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	11.59	10.00	Target has been set as a benchmarking target. The last three years, transfers to hospital have been altered due to COVID and homes discouraged from transferring residents to ED. Current resident acuity is high resulting in more aggressive treatment options requested by residents as values of care.	

Change Ideas

Change Idea #1 To implement the use of a bladder scanner within the home to enhance the assessment skills of the registered staff related to

Methods	Process measures	Target for process measure	Comments
Registered staff to be educated on the operation of the bladder scanner. Policy to be developed on the use of bladder scanner including how to interpret results of bladder scan- what volume of urine requires physician notification, what volume of urine would require an in and out catheter as an example.	Number of registered staff educated on proper use of bladder scanner and how to interpret results. Number of residents transferred to ER who were identified as having urine retention.	80% of registered staff will be educated on the proper use of the bladder scanner by June 30, 2023.	

Change Idea #2 Residents to identify Substitute Decision Maker and or Power of Attorney for care to ensure the home is reviewing plan of care as well as values of care with the correct person according to resident wishes.

Methods	Process measures	Target for process measure	Comments
Chart audit to be completed to identify residents who do not have Power of Attorney for care identified. If not POA of Care noted, home to reach out to resident and Substitute Decision Maker to research if POA of Care has been appointed, if yes, request information to be shared with home. If no, education to occur on how to complete. If resident not cognitively able to appoint a POA for care, education to family related to Substitute Decision Maker and hierarchy of for SDM. If no one willing to act as SDM, home to reach out to PG&T on resident behalf.	Number of residents who do not have a POA for Care identified. Number of residents who are not capable to identify and POA for Care if one has not already been appointed.	95% of residents will have POA for care form on their resident file by September 2023. 100% of residents will supply the home with their POA for care at time of admission by December 2023.	

Change Idea #3 To align the resident's values of care with their plan of care including palliative plan of care.

Methods	Process measures	Target for process measure	Comments
Education sessions for registered staff on how to complete conversation with resident and family on values of care, that this conversation is not a legal directive, that a conversation at time of a change in medical status needs to occur to update plan of care in the moment. Current Spruce Lodge Directive form to be updated to capture that this is a value of care, not a directive.	80% of registered staff to complete education related to consent to treatment 50% of residents and families will attend an education session on plan of care and consent to treatment by December 2023.	100% of new admissions will have palliative goals of care identified on plan of care by September 2023. 75% of current residents will have palliative goals of care identified on plan of care by December 2023.	

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 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	97.96	98.00	Target is set as benchmark trending. This is the first time we asked this question in the Resident Quality of Life survey and goal is to maintain our positive outcome.	

Change Ideas

Change Idea #1 To implement the program Welbi to provide each resident with a personalized activity experience using our recommendation engine.

Methods	Process measures	Target for process measure	Comments
Activity staff to be trained on the program, how to set up programs, calendars, information to enter for life stories. Life Enrichment team to be trained on program and how to input data. To coordinate with project team implementing nursing advantage project on the information that needs to be included in admission assessment that can be rolled into Welbi.	The number of residents who have life stories completed and posted through Welbi. The number of annual care conferences that staff are able to report on the residents engagement in programming throughout the home. The number of monthly calendars designed using Welbi.	100% of Activity staff to be trained on the use of Welbi by June 2023. 30 % of residents to have data inputted into Welbi by June 2023 and 100% of resident by December 2023 85% of residents who agree will have life stories posted at entrance to room by March 2024.	Total Surveys Initiated: 49 Total LTCH Beds: 49

Change Idea #2 To align the admission process to be person centred using validated assessment tools.

Methods	Process measures	Target for process measure	Comments
Identify core group of registered staff to complete the gap assessment for Admission Assessment Clinical Pathway. Train the trainer session to be attended by core group of staff and facilitated by RNAO practice consultant. To orientate registered staff, MD, RD and therapy on the use of the admission assessment including utilizing the recommended interventions and how to build a 24 hour care plan that is resident focused. To align home policies and assessments with RNAO admission assessment.	Number of residents admitted from July, 2023-March 2024. Number of admissions assessments completed in this time frame using RNAO admission assessment tool. Number of admission assessments completed within 24 hours with kardex posted for staff.	80% of residents admitted from July 2023-March 2024 will have their admission assessment and 24 hour care plan finalized within 24 hours of admission. 100 % of residents admitted after September 2023 will be admitted to the home utilizing the admission assessment tool.	

Change Idea #3 To align the on boarding process for new staff to meeting the Fixing Long Term Care Act, Employment Standards Act, Spruce Lodge policies and BPG Person Centred Care.

Methods	Process measures	Target for process measure	Comments
To develop a handbook for staff who complete on boarding of speaking notes of all information that needs to be shared during on boarding. To develop a checklist to ensure all required documentation/forms are included in a new employees file. To develop a mentorship program with front line staff to be mentors for new employees to ensure all staff are prepared for their role in the home effectively. To develop an exit survey to investigate why staff have left their role at the home to look for opportunities for improvement.	Number of employees who have commenced employment from July 1st, 2023 to March 31, 2024. Number of new hires who remain at the home on March 31, 2024. Number of exit surveys completed.	95% of new staff to be onboarded using the new process by December 2023.	

Change Idea #4 Residents to be offered a variety of snacks, including fresh fruit, that they enjoy and consume.

Methods	Process measures	Target for process measure	Comments
Update snack menu with input from residents, Registered Dietitian and staff who can provide input into what residents are requesting, what is enjoyed. Educate Dietary and Nursing staff on the new snack offerings, how to serve, how to assist residents with intake and how to document. Meet with residents at Food Committee to review snack menus for likes, dislikes, changes required.	Number of audits of snack pass to observe snack being distributed. Number of audits to track food wasted post snack pass, what food is being consumed. Number of focus audits with residents at Food Committee to review snack pass Number of dietary staff and nursing staff trained with new snack process	90% of residents will be satisfied with the choices being offered at snack on Quality of Life survey completed in November/December 2023.	

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	29.32	27.00	Spruce Lodge remains high in performance of this indicator. Interventions focus on improving our performance while also identifying residents who despite interventions, plan of care includes antipsychotic medication without a diagnosis of psychosis.	

Change Ideas

Change Idea #1 To implement the RNAO clinical pathway Delirium Assessment to identify residents experiencing delirium or at risk to experience delirium.

Methods	Process measures	Target for process measure	Comments
Identify core group of registered staff to complete the gap assessment for Delirium. Train the trainer session to be attended by core group of staff and facilitated by RNAO practice consultant. To orientate registered staff and BSO staff on the use of the delirium assessment. To educate staff on the difference between delirium and dementia and the importance of early detection. To implement the Delirium assessment on admission for all new residents once staff have been trained.	Number of Delirium assessments completed on admission. Number of delirium assessments completed with change in status. Number of residents referred to MD post delirium assessment for further intervention. Number of residents with a delirium plan of care.	100% of residents identified as being at high risk for delirium will have a plan of care initiated with resident specific interventions by December, 2023. 100% of all new admissions will have a delirium screen completed by December 2023.	

Change Idea #2	To implement RNAO Person Centred Care Best Practice program with support from project team leading the nursing advantage program.		
Methods	Process measures	Target for process measure	Comments
Complete gap analysis from RNAO with interdisciplinary team members. Review person centred care standards identified through CARF. Educate staff on person centred care focusing on language being used by all staff in the home. Investigate emotional care options, such as Butterfly model for strategic planning in the future.	Number of information posters/ memos posted, shared throughout the implementation period. Number of staff educated on Person Centred Care at mandatory education. Number of code whites that have occured.	75% of staff will be trained on person centred care by December 2023.	

Change Idea #3	To participate in GPA bathing program education as a way to decrease the number of antipsychotic medications usage as 31 residents (32.8% raw data Q2, 2022 CIHI) currently have an order for a PRN antipsychotic with out a diagnosis of psychosis.		
Methods	Process measures	Target for process measure	Comments
A team of at least 10 staff to participated in the education program. Staff to be identified from Cottage A,B and C to participate.	Number of staff who have completed the training by December 2023. Number of residents who have an individualized plan of care interventions related to bathing/behaviours.	To decrease the number of residents utilizing antipsychotic medications without a diagnosis of psychosis to 25% by March 2023.	