

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	31.97	20.00	Through implementation of our change ideas, the home expects an improvement over the next period.	

Change Ideas

Change Idea #1 #1) Build capacity and improve overall clinical assessment to Registered Staff

Methods	Process measures	Target for process measure	Comments
#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.

Change Idea #2 #2) Discussions about advance care planning on care conferences

Methods	Process measures	Target for process measure	Comments
#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.	

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	75.61	87.80	To Improve indicator by 10% .	

Change Ideas

Change Idea #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.

Methods	Process measures	Target for process measure	Comments
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 Surveys Initiated: 41 Total 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.

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	82.93	86.90	To improve indicator by 10% .	

Change Ideas

Change Idea #1 Increased participation in resident council including attendance to the home's CQI committee and other required program meetings.

Methods	Process measures	Target for process measure	Comments
#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 Surveys Initiated: 41 Total LTCH Beds: 149

Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #4	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	18.06	17.50	To remain below the provincial average.	

Change Ideas

Change Idea #1 Indication for use will be documented with every antipsychotic medications

Methods	Process measures	Target for process measure	Comments
#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.

Change Idea #2 Any new admissions will be reviewed to ensure if they are on Antipsychotic if it is required and an applicable diagnosis is provided.

Methods	Process measures	Target for process measure	Comments
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.	