

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	16.10	15.50	Target based on improvement from current data	

Change Ideas

Change Idea #1 Resident Change Management Boards

Methods	Process measures	Target for process measure	Comments
Registered Nurses and Nurse Practitioner to complete review of Resident Change Management Boards daily to improve communication efficiency and initiate early treatment for common conditions leading to potentially avoidable ED visits	Number of daily rounding of Resident Change Management Boards completed with early treatment initiated	80% of daily rounding of Resident Change Management Boards completed	Implementing a visual tool in a secure confidential area

Change Idea #2 At post-admission conference, and annual care conference discuss goals of care to ensure LTC residents, families and caregivers, are provided education around end-of-life care and that their wishes are documented

Methods	Process measures	Target for process measure	Comments
Nursing Programs Coordinator to educate staff on the Goals of Care Conversation template by March 31,2023	Number of goals of care conversations being conducted at post-admission conference and care conference, and wishes implemented into care plan	100% of admissions and care conferences will have completed Goals of Care Conversation by March 31,2024	

Change Idea #3 (Situation, Background, Assessment, Recommendation) SBAR tool

Methods	Process measures	Target for process measure	Comments
Registered Staff to complete SBAR along with ED transfer checklist	Number of completed SBAR assessments with finalized ED transfer checklist	80% of ED Transfers have completed SBAR assessment and ED transfer checklist by January 31, 2024	

Change Idea #4 ED visits will be tracked and trended monthly by Quality Improvement Coordinator to identify residents who are frequent ED users and identify causes

Methods	Process measures	Target for process measure	Comments
Quality Improvement Coordinator will trend ED visits monthly to assist with identification of root cause	Review emergency department visits through daily report and morning huddles, and review quarterly with Quality Improvement Team	100% of ED visits are tracked and trends identified by March 31, 2024	

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	CB	88.00	Target based on improvement over previous year's survey and trends	

Change Ideas

Change Idea #1 Provide an open-door policy and regular management walkabouts to the resident home areas to identify concerns

Methods	Process measures	Target for process measure	Comments
Management walkabouts conducted daily	Number of completed daily management walkabouts	80% of management walkabouts completed by March 31, 2024	

Change Idea #2 Adapt Alberta Health Services Tips for Compassionate Communication

Methods	Process measures	Target for process measure	Comments
Educate Personal Support Workers on Alberta Health Services Tips brochure quarterly at PSW Practice Days	4 PSW Practice Days covered with effective feedback on education	90% of frontline staff educated on Compassionate Communication Strategies by March 31, 2024	

Change Idea #3 Increasing communication and bridging gaps of unreported concerns to better serve those we care for

Methods	Process measures	Target for process measure	Comments
At Monthly Unit Meetings, the recreation programmer will ask "What number would you use to rate how well the staff listen to you?"	Number of concerns reviewed and resolved by Quality Improvement Coordinator	75% of all concerns from unit meeting, reviewed and resolved within 10 days of acknowledgement by March 31, 2024	

Change Idea #4 Resident Bill of Rights Education to focus a greater understanding of service excellence for those we serve and care for

Methods	Process measures	Target for process measure	Comments
Develop visual tool of the updated Resident Bill of Rights to educate staff, residents, families, and caregivers	Number of distributed educational items	100% of staff, residents, families, and caregivers have access to educational material by March 31,2024	

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	84.88	88.00	Target based on improvement over previous year's survey and trends	

Change Ideas

Change Idea #1 Increasing communication and bridging gaps of unreported concerns to better serve those we care for

Methods	Process measures	Target for process measure	Comments
At Monthly Unit Meetings, the recreation programmer will ask "I can express my opinion without fear of consequences"	Number of concerns reviewed and resolved by Quality Improvement Coordinator	75% of all concerns from unit meeting, reviewed and resolved within 10 days of acknowledgement by March 31, 2024	Total Surveys Initiated: 86 Total LTCH Beds: 156

Change Idea #2 Social Worker to assist with transition into Long Term Care

Methods	Process measures	Target for process measure	Comments
Social Worker to interact with new admission or POA within 7 days of their admission date	Number of completed transition conversations conducted within 7 days of admission date	75% of transition conversations completed by March 31,2024	

Change Idea #3 Maintain improvements to the comment and concern process to allow for greater access and easier transmission of opinions and concerns

Methods	Process measures	Target for process measure	Comments
The comment and concern form process enables residents, families, and caregivers timely access to managers to express opinions and concerns	The comment and concern response forms completed by managers will be discussed monthly at Senior Leadership Meetings	100% of resident, family, and caregiver opinions and concerns reviewed by Senior Leadership to establish trends	

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	28.02	21.50	To align with provincial average	

Change Ideas

Change Idea #1 Quality Improvement Coordinator will conduct admission assessment audit of individuals being admitted on antipsychotics

Methods	Process measures	Target for process measure	Comments
Monitoring individuals' transition into LTC and obtaining historical background of antipsychotic usage	Number of admission assessments completed and reviewed	100% of inappropriate usages identified and trial of decrease initiated within 3 months after admission date	

Change Idea #2 Inter-professional multidisciplinary team will monitor risk of reduction of antipsychotic medication

Methods	Process measures	Target for process measure	Comments
The multidisciplinary team will meet weekly and as a standing item discuss reduction strategies	Number of residents trialed on reduction plan will have antipsychotic medication discontinued	75% of residents trialed on reduction plan will have antipsychotic medication discontinued by March 31 2024	

Change Idea #3 Monthly antipsychotic medication review

Methods	Process measures	Target for process measure	Comments
Quality Improvement Coordinator will conduct monthly medication review of residents receiving antipsychotic medication	Proportion of residents on antipsychotics who received a monthly review and behaviour tracking	100% of residents receiving antipsychotic medication will have medication review completed and behaviour tracking implemented as appropriate	