

## 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	15.03	14.00	Target set for improvement	

### Change Ideas

Change Idea #1 Education on ED avoidance for residents, families and staff.

Methods	Process measures	Target for process measure	Comments
Develop a resource to include in admission packages and for residents and resident/family councils.	All new admissions will receive this information	100% of new admissions will receive this information	

Change Idea #2 Pneumovax program

Methods	Process measures	Target for process measure	Comments
All current and new residents unimmunized with pneumovax will be offered information on the pneumovax vaccine.	% of residents immunized with pneumovax	100% of residents will be offered pneumovax vaccine 90% of residents will be immunized with pneumovax vaccine	

Change Idea #3 Community paramedicine pilot

Methods	Process measures	Target for process measure	Comments
Participate in the Community Paramedicine Pilot that provided enhanced assessment, diagnostics and some intervention onsite at the LTCH.	Complete Pilot Study	Complete Pilot Study	

## Change Idea #4 Comfort Care Rounds

Methods	Process measures	Target for process measure	Comments
Implement comfort care rounds with observation for changes in condition and supporting residents with the 4Ps (pain screening, positioning, placement and personal needs)	% of staff being educated on the 4Ps	85% of regular staff will be trained by March 31, 2024	

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents satisfied with oral care program or support with oral care	C	% / Residents	In-house survey / 2022 -23	76.00	85.00	Target set for improvement	

### Change Ideas

#### Change Idea #1 Promotion of dental hygiene services to residents and families

Methods	Process measures	Target for process measure	Comments
Provide update about oral care services and impact of services at family council and in email communication.	Communication campaign	Family council meeting x1 Email communication x1 Newsletter article x1	

#### Change Idea #2 Education program for staff

Methods	Process measures	Target for process measure	Comments
Education for staff on the importance of oral care and techniques for providing oral care by partner dental hygienist	% of staff educated	85% of regular staff complete education session	

#### Change Idea #3 Oral Care Care Planning

Methods	Process measures	Target for process measure	Comments
Update care plan library and care plans for individuals requiring support with oral care	% of residents with customized oral care plan	100% of residents will have a customized oral care plan	

## Change Idea #4 Personal care audits and just in time survey

Methods	Process measures	Target for process measure	Comments
Implement personal care audits with just in time questions re: satisfaction	1. Audit/survey tool developed 2. # of completed audits 3. Satisfaction with oral care	1. Audit/survey tool developed 2. # of completed audits, 3 unit/week 3. Minimum 85% satisfaction with oral care	

**Measure** Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents satisfied with food quality (taste, temperature, texture)	C	% / Residents	In-house survey / 2022 -23	77.00	85.00	Set for improvement	

**Change Ideas**

## Change Idea #1 Just in time surveys

Methods	Process measures	Target for process measure	Comments
Implement the survey to collect information about satisfaction/meals/feedback on regular basis	# of surveys completed	10 surveys/month	

## Change Idea #2 Re-Establish Food Committee

Methods	Process measures	Target for process measure	Comments
Re-establish the food committee as a sub-committee of Resident Council to work with the food service team to inform and plan the activities of the food service department	# of meetings held	# monthly meetings	

## Change Idea #3 Improved Meal Experience

Methods	Process measures	Target for process measure	Comments
Trial a staggered meal service on secure home area to support a less busy and more enjoyable dining experience	Complete and review after a 2 month trial	Complete trial and review feedback	

## Change Idea #4 "Meet the Cook" rounds

Methods	Process measures	Target for process measure	Comments
Cooks to schedule visits to all home areas during the meals to speak with residents, families and staff for feedback and input	# of visits the cook makes to the units	Each terrace will have each meal visited at least once a month by the cook	

**Measure** Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents satisfied with personal laundry services	C	% / Residents	In-house survey / 2023 -24	72.00	85.00	Target set for improvement	

**Change Ideas**

## Change Idea #1 Feedback and tracking process for lost/damaged items

Methods	Process measures	Target for process measure	Comments
1. Track feedback in PCC 2. Share feedback process process with residents/families & staff	% of satisfied residents/families	85% satisfaction rate	

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

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents satisfied with programs	C	% / Residents	In-house survey / 2023 -24	84.00	88.00	Target set for improvement	

**Change Ideas**

## Change Idea #1 Update approach to data collection

Methods	Process measures	Target for process measure	Comments
(1) Just in time survey use (2) Modify annual survey and separate question about meeting "interests" and "abilities" (3) Collect information on resident specific input into planning programs	(1) Implement just in time survey (2) Change survey question (3) Collect input from residents	(1) 15 surveys completed a month (2) Change survey question (3) 100% of home areas will have feedback from residents in focus group/1:1 conversations	

## Change Idea #2 Scheduling assignments

Methods	Process measures	Target for process measure	Comments
Update schedule and assign a main fulltime recreation therapist to each home area	Designation of FT recreation person to each terrace	100% of home areas will have FT recreation programmer	

## Theme III: Safe and Effective Care

### Measure Dimension: Safe

Indicator #6	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	36.89	25.00	Target set for improvement.	

### Change Ideas

Change Idea #1 Update to 3 month medical reviews focused on antipsychotic review and indication verification

Methods	Process measures	Target for process measure	Comments
(1) Utilize resource from Alberta Health and input from Grand Rounds to update review/re-evaluation process and tools (2) Work with Grand Rounds to do gap analysis of our prescribing program with the Choosing Wisely Canada Toolkit	(1) Agenda items for Grand Rounds (2) Standing agenda item at Clinical Management Committee	(1) Reviewed at GR (2) Reviewed at each CMC in 23/24	

Change Idea #2 Education for nursing team about risk of antipsychotics and strategies to safely reduce

Methods	Process measures	Target for process measure	Comments
Education session at nursing practice	# of Education sessions	2 Education sessions	

**Measure**      Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who experienced worsening pain	C	% / Residents	CIHI CCRS / tbd	12.40	9.00	Target set for improvement	

**Change Ideas**

## Change Idea #1 Comfort care rounds

Methods	Process measures	Target for process measure	Comments
Implement comfort care rounds with observation for changes in condition and supporting residents with the 4Ps (pain (screening), positioning, placement and personal needs)	% of staff being educated on the 4Ps	85% of regular staff will be trained by March 31, 2024	

## Change Idea #2 Education for Nursing and PSWs

Methods	Process measures	Target for process measure	Comments
(1) Education for staff (nursing and PSWs) about coding (2) Education about PRN use	(1) % of nursing staff completing training on pain coding for nursing and PSWs (2) % of nursing completing education session on pain and PRN use	(1) 85% of regular staff trained (2) 85% of regular staff participate	

## Change Idea #3 Education on pain assessment using PAINAD tool and pain screening

Methods	Process measures	Target for process measure	Comments
Education at nursing practice on pain assessment Education for PSWs on pain screening (4Ps)	% of staff trained	85% regular staff trained	



**Measure**      **Dimension: Safe**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who fell in the last 30 days	C	% / Residents	CIHI CCRS / July-September 2022	19.20	16.50	Target set at provincial average	

**Change Ideas****Change Idea #1**    Comfort Care Rounds

Methods	Process measures	Target for process measure	Comments
Implement comfort care rounds with observation for changes in condition and supporting residents with the 4Ps (pain (screening), positioning, placement and personal needs)	% of staff being educated on the 4Ps	85% of regular staff will be trained by March 31, 2024	

**Change Idea #2**    Increase involvement & ownership by front line staff with fall prevention strategies, promoting communication about high risk fallers, completing root cause analysis after each fall

Methods	Process measures	Target for process measure	Comments
(1) Flag high risk/frequent fallers for PSWs (2) Provide training on enhanced fall prevention program containing new comfort rounds and new fall tracking log, root cause analysis. and documentation. (3) Initiate fall tracking log: Primary PSW for the resident to log the fall, identify root cause analysis and come up with intervention/strategy to prevent falls.	# of falls tracked with root cause analysis reviewed	100% of falls will have been reviewed for root cause of fall	

## Change Idea #3 Gap analysis for fall BPG

Methods	Process measures	Target for process measure	Comments
Complete gap analysis with interdisciplinary team using RNAO BPG: Preventing Falls and Reducing Injury from Falls	Completion of gap analysis identifying recommendations to consider for implementation	Completion of gap analysis	

**Measure**      **Dimension:** Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents with new or worsening pressure ulcers	C	% / Residents	CIHI CCRS / July-September 2022	5.50	3.50	Target set for improvement	

**Change Ideas**

## Change Idea #1 Comfort Care Rounds - with focus on positioning and continence support

Methods	Process measures	Target for process measure	Comments
Implement comfort care rounds with observation for changes in condition and supporting residents with the 4Ps (pain (screening), positioning, placement and personal needs)	% of staff being educated on the 4Ps	85% of regular staff will be trained by March 31, 2024	

## Change Idea #2 Expand wound care rounds

Methods	Process measures	Target for process measure	Comments
Increase the number of days wound care team is available in the home	# of wound care rounds	# weekly wound care rounds	This is an increase from biweekly

## Change Idea #3 Education on wound staging, documentation and accuracy

Methods	Process measures	Target for process measure	Comments
Education session	% of staff trained	85% of regular staff trained	

## Change Idea #4 Implement a presentative skin care program with a care plan for each resident based on risk score.

Methods	Process measures	Target for process measure	Comments
Care plan to be implemented for every resident based on risk score	% of residents with customized care plan for wound prevention	100% of residents will have a customize care plan for wound prevention	