

## 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	12.09	18.50	Below Provincial Average of 18.5%	Medical Resident Doctors

### Change Ideas

Change Idea #1 1) Provide preventative care and early treatment for common conditions leading to potentially avoidable ED visits by maximizing the use of the current medical doctor 2) Registered nurses to receive education, training, and clinical guidance on early recognition and treatment from MD 3) At admission and updated yearly, discuss end-of-life and do-not-resuscitate (DNR) orders to ensure LTC residents, families, and caregivers are provided education around end-of-life care and that their wishes are documented; 3) At admission and updated yearly, discuss end-of-life and do-not-resuscitate (DNR) orders to ensure LTC residents, families, and caregivers are provided education around end-of-life care and that their wishes are documented; 3) At admission and updated yearly, discuss end-of-life and do-not-resuscitate (DNR) orders to ensure LTC residents, families, and caregivers are provided education around end-of-life care and that their wishes are documented; 4) Review Advance Care Directives annually with families at care conferences, providing education on hospital transfers and impact on residents

Methods	Process measures	Target for process measure	Comments
Registered staff to assess resident condition and communicate using SBAR to the MD MD will educate Registered Staff on when they can call for support to avoid ER visits Annual Care Conference review of resident Care Directive status and education with family and residents on potential impacts of transfer	1) percentage of staff who assessed and used the SBAR method in communicating resident potential transfer; 2) increase use of MD in making the decision about a transfer All registered staff attended the MD education 100 % of care directives will be reviewed annually during care conferences by Dec 31, 2023	100% of Registered Nurses will use the SBAR method in communicating with MD 80% of registered staff will receive education from MD	

## 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 who respond positively to the statement "I can express my opinion without fear of consequences	C	% / All patients	In-house survey / 2021	81.00	89.00	above 89 %	Southbridge Care Home, BSO/BSL, Mental health services, BISNO, Lutherine Community Living

### Change Ideas

Change Idea #1 1) Residents will feel they can express themselves without fear of consequences related to improved relationships with staff as a result of staff education on therapeutic relationships and boundaries; 2) Respect resident's values, preferences and expressed needs by: a) Ask questions to residents that cultivate mutual respect and show empathy, b) support residents' councils and work with them to make improvements in the home, c) improve key aspects of daily life that bring residents enjoyment, such as mealtimes, d) learn about and practice active listening towards residents, and e) promote the health and quality of life of long-term care residents by enabling social connections; 3) Educate health care providers on resident-centred care by: a) ensure health care providers are educated on the different attributes of resident-centred care: empowerment, communication, and shared decision-making, b) create relationships and empowering partnerships based on trust, sympathetic presence, and respect, c) incorporate the resident's knowledge, values, beliefs and cultural background into care planning and delivery

Methods	Process measures	Target for process measure	Comments
1) The interdisciplinary team will review residents medication and diagnosis upon admission and quarterly; 2) Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics without diagnosis by the time of the admission care conference; 3) If appropriate, MD and Pharmacy consultant will make recommendations for tapering antipsychotics; 4) improve medication review process by using a team approach to quarterly medication reviews, involving physicians, pharmacist, and nurses; 5) Review the quality indicator at quarterly multidisciplinary medication reviews and summaries of resident recent behaviours; 6) Identify resident cohort for antipsychotic reduction; 7) Identify residents using antipsychotic medications who could potentially use alternative medications	1) # of residents who trigger the quality indicator discussed at each quarterly meeting; 2) the number of residents reviewed by the internal BSO Nurse monthly with follow up assessment done by the MD and pharmacy; 3) the number of residents reviewed by the internal BSO Lead with an assessment done by the MD and Pharmacy consultant where alternative medications have been ordered	1) All residents who trigger the indicator will be discussed each quarter by December 2023; 2) 100% of residents using antipsychotic medication without the supporting diagnosis will be reviewed and assessed by the internal BSO Nurse, followed by a collaborative review by the MD and pharmacy by Dec 31, 2023; 3) Residents identified as potential candidates for using alternative medications will be reviewed and assessed by the BSO Lead, with further assessment completed by the MD and pharmacy consultant by Dec 31, 2023	Progress on the reduction of residents using antipsychotic medications without the supporting diagnosis will be shared at the quarterly Resident Council Meeting, Family Council Meeting, Professional Advisory Council meeting and CQI Meeting

## Theme III: Safe and Effective Care

### Measure Dimension: Safe

Indicator #3	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	9.02	8.00	Below Corporate Benchmark of 17.3%	

### Change Ideas

Change Idea #1 1) Multidisciplinary team to discuss residents who trigger the quality indicator; 2) Residents admitted on antipsychotics without diagnosis will have this discussed at their admission care conference; 3) Explore opportunities to work with the home's behavioural response team and champions; 4) Consult with external teams, such as psychogeriatrician resource consultants, Behavioural support Ontario, and senior's mental health services; 5) Collaboration with BSO, MD, and pharmacy consultant to review MDS Outcome scores (CPS, ABS, and Pain) to review and assess alternative medication based on current diagnosis and health condition; 6) Collaboration with MD and pharmacy consultant to discuss and consider use of alternative medication such as cannabis based on the current diagnosis and health conditions of residents using antipsychotic medication without the supporting diagnosis.

Methods	Process measures	Target for process measure	Comments
1) The interdisciplinary team will review residents medication and diagnosis upon admission and quarterly; 2) Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics without diagnosis by the time of the admission care conference; 3) If appropriate, MD and Pharmacy consultant will make recommendations for tapering antipsychotics; 4) improve medication review process by using a team approach to quarterly medication reviews, involving physicians, pharmacist, and nurses; 5) Review the quality indicator at quarterly multidisciplinary medication reviews and summaries of resident recent behaviours; 6) Identify resident cohort for antipsychotic reduction; 7) Identify residents using antipsychotic medications who could potentially use alternative medications	1) # of residents who trigger the quality indicator discussed at each quarterly meeting; 2) the number of residents reviewed by the internal BSO Nurse monthly with follow up assessment done by the MD and pharmacy; 3) the number of residents reviewed by the internal BSO Lead with an assessment done by the MD and Pharmacy consultant where alternative medications have been ordered	1) All residents who trigger the indicator will be discussed each quarter by December 2023; 2) 100% of residents using antipsychotic medication without the supporting diagnosis will be reviewed and assessed by the internal BSO Nurse, followed by a collaborative review by the MD and pharmacy by Dec 31, 2023; 3) Residents identified as potential candidates for using alternative medications will be reviewed and assessed by the BSO Lead, with further assessment completed by the MD and pharmacy consultant by Dec 31, 2023	Progress on the reduction of residents using antipsychotic medications without the supporting diagnosis will be shared at the quarterly Resident Council Meeting, Family Council Meeting, Professional Advisory Council meeting and CQI Meeting