

## 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	13.11	10.00	To work towards provincial average	

**Change Ideas**

**Change Idea #1** On boarding a Nurse Practitioner to assist current Medical Director to assess residents with acute symptoms prior to sending residents to the ED.

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner's position will be posted on Jazz employment recruiting service. Management staff will reach out to community health care partners to network for possible candidates.	number of applicants through jazz HR	the home will have received 3 eligible candidates by September 2023	

**Change Idea #2** Our nursing staff to be educated on medical options available in the home for medical care.

Methods	Process measures	Target for process measure	Comments
Assign education to nursing staff through on-line platform, Surge Learning.	Number of nursing staff will be educated on medical options in the home.	100% of nursing staff will be educated on medical options in the home.	

**Change Idea #3** Collaborate with local community partnering homes to on-board NP to support in home care.

Methods	Process measures	Target for process measure	Comments
Partner with community health care providers to on-board NP.	Number of community members that the home can collaborate with	The home will partner with two different community partners to assist in the on boarding of a nurse practitioner	

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction	C	% / Other	In house data, NHCAPHS survey / January 2022 - December 2022	80.00	90.00	To increase by 10% to work towards corporate goal of 100%.	

### Change Ideas

Change Idea #1 Program Manager will interview able residents to ensure they understand the question without fear of consequence.

Methods	Process measures	Target for process measure	Comments
Resident interviews will be conducted and documented twice annually by the program Manager	Number of interviews that will be completed with able residents.	100% of able residents will be interviewed by the program manager.	

Change Idea #2 Residents will be informed of the whistle blower policy in numerous ways.

Methods	Process measures	Target for process measure	Comments
Whistle Blower policy will be posted in high traffic areas in the home, reviewed at annual care conferences and provided to residents upon move in.	The number of able residents who agree they are aware with the whistle blower policy	100% of able residents will agree they are aware of the whistle blower policy	

## 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	19.61	17.30	to meet corporate goal	

### Change Ideas

Change Idea #1 Assess each individual resident plan of care for best possible resident outcome with Medical Director, Director of Care and RAI/MDS lead.

Methods	Process measures	Target for process measure	Comments
RAI/MDS quarterly assessments completed.	Number of resident RAI/MDS assessments completed.	100% of resident assessments completed quarterly.	

Change Idea #2 Develop parentship with Medical Director, Nurse Practitioner, Director of Care and Registered staff to evaluate resident diagnosis and use of antipsychotics.

Methods	Process measures	Target for process measure	Comments
Quality initiative reviewed quarterly, interdisciplinary at Professional Advisory Committee meetings.	Number of reviews of antipsychotics without supporting diagnosis at PAC meetings.	100% of residents receiving antipsychotics without diagnosis.	

Change Idea #3 Educate Medical Director and registered staff on resident care options to address reduction of antipsychotics.

Methods	Process measures	Target for process measure	Comments
Medical Director complete annual education as assigned through FLTC Act, 2021. Registered staff complete annual assigned education through Surge Learning.	Number of registered staff educated, Medical Director educated.	100% of registered staff and Medical Director educated on options to reduce the use of antipsychotics without supporting diagnosis.	