



| | Measure | | Change | | | | |
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| | | Target | Planned Improvement | | | Target for process | |
| Issue | Measure/Indicator | justification | initiatives (Change Ideas) | Methods | Process measures | measure | Comments |
| Effective Transitions | Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. | Our residents continue to have much higher acuity and residents/families insist resident be sent to hospital | 1)To decrease the necessity for Emergency Department visits experienced by residents by having <u>Advanced Care Wishes on</u> | Engagement of residents/families by providing education about appropriate interventions to reduce necessity for ED visits and benefits of prevention strategies. | All admissions will be monitored for risk status and preference for ED transfers on admission and Advance Care Planning. Admission Coordinator provides dedicated time on admission day to answer questions and provide education | All admissions will have Advanced Care Wishes/Planning complete within 1 | |
| | | | 2)Complete a monthly audit on resident transfers to hospital | Review all ED visits monthly | __# residents sent to ED this month __# of residents with diagnosed conditions from modified list of ambulatory care sensitive conditions | 10% or less residents sent to ED | |
| | | | 3)Complete a monthly audit on unscheduled MD/NP visits at our home | Review all NP or MD visits requested to prevent transfer to hospital | __# residents identified to require an unscheduled MD or NP visit. | 75% of residents requiring an unscheduled MD or NP visit will not require an ED visit | |
| Wound Care | Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment | This is a more realistic as residents are more complicated and have multiple diagnoses | 1)Complete monthly audit on pressure ulcers | Review all pressure ulcers in the home monthly | __# of pressure ulcer each month by each Stage __# of pressure ulcers worsening by each stage | Our target is 5% or less | |
| | | | 2)Provide education and expertise of the Nurse Practitioner and Dietician regarding wound healing each month | Monitor the number of pressure ulcers needing referrals to the NP and Dietician. Use white board at nursing station and message centre for highlighting communication | __# worsening pressure ulcers requiring referral to NP and Dietician | 100% of worsening pressure ulcers will be referred to the NP and Dietician | |
| Person experience | Percentage of complaints received by a long-term care home that were acknowledged to the individual who made the | All complaints are to be acknowledged to the individual who made the | 1)Ensure all complaints are responded to and response given to the person making the complaint | Review all complaints monthly and ensure a response is given to the person making the complaint. | __# complaints made __# Complaints response to person making the complaint | 100% | |
| | Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" | Maintain current performance | 1)Promote attendance at monthly Resident Council and/or Committee meetings | Review information available to residents regarding Resident Council on and admission and throughout the month. Invite resident/family member to Committee meetings. | __# residents attending Resident Council or Committee meetings | 100% of residents have an opportunity to attend and/or participate in | |
| | | | 2)Improve the number of satisfaction surveys returned by residents and/or families | Doing an annual satisfaction blitz as well as the annual survey during Nursing Care Conference. | __# residents completing resident satisfaction survey | At least 50% of residents' satisfaction surveys completed | |

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| | Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". | Maintain current performance | 1)Maintain current target through review of issues and concerns, reports, suggestions and satisfaction surveys 2)Ensure all residents and/or families are informed regarding Residents rights, Zero Tolerance on Abuse (Safe | Review all issues, suggestions or concerns each month. Involve residents/families in committees and problem solving (Quality Improvement) | __# of issues or concerns reviewed each month | 100% of issues or concerns are dealt with as per protocol | |
| | | | | All new admissions will receive information package with pamphlets on Advocacy, Residents Rights and Responsibilities, resident conferences, Care Services and Expectations and Abuse prevention policy. All new admissions have a dedicated Staff to review all items | __# residents/families receiving information packages on admission | 100% will receive information | |
| Resident experience: "Overall satisfaction" | Percentage of residents responding positively to: "I would recommend this site or organization to | Maintain current performance | 1)To maintain our current performance we want to improve return rate of annual resident/family satisfaction survey | Work with local team of administrators to implement satisfaction survey that can be input through survey monkey and will provide benchmarking for local LTC Homes. | __# surveys sent out to resident/family each month during care conference and annual blitz __# surveys completed | minimum 50% of surveys completed | |
| | Percentage of residents who responded positively to the question: "Would you | Maintain our current performance | 1)To maintain our current performance | Review satisfaction survey process each year | __# surveys sent out __# surveys returned __# suggestions on the process | minimum 50 % of surveys returned | |
| Medication safety | Percentage of residents who were given antipsychotic medication without psychosis in the 7 | We continue to be below provincial and Region targets | 1)Remain below the provincial average | Review monthly changes in antipsychotic medications with Pharmacy. Pharmacy will continue to provide quarterly stats at PAC meetings. | __# of antipsychotic medications without diagnosis | To remain below provincial average | |
| Safe care | Percentage of residents who fell during the 30 days preceding their resident assessment | This is the same target as last year. | 1)Review all falls monthly to ensure all interventions are in place to minimize risk | Review fall incidents and post fall assessment. Keep physiotherapist involved with all interventions. Review quarterly falls reports from Achieva for possible trends to update interventions and staffing routines. Use the white board at nursing station and message centre for | __# residents with recorded falls each month __% residents who record 3 or more falls over each quarter | 100% residents with falls have monthly review and update plan of care as required | |
| | Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment | Our restraint usage continues to decrease as we balance safety and risk in our Home | 1)Continue monthly audit of restraints and PASDs in our home. | Review all restraints used each month Physiotherapist to assist with possible minimizing. Replace the majority of beds with low beds and no bedrails. Use the white board at nursing station and message centre for highlighting communication | __# residents with restraints in place | To decrease restraint to 7% over the next year | |
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