

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.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	12.96	10.00	Lower ED visits to meet provincial average.	

Change Ideas

Change Idea #1 Recruit and on-board Nurse Practitioner in collaboration with Medical Director and sister LTC home.

Methods	Process measures	Target for process measure	Comments
ED, DOC and Medical Director recruit Nurse Practitioner to support medical care in home. Advertise and post in Jazz HR, Southbridge Care Homes site and through the Medical Director's community of practice. Collaborate with sister LTC home to provide full time hours.	1)Number of NP resumes screened, reviewed and interviewed with medical director and sister home. 2) number of days applicant sits in the Jazz HR pipeline.	1) 100% of qualified Nurse PR actioner applicants will be interviewed for position in collaboration with sister LTC home and medical Director. 2) Applicants movement in the Jazz HR pipeline will be less than 3 days.	

Change Idea #2 Educate the registered staff on using their assessment skills and internal resources prior to sending residents to the emergency department.

Methods	Process measures	Target for process measure	Comments
Assign education to registered staff through on-line platform, Surge learning and review at next registered staff meeting.	Number of registered staff educated on available resources in the home and how to utilize their assessment skills.	100% of registered staff will be educated on medical options available in home.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: I can express my opinion without fear of consequence from home staff or leadership.	C	% / Other	In house data, NHCAHPS survey / 2021	87.50	95.00	increase current performance by 7.5% to increase Southbridge Care homes overall performance.	

Change Ideas

Change Idea #1 Program Manager will interview resident to ensure they understand question without fear of consequences.

Methods	Process measures	Target for process measure	Comments
Resident interviews will be conducted twice annually by the Program Manager.	Number of resident interviews completed.	100% of residents will be interviewed by the Program manager for comprehension.	27 surveys initiated and 27 surveys returned.

Change Idea #2 Residents will be re-educated of Whistle Blower protection in addition to including in the admission package and annually education at care conferences.

Methods	Process measures	Target for process measure	Comments
Whistle Blower policy shared in welcome package and at annual care conferences. The program manager will include new education during resident council meeting and minutes will be posted for those to read that did not attend.	Number of residents re-educated in whistle blower protection policy.	100% of current residents will have the Whistle Blower policy reviewed within 6 months and annually at care conferences, and 100 % of new admissions at move in and annually.	

Safety

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	29.09	17.30	Continue to reduce use of antipsychotics to meet corporate goal.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
RAI/MDS quarterly assessments will be completed with Medical Director and Director of Care and determined if a reduction program is appropriate for that resident.	Number of resident RAI/MDS assessments reviewed.	100% of resident assessments will be reviewed by the end of their next quarter and ongoing.	

Change Idea #2 Develop partnership with Medical Directive, Nurse Pr Actioner, 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 resident use 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 will be educated on alternative therapies to reduce the use of antipsychotics without supporting diagnosis.	