

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	21.51	20.00	Transfer of residents to ER frequently dependent on family/POA direction as well as staff comfort level with being able to provide enhanced level of care for unstable resident condition.	

Change Ideas

Change Idea #1 #1 Support early recognition of residents at risk for ED visits

Methods	Process measures	Target for process measure	Comments
1) Daily review of Charge Nurse Shift report by Home Area Managers, Manager Quality & Risk and Registered Nursing Staff will highlight resident's whose care needs have changed necessitating enhanced observation and advanced planning to accommodate those needs.	Percentage of residents at high risk for an ED visit who had a change in condition documented within 24 hours prior to ED visit. (High risk residents are defined as those admitted to the LTC home within the last 30 days; re-admitted to the LTC home from an ED visit or hospitalization within the last 30 days; those who have experienced a change in medication, change in treatment plan or significant change in condition (as per RAI MDS) within the previous 7 days); percentage of staff educated.	100% of registered staff receive education on risk factors for avoidable ED visits;	St. Josephs at Fleming understand the need to reduce ED visits by residents who can safely be managed within the scope of the registered staff under the guidance of the Nurse Practitioner and Physician. Increasing staff capacity to manage change of condition will result in better outcomes for the resident and family as well and decrease the burden on the ED of the local hospital.

Change Idea #2 2) Include information on the benefits of in-house treatments where possible at Admission and Annual Care Conferences. Review of RAI MDS Outcome measures at care conferences to provide a clear picture to families regarding resident conditions and included resident and family in planning for health care decisions.

Methods	Process measures	Target for process measure	Comments
Manager of Quality & Risk to complete the Annual or Admission MDS assessment to provide measurable data to discuss at the care conference.	The number of Care Conferences conducted with assistance of current MDS data.	100% of Care Conferences have current MDS outcome measures available for discussion prior to conference.	

Change Idea #3 Trail the STOP AND WATCH EARLY WARNING TOOL on a Resident Home Area to try to reduce avoidable transfers.

Methods	Process measures	Target for process measure	Comments
The Personal Support Worker will be educated on the recognition of resident condition changes, and will report any changes to the nurse for early intervention. The Registered Nurse will review changes and follow up with the appropriate action.	The number of resident transfers to hospital diagnosed with sensitive conditions.	The numbers of resident transfers will decrease by 1% by the end of 2023/24	

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	CB	98.00	<p>Residents should feel that staff are actively listening to concerns and working to alleviate issues where possible.</p> <p>Resident survey utilized revealed the following: 88% felt staff listened well most of the time or Always; 5% indicated staff listened well Sometimes; and 7% felt staff listened well Never or Rarely. Goal will be to improve responses to question listened well most or always.</p>	

Change Ideas

Change Idea #1 Improve the number of residents who feel staff listen to them.

Methods	Process measures	Target for process measure	Comments
Reinforce active listening techniques to staff during formal and informal opportunities.	Track numbers of staff educated on active listening techniques and provide tips on how to action requests/concerns	80% of active staff will receive education during the next year on active listening techniques and processes.	A significant proportion of the current staff are relatively new to the Home. Enhancing their comfort level with processes will transfer positively to families/residents feeling that they are being heard.

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	75.90	100.00	Residents and families have the right to express their opinion without fear. Recent Resident/Family survey results reported the following: 87% felt able to express concerns without fear of consequence 87% of the time; 7% felt able to express concerns 7% of the time and 6% felt able to express concerns never or rarely.	

Change Ideas

Change Idea #1 Strengthen resident and family relations process through open communication between Resident and Family Councils.

Methods	Process measures	Target for process measure	Comments
Support the council processes with information related to ongoing QI initiatives as requested	Number of residents and families with a positive response to the survey question.	98% of residents answer to the Survey question	Most or Always Total Surveys Initiated: 83 Total LTCH Beds: 200

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	16.97	15.50	while we are currently below the Ontario rate as cited in the CIHI Q2 results, there is opportunity to further decrease antipsychotic medication with residents whose conditions have improved. Potential residents who may be appropriate for withdrawal from these medications will be identified, by the Consultant Pharmacist, Physician, and Nurse Practitioner through the pharmacy quarterly reviews.	

Change Ideas

Change Idea #1 Maintain or reduce current performance related to identification of residents receiving anti-psychotic medications in absence of psychosis.

Methods	Process measures	Target for process measure	Comments
All residents receiving anti-psychotic medications will have a medication review to determine potential for reduction.	Percentage of residents receiving anti-psychotic medications on a monthly basis will remain below provincial benchmark.	Percentage of anti-psychotics given on a monthly basis will be reduced by 2% over the next year.	

Measure **Dimension: Safe**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who fell during the 30 days preceding their resident assessment.	C	% / Adult long stay home care clients	CIHI CCRS / Q2 2022-23	26.00	20.00	Falls continue to be a significant predictor for adverse outcomes. Current performance is above the provincial benchmark.	

Change Ideas

Change Idea #1 Continued monthly review of resident falls with a focus on residents at High Risk for falls.

Methods	Process measures	Target for process measure	Comments
Ongoing tracking of falls through the Risk Management system and review of high risk residents by the Falls Committee.	Residents who have fallen will be reviewed by the registered staff for the need for additional measures/interventions to prevent further falls.	100% of High Risk residents with falls will be reviewed	A balance must be maintained related to residents who are falling and the utilization of physical restraints.

Measure **Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment	C	% / Adult long stay home care clients	CIHI CCRS / Q2 - 2022-23	5.50	5.00	Continued progress toward provincial benchmark.	

Change Ideas

Change Idea #1 Continue monthly review of all residents who are restrained by seatbelt and tilt chairs by the Restraint Reduction Committee.

Methods	Process measures	Target for process measure	Comments
Restraint reduction committee will continue to identify and gain POA support for a restraint reduction trial for residents who demonstrate appropriateness. Identification of restraints which are more appropriately deemed PASDs for reporting through RSI MDS.	All MDS Submissions indicating the presence of Daily Restraints will be reviewed for accuracy by the Manager of Quality & Risk who is responsible for Data Submission.	100% of assessments reviewed	Restraint reduction continues to be an area where families are reluctant to reduce for fear of falling.

Measure **Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who experienced Weight Loss in the 30 days prior to their MDS assessment.	C	% / Adult long stay home care clients	CIHI CCRS / Q2 2022	8.20	6.90	An increase in the number of residents demonstrating weight loss in the reporting quarter has increased over the previous quarter and is above the Provincial benchmark.	

Change Ideas

Change Idea #1 Residents will not experience unexplained weight loss.

Methods	Process measures	Target for process measure	Comments
Education will be provided PSW staff on obtaining accurate monthly weights within the required timelines each month.	Number of staff trained in obtaining and confirming monthly weights	100% of Bath aides will have targeted education regarding importance of accurate weights, and how to confirm weights being obtained.	Weight loss can be an indicator of increased fragility, dehydration and failure to thrive.

Change Idea #2 Registered Staff will review monthly weights with dietician to identify residents at risk for failure to thrive

Methods	Process measures	Target for process measure	Comments
PSW staff will complete monthly weights prior to the 10th day of each month and the Registered Nurse assigned to the Home Area will review values to ensure weights are collected by the target date and all residents who require a re-weigh have this activity completed.	100% resident weights will be reviewed for weight loss in comparison to previous month value.	100% of residents experiencing weight loss will be identified for increased observations related to change in food and liquid intake.	As in prevalence indicator, all residents experiencing weight loss are counted regardless of position on the life spectrum. Residents nearing end of life will be included in this number.