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	10.58	8.58	Will continue to strive to decrease ED visits.	

Change Ideas

Change Idea #1   1) Education on improving Nursing process and SBAR communication tool. 2) Initiate "My Wishes" program in the home

Methods	Process measures	Target for process measure	Comments
1) All Registered Staff will be educated by the NP in Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. 2) All Registered Staff will be re-educated by the NP on SBAR communication and documentation process 3) Post instructional guide on how to use SBAR at the nurses station for quick reference 4) review SBAR at risk management morning meeting daily 1) Train the trainer education with recreation, nursing departments and the Social Service Worker 2) review with resident and family council	1) # of Registered Staff attended the Nursing Process and SBAR education 2) number of times SBAR was used when writing a progress note. 1) # of Staff trained on the My Wishes program. 2) number of residents who are eligble that particiapted. 3) number of times program is discussed at resident council and family council	1) 100% of all OV registered staff will be educated on the Nursing Process and SBAR communication and documentation. 1) Program Manager, SSW, and educator will participate in the train the trainer program. 2) 100% of new admissions that are eligible will participate in the program 3) my wishes will be reviewed at one resident council meeting and one family council meeting.	Streamlining roles and job responsibilities of the DCC and Nursing supervisors which will help assist and coach nursing staff with recognizing signs and symptoms of resident condition to potentially avoid ED transfers. Ongoing participation of NP STAT and internal NP/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 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	CB	We are currently at 100% and we will continue to strive to maintain this positivity.	

Change Ideas

Change Idea #1	#1) 1) Continue to work on improving communication at established resident events and activities in the home. Strengthen current opportunities to establish strong rapport with residents.

Methods	Process measures	Target for process measure	Comments
1) Will continue to partner with Ontario Association of Resident Council (OARC) to provide support for Resident Council 2) Will continue to involve residents in decision making processes in the home during the care conferences 2). Standing agenda item to reinforce open door policy, ways to approach leadership team and any other member of the Palace team.	Monthly # of complaints from the resident council and residents overall.	We will maintain the current processes to move towards meeting our target goal by December 31st, 2023.	The home will consider the suggestion box in order for the residents to express or convey their ideas, concerns, any topic they would like to address. The home will address any concern within the timelines.

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	CB	90.00	The home will continue to strive to increase our percentage of positivity of listening to our residents.	

Change Ideas

Change Idea #1   1)Implement Build a Meal program by encouraging family member and/or resident to submit favourite recipes to the home.

Methods	Process measures	Target for process measure	Comments
1. Ask for family and/or resident favourite recipes on admission or at food committee meetings. 2. Post a Build a Meal poster, to encourage family favourite recipe submissions. 3. Review possible recipes with food committee for approval. 4. Suggest trialing a few approved recipes for a meal at home's menu tasting program. 5. Review feedback with food committee and determine if it will be added or not. 6. Make required adjustments and work with the home's Registered Dietitian to spread the menu item on the different diets. 7. Recipe will run on a special meal day. Evaluation Survey will be conducted every 3 weeks post taste test	# of family favourite recipes presented on a special meal day; # of positive and/or negative feedback from the evaluation from resident	The home will run one special meal day a month incorporating resident and/or family favourite recipes;	Responding to one of the lowest areas of resident satisfaction survey

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	41.27	39.21	We will continue to strive to decrease antipsychotic medication administration.	

Change Ideas

Change Idea #1	1) Participation in antipsychotic reduction project through HEC LTC +; 1. Residents admitted on antipsychotics will have this discussed at their admission care conference.

Methods	Process measures	Target for process measure	Comments
"1) educate staff on the use of deprescribin algorithm. 2) BSO lead uses tracking tool of all residents taking an antipsychotic, tracks diagnosis, dose, behaviour. 3) review tracking tool at Monthly meetings with antiphycotic deprescribing team which includes BSO team recommendation; 4) Educate registered staff on the risk of using antipsychotics medications. 1. Physicians & Pharmacy consultant to be involved in the review of newly admitted residents on antipsychotics by the time of the admission care conference. 2. If appropriate, Pharmacy consultant will make recommendations for tapering antipsychotics. "	1) # of staff educated on use of deprescriving algorithm 2) # of registered staff educated on risks of antipsychotic use. 1. # of new residents who are on antipsychotics who are reviewed by Pharmacy consultant. 2. # of pharmacy recommendations to taper antipsychotics of new admissions.	1) 100% of OV staff will be educated on the algorithm and the risks associated with use of antipsychotic All new residents on antipsychotics will have medication reviewed by pharmacy consultant prior to admission care conference by October 2022.	The Home is collaborating with the interdisciplinary team, Pharmacist and Medical Doctors with the appropriate intervention and deprescribing of antipsychotic medication that will have less impact for our residents