacological strategies where responsive behaviors are present and documenting progress and efficacy of medication and clear documentation on residents presentation including hallucination/delusions diagnosis.	

Change Ideas

Change Idea #1 Close collaboration between physicians and staff on discussing the need of antipsychotic medication. Clear description of behaviours to include hallucination/delusions with medication changes, clear understanding of antipsychotic medication side effects on residents and their quality of life

Methods	Process measures	Target for process measure	Comments
Tracking medication changes based on needs and diagnosis assessing residents on a day by day basis for changes in status, sudden changes suggesting acute care needs and other psychosocial needs Engaging families in all aspects of residents care including medication changes	Creating a process map Tracking Data tool Measuring data on a quarterly basis	HCM will reduce the number of residents without psychosis who were given antipsychotic medication by 2% by March 31, 2025.	Close collaboration between HCM nursing team and physicians, NP, pharmacy, residents and care partners when an antipsychotic medication is needed. Education provided on side effects or residents quality of life when on antipsychotic medication Increase awareness on available alternatives to antipsychotic medication Collaboration with BSO team on developing non-pharmacological effective strategies for responsive behaviours