

Measure/Indicators	Target	Current	Change Idea/Planned Improvement Initiative	Methods	Process Measures	Target for Process Measures
<p>Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.</p>	<p>6.5</p>	<p>7.39</p>	<p>Create a goals of care progress note in the EHR for staff to document discussions and palliative goals of care conversations held with residents and family. Having palliative goals of care discussions early on which are easily accessible by registered staff will help staff reflect on the residents wishes when speaking with family to assist them in making informed client centered care decisions.</p>	<p>Annual education will be provided by the RNEC to all Registered Staff regarding palliative goals of care discussions, and where to document the conversations held.</p>	<p>Track # of palliative goals of care discussions and # of unnecessary ER transfers. Track # of staff who received education on Palliative Goals of care conversations.</p>	<p>Palliative Goals of care conversations will reduce unnecessary ER transfers by 2%</p>
			<p>SBAR education to be provided to all Registered Staff in 2022.</p>	<p>Education will be provided to all registered staff by the Nurse Manager regarding the use of the SBAR. Registered staff will use the SBAR assessment prior to sending a resident to ER. The SBAR will be used to update the MD/RNEC regarding sending a resident to the</p>	<p>Track the number of SBAR assessments completed which resulted in unavoidable ER visits. Track # of registered staff receiving education on SBAR assessment.</p>	<p>95% of residents sent to ED will have had an SBAR completed. 100% of staff will have received the SBAR education and have signed that they understand the use of the SBAR in relation to avoidable ER visits.</p>

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				ER. A poster will be created and hung in the Charge RN office regarding the SBAR assessment and avoidable ER transfers.		
Percentage of residents responding positively with a rating of 5/5 when asked : "What number would you use to rate how well the staff listen to you?"	88	87	A family member or resident is assigned to join the beginning of the Quality Care Team to provide family and resident perspective, and input.	Issues brought up by the family member or resident will be tracked in the meeting minutes.	The number of issues brought up by a family member or resident that arise at the meeting will have a resolution.	100% of issues brought forward by family and residents will be resolved.
			Resident Care Manager Audit Results	The resident care manager is responsible for completing a resident care inspection audit to ensure excellent care is being provided daily. The audit will identify if residents feel staff listen to them regarding their care needs. Home units	Resident Care Inspection Audits are summarized along with residents who feel that staff are not listening to their daily care needs.	The resident care inspection audit will have a 100% of residents stating that they feel staff listen to them regarding their daily care needs.

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				struggling with effective listening will be identified based on audit results and provided with education on listening and communication skills during a team huddle.		
Percentage of residents who responded positively with a Yes to the statement: "I can express my opinion without fear of consequences".	92	93	Family and residents will be invited to attend annual care conferences to express opinions in the care provided without fear of consequences.	Family and residents are invited to attend and participate in their care conference to and will be encouraged to express their opinions regarding their care. A short survey of 2 questions will be provided at each care conference. Concerns being brought forward at care conferences are followed up on by leadership.	Short Survey with 2 questions will be provided to the resident or their loved one. 1) I feel that I am able to express my opinions without any fear that it will impact on my or my loved ones care negatively. 2) Do you feel comfortable asking staff for assistance with your care or your loved one's care needs?	100% of the responses will result in residents responding yes to being able to express my opinion without fear of consequences. 100% of the responses will result in residents responding yes to feeling comfortable asking for assistance.
Percentage of LTC residents without psychosis who were given antipsychotic medication	15.70	16.07	Antipsychotic use without a diagnosis. A quarterly report is reviewed by MD. Individual plans to reduce medications	Report is run each quarter and presented to the MD. A plan is put in place for residents	Number of residents who are being provided antipsychotic medication	To be below 15.8% of residents treated with anti-psychotics

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in the 7 days preceding their resident assessment			implemented by MD with nursing team and BSO involvement	experiencing low risk behaviours or who do not have symptoms of psychosis to reduce antipsychotic medication.	without a symptom of psychosis	without a diagnosis of psychosis
			Identify new residents coming into the home who are prescribed antipsychotic medication without a diagnosis of psychosis. Create a plan with the MD to reduce medications if no symptoms of psychosis or high risk behaviours are present after the first quarter.	To identify residents who are admitted to LTC with unnecessary antipsychotic medication. New admissions will be re-assessed by MD after the first quarter to see if a reduction in antipsychotic medication can be implemented if they are not expressing symptoms of psychosis or expressing high risk behaviours.	Track the number of residents being admitted to LTC in 2022 who were previously prescribed antipsychotic medication prior to admission. Track the number of residents whose antipsychotic medication was successfully titrated down and removed.	To be below the provincial average at 15.8% of residents treated with antipsychotics without a diagnosis of psychosis