

Access and Flow

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	28.81	26.00	Decrease ER visits, remain comfortable at the facility.	Lifelabs, Mobile X ray

Change Ideas

Change Idea #1 Provide IV for antibiotics and dehydration purposes to our residents when unwell.

Methods	Process measures	Target for process measure	Comments
IV pump, IV equipment, and training for the staff.	Number of residents being admitted to hospital.	Number of residents going to hospital will be decreased by 15% over the next year.	

Change Idea #2 Notifying the on-call physician of issues with the resident for orders, rather than sending the resident out to hospital.

Methods	Process measures	Target for process measure	Comments
Registered staff to contact the on-call physician to notify of acute situations.	Number of residents being sent to hospital for acute situations.	Residents being sent to hospital to be reduced by 15% over the next year.	

Change Idea #3 Nurse practitioner to be consulted for acute issues regarding the resident to avoid being sent to hospital.

Methods	Process measures	Target for process measure	Comments
Registered staff to notify NP of acute conditions regarding the resident to prevent being sent to hospital.	Number of residents being sent to hospital to be reduced.	To decrease number of residents being sent to hospital by 15% over the next year.	

Change Idea #4 Receive x-ray, bloodwork and ultrasound in house for diagnostic testing rather than being sent to hospital.

Methods	Process measures	Target for process measure	Comments
Mobile xray, ultrasound and lifelabs to come into facility instead of residents being sent to hospital	Number of residents being sent to hospital for diagnostic testing to be reduced.	Residents being sent to hospital will be decreased by 15%	

Measure - Dimension: Timely

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of the resident's families will be satisfied by the palliative care their loved one receives in the last stages of life.	C	% / Palliative patients	In-house survey / 2024	100.00	100.00	For the residents to be comfortable, have adequate palliative care received, and to keep that trust with families.	Cornwall Hospice

Change Ideas

Change Idea #1 Direct care staff to receive palliative care training on a regular basis.

Methods	Process measures	Target for process measure	Comments
Resource team and resources from Cornwall Hospice to provide in-services and education to the direct care staff.	Number of staff to be trained for palliative care.	100% of staff will be trained on palliative care within the next year.	

Change Idea #2 Registered staff to receive LEAP training to educate in palliative care training.

Methods	Process measures	Target for process measure	Comments
LEAP courses to be provided to registered staff from Cornwall Hospice.	Number of registered staff to be LEAP trained	50% of registered staff to be trained on LEAP within the next year.	

Change Idea #3 Care conferences to be had with families when a change of condition is present.

Methods	Process measures	Target for process measure	Comments
Resource team to be having care conferences with families upon resident's change of status. Nursing team to speak to resource team when they are noticing a change of condition.	Number of families to be made aware of a change of condition in resident.	95% of resident's families will be made aware of change of conditions in the resident.	

Change Idea #4 Resident will remain comfortable at end of life.

Methods	Process measures	Target for process measure	Comments
Medications to be administered by registered staff for resident's symptoms, frequent repositioning by direct care staff, skin care by direct care staff, oral care by direct care staff, washing and keeping clean by direct care staff.	Residents to remain comfortable at end of life.	100% of residents who pass away at the facility will remain comfortable over the next year.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	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?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	100.00	100.00	Residents feel heard and listened to.	Royal Ottawa Health Care Group

Change Ideas

Change Idea #1 All direct care staff will be trained on GPA so they understand how to communicate with residents.

Methods	Process measures	Target for process measure	Comments
Direct care staff being trained by our liaison from the Royal Ottawa.	Maintain satisfaction in the resident satisfaction surveys.	Residents will remain their level of satisfaction with the staff over the next year.	Total Surveys Initiated: 39 Total LTCH Beds: 39

Change Idea #2 Registered staff to be educated with PIECES training to help them communicate with the residents.

Methods	Process measures	Target for process measure	Comments
PIECES training to be completed by the Royal Ottawa.	Residents will feel satisfied and listened to by the registered staff.	Registered staff will maintain 100% PIECES training rate.	

Change Idea #3 Annual training and upon hire will include communication techniques to help residents feel heard.

Methods	Process measures	Target for process measure	Comments
Annual training and upon hire will be performed by the resource team/ hiring managers.	For residents to feel heard and listened to by the direct care staff.	Staff will be at 100% trained for their annual and orientation training.	

Change Idea #4 Residents will be heard at the resident council and care conferences should they be experiencing any concerns.

Methods	Process measures	Target for process measure	Comments
To gather input from the residents and families through resident council and family council and care conference by the resource team and managers.	Number of residents to feel they are listened to and heard by direct care staff.	Residents to remain satisfied with their interactions with staff over the next year.	

Measure - Dimension: Patient-centred

Indicator #4	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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	100.00	100.00	Residents to be able to express themselves and their needs.	

Change Ideas

Change Idea #1 All direct care staff will be trained on GPA so they understand how to communicate with residents.

Methods	Process measures	Target for process measure	Comments
Direct care staff being trained by our liaison from the Royal Ottawa.	Maintain satisfaction in the resident satisfaction surveys.	Resident will remain at their level of satisfaction with the staff over the next year.	Total Surveys Initiated: 39 Total LTCH Beds: 39

Change Idea #2 Registered staff to be educated with PIECES training to help them communicate with the residents.

Methods	Process measures	Target for process measure	Comments
PIECES training to be completed by the Royal Ottawa.	Residents will feel satisfied and listened to by the registered staff.	Registered staff will maintain 100% PIECES training rate.	

Change Idea #3 Annual training and upon hire will include communication techniques to help residents feel heard.

Methods	Process measures	Target for process measure	Comments
Annual training and upon hire will be performed by the resource team/ hiring managers.	For residents to feel heard and listened to by the direct care staff.	Staff will be 100% training for their annual and orientation training.	

Change Idea #4 Residents will be heard at the resident council and care conferences should they be experiencing any concerns.

Methods	Process measures	Target for process measure	Comments
To gather input from the residents and families through resident council and family council and care conferences by the resource team and managers	Number of residents to feel they are listened to and heard by direct care staff.	Residents to remain satisfied with their interactions with the staff over the next year.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home staff to have hand hygiene compliance of 100%.	C	% / LTC home residents	In-home audit / 2024	100.00	100.00	To ensure hand hygiene and precautions are at 100%.	

Change Ideas

Change Idea #1 Audits to be performed by IPAC team to ensure compliance is being done.

Methods	Process measures	Target for process measure	Comments
IPAC team and direct care staff to perform audits to ensure the compliance of hand hygiene.	Number of audits being performed per month	100% hand hygiene compliance rate	

Change Idea #2 Education and in-services will be provided every 6 months and as needed so staff, family and residents understand the importance of washing hands and are doing so properly.

Methods	Process measures	Target for process measure	Comments
Education and in-services to be provided by IPAC team	Number of staff, family and residents who have been educated on hand hygiene.	100% of staff will be compliant with hand hygiene.	

Change Idea #3 Continue to discuss hand hygiene compliance at PAC meetings, QIP meetings and staff meetings so everyone is aware of our compliance rates and importance.

Methods	Process measures	Target for process measure	Comments
QIP meetings, PAC meetings, staff meetings - review with the staff the compliance rates, and if there have been issues. Stress of importance of hand hygiene.	Number of staff performing adequate hand hygiene.	100% of staff will perform hand hygiene appropriately.	

Change Idea #4 Education regarding bacterial diseases, ARO's and viral infections will be explained to staff annually and upon hire.

Methods	Process measures	Target for process measure	Comments
Education and in-services provided by our IPAC and resource team.	Number of staff educated on bacterial diseases, AROs and viral infections.	100% of staff to be educated on the above topics within the next year.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	24.31	25.00	Reduce number of falls within the facility, especially after their admission.	

Change Ideas

Change Idea #1 Implement fall precautions for residents who have fallen within the past 30 days.

Methods	Process measures	Target for process measure	Comments
Gather information on new admissions about falls and continue to review in house information on resident falls.	Number of falls to be reviewed by falls committee or resource team.	Falls will be reduced by 10% over the next year.	

Change Idea #2 Education and in-services to be provided to staff annually, upon hire and as needed

Methods	Process measures	Target for process measure	Comments
Resource team to provide education and in-services to staff annually and upon hire.	Staff to review fall prevention strategies and injury prevention interventions	100% of staff to be educated on fall prevention over the next year.	

Change Idea #3 Education with families to be provided about falls and fall prevention techniques upon admission and as needed.

Methods	Process measures	Target for process measure	Comments
Give families our in house pamphlets on fall prevention and educate them on falls and fall prevention upon admission and as needed.	Families to be educated by resource team and nursing staff about falls and fall prevention.	90% of families to be educated on falls and fall prevention within the next year.	

Change Idea #4 Weekly huddles to continue to discuss the falls that have occurred over the past week.

Methods	Process measures	Target for process measure	Comments
Weekly huddles to be done with the direct care staff to discuss the falls and other issues over the past week and causes of falls and how to prevent them.	Reduce number of residents who fall by discussing the reasons for their falls.	Reduce number of residents who fall by 10% over the next year.	

Measure - Dimension: Safe

Indicator #6	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	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	26.61	25.00	Reduce overall antipsychotic rates for those who do not have diagnosis.	Merrickville Pharmacy

Change Ideas

Change Idea #1 Ensure diagnosis is properly diagnosed for residents who receive antipsychotics.

Methods	Process measures	Target for process measure	Comments
Follow up with physician and pharmacist to ensure diagnosis is inputted.	Number of antipsychotic for residents will be reviewed quarterly.	Decreased by 10% antipsychotic rates for residents who do not have diagnosis.	

Change Idea #2 Perform audits with the pharmacist and physician regarding anti-psychotic rates.

Methods	Process measures	Target for process measure	Comments
When reviewing medications quarterly, to review anti-psychotics to see if they are still necessary.	Number of anti-psychotics to be decreased over the next quarter.	To decrease anti-psychotic rates by 10% throughout the next year.	

Change Idea #3 Education and in-services to be done for the registered staff on anti-psychotics.

Methods	Process measures	Target for process measure	Comments
Pharmacy and other community partners to provide education on anti-psychotics to the registered staff	number of registered staff educated on anti-psychotic use over the next year.	for 100% of registered staff to be educated on the anti-psychotic use.	

Change Idea #4 Assess residents who may qualify for reduced anti-psychotics and trial different medications

Methods	Process measures	Target for process measure	Comments
For pharmacy and physician and nursing team to assess residents and their needs for anti-psychotic and to trial other medications	number of residents who are taking anti-psychotics to be reduced	Residents who take anti-psychotics to be reduced by 10%	