

## 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	21.30	6.50	This is the baseline average for Central East LHIN, and Golden Plough Lodge will be striving to meet this target.	

### Change Ideas

Change Idea #1 Audit, review and track all ED transfers, identifying those considered avoidable based on the conditions identified by HQO.

Methods	Process measures	Target for process measure	Comments
NP to review all ED transfers. Discuss situations where transfers were deemed preventable with the team during quarterly Medical Advisory Committee meetings, as well as with the RN Charge, ADOC and DOC at daily report. Identify trends noted, ie. times of transfers, sending physician. Review any significant changes to a resident's status at daily Nursing huddles. NP to assist with assessments/treatment recommendations in home, utilize mobile x-ray and ultrasound services.	Track and measure number of ED visits deemed potentially avoidable, according to the list of care-sensitive conditions identified.	100 percent of all ED visits will be tracked and analyzed for trends in order to further improve Golden Plough Lodge's current processes.	Mobile x-ray and u/s accessibility has been affected in our homes geographical area this year, due to staffing challenges with the only mobile diagnostic service provider in our area.

**Change Idea #2** Continue with early intervention, as soon as possible on admission, for residents and their SDM's, related to their desired plan of care for end of life. Continue to encourage and support residents and their SDM in choosing Advanced Health Directives and provide education on treatment options.

Methods	Process measures	Target for process measure	Comments
Education and discussions at Admission Care Conferences regarding Advanced Directives, and treatment options in the home.	Tracking and trending of avoidable ED visits.	Decrease avoidable ED transfers to CE LHIN average of 6.5	

**Change Idea #3** Implementation of RNAO- Best Practice Guidelines for falls prevention, as falls have been identified as a common reason for transfer to ED.

Methods	Process measures	Target for process measure	Comments
Review incidents in PCC Risk Management and maintain tracking records of ED transfers resulting from a fall.	The number of falls that occurred resulting in injury requiring ED transfer.	100% of falls will be reviewed by the Falls Committee and PT and falls prevention measures put in place.	

## Theme II: Service Excellence

### Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current 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?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	CB	CB	Increase/maintain above 85% positive responses.	

### Change Ideas

Change Idea #1 Increase the number of positive resident ratings to at or above 85%, on the Resident Satisfaction Survey question: Rate how well the staff listen to you.

Methods	Process measures	Target for process measure	Comments
Continue to encourage staff to take the time and listen to residents. Ongoing education for staff related to resident centered care and excellent communication. Sharing of positive comments, thank you letters and kudos to staff when received.	Provide survey results to staff to further cement the importance of active listening to residents. Provide annual education regarding resident centered care, and importance of listening to the residents, to all staff.	Number of positive survey results. Annual education completion by all staff.	

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

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	CB	CB	Increase positive responses to the statement: "I can express my opinion without fear of consequences".	

**Change Ideas**

Change Idea #1 Better inform Residents of Resident Rights under current legislation.

Methods	Process measures	Target for process measure	Comments
Conduct education and review Resident Rights and new FLTCA legislation at Resident Council Meetings.	The number of education sessions completed at Resident Council Meetings. Increase in positive responses on Resident Satisfaction Survey.	Goal is to be at or above 85% of positive responses by residents on the Resident Satisfaction Survey. Two education sessions completed per calendar year at Resident Council Meetings.	

Change Idea #2 Increase the positive responses on the Resident Satisfaction survey to the statement "I can express my opinion without fear of consequences."

Methods	Process measures	Target for process measure	Comments
Education provided to all staff on Resident Bill of Rights at annual education as well as during onboarding of new staff.	Increase in positive responses to the statement "I can express my opinion without fear of consequences", on the Resident Satisfaction Survey.	Goal is to be at or above 85% positive resident responses.	

## Theme III: Safe and Effective Care

### Measure Dimension: Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Falls	C	% / LTC home residents	CIHI CCRS / April1, 2023-Mar. 31, 2024	20.10	9.00	Percentage of falls annually will decrease.	RNAO

### Change Ideas

Change Idea #1 Percentage of Falls annually will decrease.

Methods	Process measures	Target for process measure	Comments
Implementation of RNAO Best Practice Guidelines For Falls Prevention. Review all incidents in PCC Risk Management, to track all falls. Analyze the data, to track and observe for trends.	Percentage of falls annually.	Percentage of falls annually will decrease by 10%.	RNAO Best Practice Coordinator has been to the home (March 2023) and is collaborating with the homes Falls Lead and PT/PTA's.

Change Idea #2 Regular review and analysis of internal Falls data, collected from PCC Risk Management

Methods	Process measures	Target for process measure	Comments
Resume regular Falls Committee Meetings quarterly, and as needed, to analyze Falls Incident Reports in PCC Risk Management. This would include identifying which home area has the highest incidents of falls, and also what time of day/evening/night has the highest incidents of falls. Identify those residents that have had frequent/repeated falls.	Percentage of falls on the identified highest falls home area.	The incident of falls on the identified home area will decrease by 10%.	PT currently conducting quarterly analysis for review at quarterly Medical Advisory Committee Meetings.

Change Idea #3 Update Falls Prevention Program and associated documents.

Methods	Process measures	Target for process measure	Comments
Annual Program reviews and annual Policy reviews/updates, to reflect Best Practice and Prevention measures identified and utilized.	Falls Prevention Program review and Falls Policies are updated.	Falls Prevention Program review and Falls Policy reviews will be completed.	

**Measure**      **Dimension:** Safe

Indicator #5	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	32.75	21.40	2022 Data from HQO for this performance indicator was 32.75. Our current performance is 27.6. Golden Plough Lodge endeavors to reduce this metric further to improve and enhance quality of life for our residents.	

## Change Ideas

Change Idea #1 GPL will decrease percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment, to be in line with the Provincial LTCH average benchmark.

Methods	Process measures	Target for process measure	Comments
The Medical Directors will be completing chart audits and medication reviews for the residents of GPL. Review of diagnosis and medications will take place at all Admission Care Conferences.	Percentage of residents without a diagnosis, who are currently receiving antipsychotic medications will decrease.	Meet and/or exceed Provincial LTCH average of 21.4	The Medical Directors have already been working very closely with the RAI team and the pharmacy to review residents' diagnoses and medications. This has already improved this metric, and will continue to be a QI focus for the Medical Directors this year.

Change Idea #2 Identify residents who were prescribed antipsychotic medication without an appropriate diagnosis of psychosis and aim to deprescribe where appropriate.

Methods	Process measures	Target for process measure	Comments
Pharmacy to conduct quarterly reviews and provide reduction suggestions to the residents' physicians.	Number of residents on antipsychotic medication without a diagnosis will be reduced.	100% of residents on antipsychotic medications will be reviewed.	

Change Idea #3 Staff encouraged to trial non-pharmaceutical interventions before administering PRN medications for responsive behaviours.

Methods	Process measures	Target for process measure	Comments
Utilize GPA techniques first. Refer to BSO to assist in identifying triggers to behaviours and in collaboration with staff, develop interventions to trial, including use of sensory stimulation (Snoezelen Room). Staff to consider pain as a trigger for behaviours and complete a pain assessment. BSO will review/audit all resident care plans, for those residents that have responsive behaviours.	Percentage of residents with responsive behaviours with non-pharmacological interventions in their Care Plans.	100% of residents with responsive behaviours will have non-pharmaceutical interventions in their care plans.	