

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	16.47	15.50	HNHB Average Q3 2021-Q2 2022	

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	On admission discuss services that are available in the home

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	Audit immunization record & plan vaccination clinics

Change Idea #3 Community paramedicine pilot study

Methods	Process measures	Target for process measure	Comments
Participate in the Community Paramedicine Pilot that provides enhanced assessment, diagnostics and some intervention onsite at the LTCH.	Complete Pilot Study	Complete Pilot Study	NP to report Number of times this service is used every quarter

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	Implement enhanced fall prevention program

Change Idea #5 NP Triage Post Hospital Visit

Methods	Process measures	Target for process measure	Comments
NP to triage residents returning from hospital to identify if stable enough for return, candidates for change in goals of care, to review and lessons learned, case review & debrief	% of residents triaged post hospital using the NP referral	100% of residents	Reg. staff to initiate NP referral in PCC to refer res. for readmission review

Change Idea #6 Televu pilot study participation

Methods	Process measures	Target for process measure	Comments
Participate in research pilot with vendor of a wearable technology for onsite care providers to connect visually in live time with specialists and physicians.	Complete Televu Pilot Study and provide feedback on experience	Complete Televu Pilot Study and provide feedback on experience	Collect feedback by medical team to measure the effectiveness of pilot project

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Decrease staff turnover rates of part-time staff	C	% / Health providers in the entire facility	In house data collection / 2022	27.70	25.00	Set for improvement	

Change Ideas

Change Idea #1 Expand volunteer service program

Methods	Process measures	Target for process measure	Comments
(1) Develop volunteer management/recruitment role supported by a volunteer planning committee (2) Establish job descriptions and associated orientation programs for different volunteer roles (3) Volunteer recognition and engagement (4) Simplify/streamline onboarding	(1) New position hired (2) # of job descriptions (3)% of volunteers oriented (4) Volunteer engagement rate (5) # of active volunteers	(1) New position hired (2) Development 5 job descriptions (3)100% of volunteers oriented (4) Volunteer engagement rate over 85% (5) average of 25 active volunteers a month	

Change Idea #2 Wellness program expansion

Methods	Process measures	Target for process measure	Comments
(1) Flexibility with scheduling (2) Education and culture sessions based on Thrive's comprehensive wellness program (3) Review of recommended strategies from Total Worker Health research project	(1) Number of approved vacation/time-off requests (2) Quarterly sessions attended by leaders (3) Review and implement recommendations when study team provides them	(1) collecting baseline (2) 90% of leaders will attend culture sessions (3) Review of recommendations	

Change Idea #3 Grow leadership capacity

Methods	Process measures	Target for process measure	Comments
(1) Culture Sessions (2) LTC leadership retreat (3) Leadership education sessions	(1) Sessions quarterly (2) LTC leadership retreat (3) Leadership education sessions	(1) 90% attendance (2) Complete in 2023 (3) Target pending	

Change Idea #4 Great Place To Work survey action plan

Methods	Process measures	Target for process measure	Comments
Create action plan for all areas lower than 75%	(1) Leaders discuss at team meetings areas requiring improvement and engage team members in action planning (2) All areas below 75 %	(1) 100% of teams/departments discuss survey (2) Action plan developed	

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	25.87	19.00	provincial average	

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 form Grand Rounds to update review/re-evaluation process and tools (2) Work with Grand Rounds/Clinical Management Committee to do gap analysis of our prescribing program with the Choosing Wisely Canada Toolkit	(1) Agenda items for Grand Rounds (2) Gap Analysis Complete	(1) Agenda items for Grand Rounds (2) Gap Analysis Complete	

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 to be booked/offered	

Measure **Dimension: Safe**

Indicator #4	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-Sept 2022	3.80	2.50	Set for improvement (provincial average)	

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 Wound Care Team (WCT)/Nurse Practitioner Referral

Methods	Process measures	Target for process measure	Comments
Implement NP referral for wound care support	# of referrals r/t wound care	Collecting Baseline	

Change Idea #3 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	

Measure **Dimension: Safe**

Indicator #5	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-Sept 2022	18.80	16.50	Set to 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 #6	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 / July-Sept 2022	11.80	8.00	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 PSW staff

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	