

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.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	8.38	8.00	Team striving to decrease rates by 0.38%	Hamilton Paramedic Service

Change Ideas

Change Idea #1 Reduce ED Visits/Admissions to 8%

Methods	Process measures	Target for process measure	Comments
Participate in HPS Mobile Paramedicine Pilot Project	Number of HPS responses from April 1 2023 - March 31, 2024	Collect Baseline (CB)	

Change Idea #2 Reduce ED Visits/Admissions to 8%

Methods	Process measures	Target for process measure	Comments
Educate (active) Registered Staff on the HPS Paramedicine Pilot Project and referral process	Percentage of (active) Registered Staff to receive education	100% of Registered Staff educated	

Change Idea #3 Reduce ED Visits/Admissions to 8%

Methods	Process measures	Target for process measure	Comments
Recruit and onboard dedicated NP	Number of NP's recruited and onboarded for Wentworth Lodge	1 FT NP onboarded	

Change Idea #4 Reduce ED Visits/Admissions to 8%

Methods	Process measures	Target for process measure	Comments
Provide refresher education to (active) Registered Staff and Physicians on NP referral process	Percentage of (active) Registered Staff and Physicians to receive refresher education on NP referral process	100% (active) Registered Staff and Physicians educated	

Change Idea #5 Reduce ED Visits/Admissions to 8%

Methods	Process measures	Target for process measure	Comments
Review ED Transfers at ADT Meetings	Percentage of ED transfers reviewed at ADT Meetings	100% of ED transfers reviewed	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents responding positively to: "The staff in each department take time to listen to my concerns."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2022	92.00	95.00	Team striving to increase overall (Resident and Family) satisfaction rates by 3%	Resident Council and Family Council

Change Ideas

Change Idea #1 Increase overall (Resident and Family) Satisfaction to 95%

Methods	Process measures	Target for process measure	Comments
Engage Residents Council, Family Council and Quality Councils about rationale for changes to annual satisfaction survey	Number of meetings attended to provide education and request advice	3 Meetings (1 per Council)	

Change Idea #2 Increase overall (Resident and Family) Satisfaction to 95%

Methods	Process measures	Target for process measure	Comments
Ask satisfaction survey (QIP indicator) questions at Resident's and Family Council meetings to monitor negative responses throughout the year	Number of meetings QIP indicator questions/ discussion are on Resident's Council/ Family Council meeting agendas	4 (1 per quarter)	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I am able to communicate openly and freely in order to ensure that my care and service needs are met without fear of consequences."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2022	94.00	96.00	Team striving to increase overall (Resident and Family) satisfaction by 2%	Resident Council and Family Council

Change Ideas

Change Idea #1 Increase overall Resident/ Family Satisfaction to 96%

Methods	Process measures	Target for process measure	Comments
Modify RSS/FSS survey question to reflect indicator question	Number of survey questions modified	1 survey question modified	Wording needs to be modified on one satisfaction survey question to include the words: "...without fear of consequences."

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents experiencing pain	C	% / LTC home residents	CIHI CCRS / Jul - Sep 2022	14.30	13.80	Team striving to decrease indicator by 0.5%	Pharmacy - CareRX and Physicians

Change Ideas

Change Idea #1 Reduce Resident pain experienced to 13.80%

Methods	Process measures	Target for process measure	Comments
Implement new clinical pain assessment and pain monitoring tools	Number of Tools implemented	2 Pain Tools implemented	

Change Idea #2 Reduce Resident pain experienced to 13.80%

Methods	Process measures	Target for process measure	Comments
Educate all (active) nursing staff on new clinical pain assessment and pain monitoring tools	Percentage of (active) nursing staff educated on new clinical tools	100% of (active) nursing staff educated	

Change Idea #3 Reduce Resident pain experienced to 13.80%

Methods	Process measures	Target for process measure	Comments
Audit completion of pain assessment tool	Number of monthly pain assessment audits completed	12 (Monthly) audits	

Change Idea #4 Reduce Resident pain experienced to 13.80%

Methods	Process measures	Target for process measure	Comments
Audit completion of pain monitoring tool	Number of monthly pain monitoring tool audits completed	12 (Monthly) audits	

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	23.54	21.50	Team striving to decrease indicator by 2.04%	Pharmacy - CareRx and Physicians

Change Ideas

Change Idea #1 Reduce Antipsychotic use to 21.5%

Methods	Process measures	Target for process measure	Comments
Provide refresher education to Physicians and Nurse Practitioners about the importance of documenting indications with every addition and/or change to anti-psychotic medication(s)	Percentage of Physicians and Nurse Practitioners receiving refresher education	100% of Physicians and Nurse Practitioner educated	

Change Idea #2 Reduce Antipsychotic use to 21.5%

Methods	Process measures	Target for process measure	Comments
Pharmacy/Medical Director to review Residents taking antipsychotic medication(s) for documentation of indications	Percentage of residents reviewed taking Antipsychotic medication(s) for documented indications	100% of residents reviewed for indications	

Change Idea #3 Reduce Antipsychotic use to 21.5%

Methods	Process measures	Target for process measure	Comments
Track Antipsychotic medication(s) utilization to monitor use of Antipsychotic Tool	Number of Audits completed on Antipsychotic Monitoring Tool	Quarterly Audits (4)	