	QUALITY DIMENSION	MEASURE / INDICATOR	TYPE	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE
	THEME I: TIMELY AND EFFICIENT TRANSITIONS							
1	Efficient	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	51348	31.97	20

2	Timely							

THEME II: SERVICE EXCELLENCE

3	Patient-centred	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	51348	75.61	87.8

4	Patient-centred	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	51348	82.93	86.9

THEME III: SAFE AND EFFECTIVE CARE

5	Effective							

6	Safe	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	51348	18.06	17.5
	EQUITY							
7	Equitable							

TARGET JUSTIFICATION	EXTERNAL COLLABORATORS	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	TARGET FOR PROCESS MEASURE	COMMENTS
Through implementation of our change ideas, the home expects an improvement over the next period.		#1) #1) Build capacity and improve overall clinical assessment to Registered Staff	#1)Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice. #2) Nurse Practitioner on site will provide education theoretically and at bedside. #3) SBAR documentation will be used for clinical charting and NP will provide refresher education to registered staff. #4) Implement internal hospital tracking tool and analyze each transfer.	#1) All Education provided to registered staff based on needs assessment. #2) Improved confidence and decision making from Registered staff related to clinical assessment. #3) Increased SBAR documentation and improved communication within clinical team #4) Number of avoidable ED visits	50% reduction of ED visits by December 31st 2023.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy ands MDs to provide education to registered staff on topics such as Psychical Assessment ,chest assessment ,critical lab values and assessment of acute changes in resident condition.

		#2) #2) Discussions about advance care planning on care conferences	#1) Education to the interdisciplinary team related to "my wishes" to include resident's wishes related to CPR, Active management and hospital transfers. #2) Education and utilization of Palliative Performance Score (PPS) to determine disease progression, #3) Include "my wishes" program in resident and family council discussion.	#1) Interdisciplinary team received training/education on how to complete the "my wishes" program. #2) Number of staff trained on how and when to use PPS. #3) Number of avoidable hospital transfers	50 % reduction of ED Transfers without physicians recommendation.	

To Improve indicator by 10% .		#1) 1) Continue to work on improving communication at established resident events and activities in the home . Strengthen current opportunities to establish strong rapport with residents.	1) Will continue to partner with Ontario Association of Resident Council (OARC) to provide support for Resident Council 2) Will continue to involve residents in decision making processes in the home during the care conferences 2). Standing agenda item to reinforce open door policy, ways to approach leadership team and any other member of the Craiglee team.	Monthly # of complaints from the resident council and residents overall.	We will maintain the current processes to move towards meeting our target goal by December 31st, 2022	Total Survey Initiated=41 # of LTCH beds=149 The home will consider the suggestion box in order for the residents to express or convey their ideas, concerns, any topic they would like to address. The home will address any concern within the timelines.

To improve indicator by 10% .		#1) Increased participation in resident council including attendance to the home's CQI committee and other required program meetings.	#1.) resident council and CQI meeting posters throughout the home posted 2 weeks before the scheduled date, #2) Ensure resident concerns and opinions are heard by engaging residents in the process, #3) Invitation to join the required programs meeting will be provided during resident council meetings #4.) Acknowledge and recognize residents participation, #5) Staff education on person centered care through RNAO best practices.	#1) Number of attendance record from resident council and QI meetings, #2) Number of residents participation in required programs, #3) Number of input/feedback from residents during meetings, #4) Staff education on person centered care through RNAO best practices.	85% of residents will positively respond to: "I can express my opinion without fear.	Total Survey Initiated=41 # of LTCH beds=149

To remain bellow the provincial average.		#1) Indication for use will be documented with every antipsychotic medications	#1) establish a baseline list of all resident receiving antipsychotic medications, #2) Identify antipsychotics without diagnosis, #3) Physicians will provide supporting diagnosis and update problem list on resident's profile, #4) new admission/re-admission antipsychotic medications will be reviewed to ensure diagnosis is provided.	#1) number of resident on antipsychotic, #2) Number of antipsychotic meds prescribed without diagnosis, #3) monthly QI reports on PCC r/t resident using antipsychotics with diagnosis of psychoses, & # of staff educated on de prescribing algorithm and risks of antipsychotic use.	#1) The target goal is 1.0 or more below the current CIHI outcome , #2) 100% completion on staff education related to risk of antipsychotic use and de-prescribing algorithm.	There is a collaborative approach to this change idea from Craiglee's interdisciplinary team including Physicians, NP, Pharmacy, and front line staff.
		#2) Any new admissions will be reviewed to ensure if they are on Antipsychotic if it is required and an applicable diagnosis is provided.	Clinical admission review during medication review. New admission on Antipsychotic will be monitored using DOS to see if antipsychotic is further needed.	# of residents that will be reviewed during their clinical admission.	100% of residents who are admitted with antipsychotics will have a thorough review or reason for use and supporting diagnosis.	