## **Access and Flow**

## **Measure - Dimension: Efficient**

| Indicator #1   | Туре | •        | Source /<br>Period                                   | Current<br>Performance | Target | Target Justification                                   | External Collaborators |
|--|------|----------|--|------------------------|--------|--|------------------------|
| Rate of ED visits for modified list of ambulatory care—sensitive conditions* per 100 long-term care residents. | Р    | LTC home | CIHI CCRS,<br>CIHI NACRS /<br>Oct 2021 -<br>Sep 2022 | 21.25                  |        | To ensure we are doing our part to reduce the ED visit |                        |

### **Change Ideas**

| Change Idea #1 With hiring a Nurse Practitioner, we are confident the number of visits to er will decrease |  |  |                                    |  |  |  |  |
|--|--|--|------------------------------------|--|--|--|--|
| Methods  | Methods Process measures Target for process measure Comments |  |                                    |  |  |  |  |
| Nurse Practitioner will assess resident to see if there is a need to send resident to hospital             | •  | The target process measure is to obtain a 90% improvement in ED visits | NP will communicate with physician |  |  |  |  |

# Experience

### **Measure - Dimension: Patient-centred**

| Indicator #2  | Туре | • | Source /<br>Period   | Current<br>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?" | Р    |   | In house<br>data,<br>NHCAHPS<br>survey / Apr<br>2022 - Mar<br>2023 | СВ                     |        | to obtain 90% positive response to question |                        |

### **Change Ideas**

home

| Change Idea #1 Ensure we maintain a resident lead type of care.   |   |  |   |  |  |  |
|---|---|--|---|--|--|--|
| Methods   | Process measures  | Target for process measure                       | Comments  |  |  |  |
| Through training modules like GPA, PIECES, LEADS etc we can ensure our staff are well informed as to the importance of letting residents and families know they are heard and that they do have input into their stay in this | Continually seek feed back from residents and their families. Through the software program Abiqis we will be able to stay on top of this. | to ensure we obtain 95% response to the question | A lot of things were put on hold during COvid and for our home Abiqis was one of them. We are anxious to get back on track. |  |  |  |

#### **Measure - Dimension: Patient-centred**

| Indicator #3  | Туре | Source /<br>Period   | Current<br>Performance | Target | Target Justification              | External Collaborators |
|---|------|--|------------------------|--------|-----------------------------------|------------------------|
| Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". | Р    | In house<br>data, interRAI<br>survey / Apr<br>2022 - Mar<br>2023 | СВ                     | 90.00  | To obtain a 90% positive response |                        |

### **Change Ideas**

Change Idea #1 Educate staff on importance of residents being able to speak freely without fear. Educate residents and staff on the whistleblower policy and ensure they understand it.

| Methods  | Process measures  | Target for process measure | Comments |
|--|---|----------------------------|----------|
| Speak to resident and family member throughout the year but also during the admission about the importance of expressing their opinion freely. | decrease in the number of times a resident refuses to comment due to fear of consequences | 90% by December            | N/A      |

## Safety

#### Measure - Dimension: Safe

| Indicator #4  | Туре | Source /<br>Period                | Current<br>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 | Р    | CIHI CCRS /<br>Jul - Sept<br>2022 | 21.43                  |        | to decrease the amount of antipsychotic medication to provide a better quality of life for our residents |                        |

#### **Change Ideas**

Change Idea #1 Through mandatory GPA training for all staff and continuous BSO training, our employees with have the tools needed to deescalate behaviours on the floor. Review concerns with family and resident. The introduction of CCG (Compassionate Care Givers) and a Social Worker should help us reach our goals

| Methods   | Process measures  | Target for process measure   | Comments |
|---|---|--|----------|
| REview meds with pharmacy, physician, family and resident | Decrease in Meds and behavioural concerns on the floor and increase staff | Hope to see a decrease of 20% in antipsychotic medication given by June 2023 |          |