

## 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)	22.70	21.00	Residents are being admitted to SJF with more active conditions and families continue to request external consultation. Registered Nurse (RN/RPN) staffing continues to be developing skills as newer practitioners who are also new to Long Term Care.	

### Change Ideas

Change Idea #1 Track and review 100% of residents who have been transferred to the ED on a monthly basis

Methods	Process measures	Target for process measure	Comments
Review PCC "Hospital Transfer" tab to ensure capture of all transfers	Report of same day ED visits will be provided on a monthly basis to clinical leadership team to review	Summary reviews of ED visits will be in place by June 2024	

Change Idea #2 Identify clear Goals of Care with Residents and Families on admission and during Annual or Special Care Conferences.

Methods	Process measures	Target for process measure	Comments
Include information on the benefits of in-house resident management where possible at Admission, Annual Care Conferences, as well as when discussing episodic resident status changes. Review RAI MDS Outcome measures at care conferences to provide a clear picture to families regarding changes in resident conditions to aide in planning of health care decisions.	Percentage of Care Conferences where discussion of Goals of Care are completed	Care Conference template will have Goals of Care included by end of Quarter 1, 2024.	

Change Idea #3 Support early recognition of residents at risk for ED transfers.

Methods	Process measures	Target for process measure	Comments
Review of daily shift report by Registered Nursing staff to highlight residents demonstrating change in condition, ensuring appropriate consultation with Nurse Practitioner and/or Primary care	Percentage of residents at high risk for ED transfer who had a change in condition documented on the shift report (or progress notes) in the 24 hours prior to ED visit. (High risk residents defined as those admitted to the LTC Home in the within the last 30 days; re-admitted 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 definition) within the last 7 days; percentage of staff education	100% of Registered Nursing Staff are educated on risk factors for avoidable ED visits during Quarter 1 of 2024	

## Experience

### 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?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	92.19	95.00	<p>* Please note: Of the 198 surveys distributed 68 were returned representing a 34% response rate. The answers to the question of "What number would you use to rate how well the staff listen to you?" are as follows:</p> <p>2023-24 Resident/Family survey results showed 90% of respondents felt staff listened well Most of the Time or Always. 6% indicated Sometimes; 2% stated Rarely/Never; 2% didn't know. Of note - survey was responded to be only 33% of resident/family population.</p> <p>23/24 Target was not reached. Goal for 2024-25 will be 95% to reflect the commitment of the Home to improve overall resident/family communication.</p>	

### Change Ideas

Change Idea #1 Reinforce active listening techniques to staff during formal and informal opportunities.

Methods	Process measures	Target for process measure	Comments
Maintain current process of responding to resident/family concerns with the Registered Nurse/Charge Nurse interacting daily with residents and families. Registered Nurse/Charge Nurse will escalate concerns to the appropriate Manager as indicated.	Include discussion on active listening during Nursing Huddles, Home Area Staff Meetings, Registered Staff Meetings.	Implementation of additional topic to be included be end of Q1.	Total Surveys Initiated: 198 Total LTCH Beds: 198

Change Idea #2 Continue to 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 process with information related to the annual QIP and Continuous Quality Improvement committee by ensuring a representative from both councils are provided an opportunity to actively participate in the quarterly meetings.	Meeting invitations are extended to council representatives on a quarterly basis.	Schedule for meetings are developed and shared with council members at the June CQI meeting.	

## Safety

### Measure - Dimension: Safe

Indicator #3	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	33.09	30.00	Incidents of falls has increased this year. Goal will be to return to previous performance levels and closer to provincial benchmark.	

### Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Residents identified as high risk for falls who have experienced more than 2 falls in the previous month will have their falls history reviewed 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	

**Change Idea #2** Review Falls Assessment Tools to ensure Best Practice Guidelines are in place.

Methods	Process measures	Target for process measure	Comments
Falls committee will evaluate recommended assessment tools to ensure SJF has implemented effective and efficient tools. If new tools are recommended, a PDSA will be conducted on one area for 30 days prior to recommendation for adoption and spread is undertaken.	Assessment tools as recommended by RNAO BPGs will be reviewed for potential implementation.	Assessment tools and process for review of falls will be in place by end of Q1 2024	

**Change Idea #3** Post fall huddles will include a discussion on potential ways of preventing an additional fall.

Methods	Process measures	Target for process measure	Comments
Registered staff will have a discussion with PSW/CSA staff at the time of a fall and during shift reports on ways to prevent further falls.	100% of falls will have post fall huddles conducted at the Home Area level at the time of the fall.	Implementation of post fall huddles at the Home Area Level will be in place by end of Q2.	