

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	17.14	16.25	Our primary objective continues to be reducing the number of emergency room visits for our residents and mitigating any negative experiences they may encounter in hospitals. Through a strong partnership with our dedicated MD/Physician, who prioritizes the quality of care for our residents, and through fostering close relationships with community partners like the NLOT team, we are committed to steadily decreasing the indicator for modified ambulatory care-sensitive conditions by 5% from our current performance level.	NLOT

### Change Ideas

**Change Idea #1** 1. Conduct data collection and analyze ER visit statistics on a monthly, quarterly, and annual basis. 2. Identify residents with progressive life-limiting illnesses early on, collaborating closely with family members and a multidisciplinary team to discuss changes in health status and the benefits of palliative care and the “Do not sent to hospital” level of intervention. 3. Early detection of residents with recurring ER visits and prompt initiation of multidisciplinary team meetings with residents and their families to explore the advantages of home-based treatment options and the drawbacks of frequent ER visits. 4. Education of families and residents on admission, annual care conferences and as needed about available interventions provided at home to minimize unnecessary ER visits.

Methods	Process measures	Target for process measure	Comments
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- Utilize the current system to gather data on ER visits, including reasons for visits, health conditions, decisions made by power of attorney (POA), and resident preferences, facilitated by the RAI coordinator. - The DOC will analyze common reasons and recurring patterns for ER visits to gain insight into trends. Engage the multidisciplinary team as necessary to discuss prevalent trends in ER visits and strategize methods to prevent them. This may involve early identification of common conditions like congestive heart failure (CHF), dehydration, pneumonia, and urinary tract infections (UTIs). Additionally, explore utilizing available treatments in-home such as hypodermoclysis, oxygen therapy, pain management, oral antibiotic therapy, and IV therapy from external sources (NLOT team). - The team will provide education to residents and their families regarding the range of treatments available in the home setting as well as access to portable ECG and ultrasound. - The palliative lead will utilize the Early Identification and Prognostic Indicator Guide to identify residents who are approaching the end of life and would benefit from a palliative care approach.

The team, including the MD, will conduct weekly huddles and will analyze number of cases where residents required ER visits. During weekly huddles, the team will explore alternatives for managing similar cases at home, thus avoiding transfers to the ER. The total number of residents sent to the ER will be reported and discussed quarterly at the Continuous Quality Improvement Committee meetings.

To reduce the number of residents with Unplanned Emergency Department Visits by 5% in comparison to the same period during last year by the end of August, 2024.

- The home provides ongoing education to staff, residents, and families concerning various aspects such as disease processes, fall prevention strategies, skin and wound care including pressure injury prevention, pain control, nutrition and hydration, palliative and end-of-life care, and the benefits of unnecessary ER visits. - During the admission process, residents and their families receive instruction on Advanced Care Directives, DNR, palliative care as well as available treatment options, diagnostics procedures in the home.

## Experience

### 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?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	95.24	100.00	At our Home, we believe that every resident deserves to have their voice heard and to be actively involved in their care. We recognize that effective communication is essential to achieving this Indicator, and that listening to our residents is a critical part of this process. We aim to ensure that every resident feels heard, understood, and respected by our staff and that their feedback is actively sought and acted upon. Building upon our previous success, our goal remains to ensure that every resident's voice is heard and actively valued and acted upon by our dedicated staff. Setting a target of 100% positive responses to the question of how well our staff listen to our residents signifies our commitment to providing exceptional care and service. This goal serves as a clear indication that we are meeting our overarching objective of prioritizing the needs and satisfaction of our residents.	

## Change Ideas

**Change Idea #1** Incorporate empathy training: offer specialized training sessions focused on building empathy and understanding among staff members. This training could include role-playing exercises, case studies, and workshops designed to enhance empathy and improve the quality of interactions with residents.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> <li>- Schedule the training sessions led by experienced facilitators from the human resources department, Behaviour Support Lead and community resources.</li> <li>- Record the attendance for each session.</li> <li>- Collect participant feedback through surveys distributed after the training.</li> <li>- Analyze the feedback data to assess the effectiveness of the training and identify areas for improvement.</li> <li>- Conduct quarterly residents/families/persons of importance surveys to gather feedback on their experience.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of training sessions conducted per quarter</li> <li>- Attendance rate for each training session</li> <li>- Participant feedback on training effectiveness</li> <li>- Percentage of residents/families/persons of importance who positively responded to the Indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Achieve a minimum attendance rate of 80.00% for each training session per quarter</li> <li>- Receive positive staff feedback on empathy training effectiveness.</li> <li>- 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting improved empathy skills in staff.</li> </ul>	<p>Total Surveys Initiated: 21 Total LTCH Beds: 85</p> <p>We intend to maintain an independent approach when surveying the residents, by utilizing an impartial person to ask them the survey questions. Out of 79 residents currently present in our Home (which has a total of 85 beds), we received responses from 21 individuals. Some residents were unable to participate in the survey due to cognitive limitations or communication difficulties.</p>

**Change Idea #2** Enhance staff communication tools: provide staff with updated communication tools, such as visual aids, communication boards, or electronic devices with language translation capabilities, to facilitate better communication with residents who have hearing impairments, language barriers, or cognitive limitations.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> <li>- Research and select appropriate communication tools based on resident needs and staff preferences.</li> <li>- Acquire the selected communication tools through approved vendors/suppliers.</li> <li>- Train staff members on how to effectively use the communication tools through hands-on workshops and demonstrations.</li> <li>- Monitor the usage and effectiveness of the communication tools, by regular check-ins with staff and residents.</li> <li>- Conduct quarterly residents/families/persons of importance surveys to gather feedback on their experience.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of communication tools selected and acquired within the designated timeframe.</li> <li>- Attendance/engagement in staff training sessions on communication tool usage.</li> <li>- Frequency of communication tool usage recorded during staff interactions with residents.</li> <li>- Feedback from staff and residents on the usability and effectiveness of the communication tools.</li> <li>- Percentage of residents/families/persons of importance who positively responded to the Indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Select and acquire communication tools by March 2025.</li> <li>- Achieve a staff training session attendance rate of at least 90.00%.</li> <li>- Ensure that communication tools are consistently utilized in staff-resident interactions where the residents could benefit from their use.</li> <li>- Receive positive feedback from staff and residents on the usability and effectiveness of the communication tools.</li> <li>- 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025.</li> </ul>	

**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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	100.00	100.00	At our Home, we are committed to creating a safe and welcoming environment where residents feel empowered to express their opinions and concerns without fear of retribution or consequences. We believe that open communication and transparency are key to building trust and fostering a strong sense of community. Our goal is to maintain our current level of 100% positive responses to the statement that residents can express their opinions without fear of consequences. This will serve as a testament to our commitment to upholding the values of respect and dignity for all residents and will ensure that our Home continues to be a place where everyone feels heard, valued, and supported.	

**Change Ideas**

Change Idea #1 Conduct staff training on communication and conflict resolution skills to create a safe and respectful environment for residents to express their opinions.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> <li>- Schedule communication workshops facilitated by communication experts or trained staff members (Human Resources department, Behaviour Support Lead, community resources etc.)</li> <li>- Utilize a mix of interactive methods, including role-playing, group discussions, and scenario-based exercises, to engage participants and reinforce learning.</li> <li>- Incorporate feedback mechanisms to gather input from staff about the effectiveness of the workshops and areas for improvement.</li> <li>- Conduct quarterly residents/families/persons of importance surveys to gather feedback on their experience.</li> </ul>	<ul style="list-style-type: none"> <li>- Track the attendance and participation rates in communication workshops conducted per quarter to ensure staff engagement.</li> <li>- Conduct pre- and post-workshop surveys to assess staff perception of their communication skills and confidence levels.</li> <li>- Monitor incidents of resident feedback related to communication and conflict resolution to evaluate the impact of the workshops on resident satisfaction and perceived safety.</li> <li>- Percentage of residents/families/persons of importance who positively responded to the Indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Achieve a minimum attendance rate of 80.00% for each training session per quarter</li> <li>- Receive positive staff feedback, indicating improvement in staff perception of communication skills and confidence levels post-workshop compared to pre-workshop surveys.</li> <li>- Minimize the rate of negative feedback incidents within six months of implementing the workshops, ensuring a qualitative improvement in resident experiences.</li> <li>- 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting a culture of open communication, trust, and safety within our Home.</li> </ul>	<p>Total Surveys Initiated: 21 Total LTCH Beds: 85</p> <p>We intend to maintain an independent approach when surveying the residents, by utilizing an impartial person to ask them the survey questions. Out of 79 residents currently present in our Home (which has a total of 85 beds), we received responses from 21 individuals. Some residents were unable to participate in the survey due to cognitive limitations or communication difficulties.</p>

**Change Idea #2** Implement interactive communication boards suitable for designated resident areas within the Home, featuring rotating prompts, questions, and topics for residents to respond to anonymously or openly. These boards can serve as a creative and easy outlet for residents to share their thoughts, experiences, and suggestions without fear of consequences.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> <li>- Design and obtain interactive communication boards, equipped with writing utensils, sticky notes, or digital interfaces suitable for designated resident areas within the Home.</li> <li>- Schedule installation of the boards in strategically chosen locations within the Home.</li> <li>- Develop a rotating schedule of prompts, questions, and topics to be displayed on the boards to keep residents engaged and interested.</li> <li>- Train staff members responsible for managing and maintaining the communication boards.</li> <li>- Conduct quarterly residents/families/persons of importance surveys to gather feedback on their experience.</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor the timely installation of communication boards in designated resident areas, ensuring they are positioned appropriately for resident accessibility and privacy.</li> <li>- Track the frequency of resident contributions to the communication boards and the variety of topics addressed.</li> <li>- Solicit feedback from residents regarding their comfort level and perceived safety in expressing themselves on the communication boards.</li> <li>- Percentage of residents/families/persons of importance who positively responded to the Indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Strive for positive feedback from residents regarding their ability to express themselves freely and without fear of consequences through the communication boards in designated resident areas.</li> <li>- 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting a culture of open communication, trust, and safety within our Home.</li> </ul>	



**Measure - Dimension: Patient-centred**

Indicator #4	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".	C	% / LTC home residents	In house data, NHCAHPS survey / Apr 2023 - Mar 2024	100.00	100.00	At our Home, we are committed to creating a safe and welcoming environment where residents feel empowered to express their opinions and concerns without fear of retribution or consequences. We believe that open communication and transparency are key to building trust and fostering a strong sense of community. Our goal is to maintain our current level of 100% positive responses to the statement that residents can express their opinions without fear of consequences. This will serve as a testament to our commitment to upholding the values of respect and dignity for all residents and will ensure that our Home continues to be a place where everyone feels heard, valued, and supported.	

**Change Ideas**

Change Idea #1 Conduct staff training on communication and conflict resolution skills to create a safe and respectful environment for residents to express their opinions.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> <li>- Schedule communication workshops facilitated by communication experts or trained staff members (Human Resources department, Behaviour Support Lead, community resources etc.)</li> <li>- Utilize a mix of interactive methods, including role-playing, group discussions, and scenario-based exercises, to engage participants and reinforce learning.</li> <li>- Incorporate feedback mechanisms to gather input from staff about the effectiveness of the workshops and areas for improvement.</li> <li>- Conduct quarterly residents/families/persons of importance surveys to gather feedback on their experience.</li> </ul>	<ul style="list-style-type: none"> <li>- Track the attendance and participation rates in communication workshops conducted per quarter to ensure staff engagement.</li> <li>- Conduct pre- and post-workshop surveys to assess staff perception of their communication skills and confidence levels.</li> <li>- Monitor incidents of resident feedback related to communication and conflict resolution to evaluate the impact of the workshops on resident satisfaction and perceived safety.</li> <li>- Percentage of residents/families/persons of importance who positively responded to the Indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Achieve a minimum attendance rate of 80.00% for each training session per quarter</li> <li>- Receive positive staff feedback, indicating improvement in staff perception of communication skills and confidence levels post-workshop compared to pre-workshop surveys.</li> <li>- Minimize the rate of negative feedback incidents within six months of implementing the workshops, ensuring a qualitative improvement in resident experiences.</li> <li>- 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting a culture of open communication, trust, and safety within our Home.</li> </ul>	<p>We intend to maintain an independent approach when surveying the residents, by utilizing an impartial person to ask them the survey questions. Out of 79 residents currently present in our Home (which has a total of 85 beds), we received responses from 21 individuals. Some residents were unable to participate in the survey due to cognitive limitations or communication difficulties.</p>

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Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> <li>- Design and obtain interactive communication boards, equipped with writing utensils, sticky notes, or digital interfaces suitable for designated resident areas within the Home.</li> <li>- Schedule installation of the boards in strategically chosen locations within the Home.</li> <li>- Develop a rotating schedule of prompts, questions, and topics to be displayed on the boards to keep residents engaged and interested.</li> <li>- Train staff members responsible for managing and maintaining the communication boards.</li> <li>- Conduct quarterly residents/families/persons of importance surveys to gather feedback on their experience.</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor the timely installation of communication boards in designated resident areas, ensuring they are positioned appropriately for resident accessibility and privacy.</li> <li>- Track the frequency of resident contributions to the communication boards and the variety of topics addressed.</li> <li>- Solicit feedback from residents regarding their comfort level and perceived safety in expressing themselves on the communication boards.</li> <li>- Percentage of residents/families/persons of importance who positively responded to the Indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Strive for positive feedback from residents regarding their ability to express themselves freely and without fear of consequences through the communication boards in designated resident areas.</li> <li>- 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting a culture of open communication, trust, and safety within our Home.</li> </ul>	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to:"I would recommend this site or organization to others."	C	% / LTC home residents	In house data, NHCAHPS survey / Apr 2023 - Mar 2024	100.00	100.00	At our Home, we are committed to providing exceptional care and service to all of our residents, and we take great pride in the relationships we have built with our community. Our goal is to ensure that every resident feels valued, respected, and well-cared for during their stay with us. We believe that if we meet and exceed our residents' expectations, they will be more likely to recommend our Home to others. Our aim is to maintain our current level of 100.00% positive responses to the statement that residents would recommend our Home to others. This will demonstrate that we are delivering on our promise to provide the highest level of care and service, and will help us to build a strong reputation as a trusted and reliable provider of long-term care.	

**Change Ideas**

**Change Idea #1** Strengthen Staff Training on Customer Service: provide ongoing training for staff focused on customer service skills, empathy, and communication techniques. Empowered staff who excel in providing personalized care contribute to positive resident/family/persons of importance experiences and increase the likelihood of recommendations to others.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> <li>- Conduct regular training sessions for staff on customer service skills, empathy, and effective communication techniques.</li> <li>- Utilize a variety of training methods, such as workshops, seminars, role-playing exercises, and online modules (e.g. Surge Learning), to accommodate different learning styles.</li> <li>- Incorporate real-life scenarios and case studies into training sessions to provide practical examples for staff to apply their learning.</li> <li>- Encourage staff to self-reflect on their customer service skills periodically to identify their strengths and areas for development, fostering continuous improvement.</li> <li>- Implement peer evaluation systems where staff members provide feedback to each other on their customer service interactions to promote a culture of collaboration and accountability.</li> <li>- Conduct quarterly residents/families/persons of importance surveys to gather feedback on their experience.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of training sessions conducted per quarter.</li> <li>- Record the attendance for each session.</li> <li>- Collect participant feedback through surveys distributed after the training.</li> <li>- Analyze the frequency and staff involvement in feedback mechanisms, self-reflection and peer evaluation exercises to assess the effectiveness of the training and identify areas for improvement.</li> <li>- Monitor staff performance through direct observation and feedback from residents and families/persons of importance regarding their interactions with staff.</li> <li>- Percentage of residents/families/persons of importance who positively responded to the Indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure that at least 90.00% of staff members attend the training sessions conducted per quarter.</li> <li>- Implement feedback mechanisms, self-reflection, and peer evaluation exercises for 100.00% of staff members within the first quarter of the training program; achieve maximum compliance among staff in subsequent quarters.</li> <li>- Conduct direct observations of staff interactions with residents and families/persons of importance for at least 20.00% of staff members per quarter.</li> <li>- 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting our staff training initiatives in enhancing customer service skills and fostering positive resident experiences.</li> </ul>	<p>We intend to maintain an independent approach when surveying the residents, by utilizing an impartial person to ask them the survey questions. Out of 79 residents currently present in our Home (which has a total of 85 beds), we received responses from 21 individuals. Some residents were unable to participate in the survey due to cognitive limitations or communication difficulties.</p>

Change Idea #2 Increase social and recreational activities for residents to foster a sense of community and improve their overall quality of life.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> <li>- Collaborate with local community organizations to expand the range of available social and recreational activities.</li> <li>- Develop a schedule of diverse activities, including group outings, arts and crafts sessions, musical performances, and themed events.</li> <li>- Promote volunteer recruitment to assist in organizing and facilitating activities.</li> <li>- Encourage a continuous feedback system for residents and families/persons of importance to suggest and prioritize activities based on their preferences and interests.</li> <li>- Conduct quarterly residents/families/persons of importance surveys to gather feedback on their experience.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of social and recreational activities offered per week/month.</li> <li>- Attendance rates at each activity, tracked through digital records (e.g. SurveyMonkey consent forms obtained from residents/families/persons of importance; PointClickCare records done by Activity Department Staff).</li> <li>- Resident satisfaction surveys conducted after each activity to measure enjoyment and perceived benefits.</li> <li>- Volunteer engagement levels, including recruitment numbers and hours contributed.</li> <li>- Percentage of residents/families/persons of importance who positively responded to the Indicator.</li> </ul>	<ul style="list-style-type: none"> <li>- Increase the number of social and recreational activities offered within the first six months of implementation.</li> <li>- High attendance rate across all activities within the first quarter.</li> <li>- Consistently positive resident and families/persons of importance feedback following each activity.</li> <li>- 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting the high satisfaction and confidence in the services provided.</li> </ul>	<ul style="list-style-type: none"> <li>- Regularly review and update the activity schedule based on resident feedback and attendance patterns to maintain engagement and relevance.</li> <li>- Foster a supportive and inclusive environment that encourages participation from residents of all abilities and interests.</li> <li>- Monitor the impact of increased social and recreational activities on residents' overall well-being and quality of life through ongoing assessment and feedback collection.</li> </ul>

**Change Idea #3** Launch initiatives to encourage residents and their families to share positive experiences with friends, family, and the broader community to ultimately promote the Home's positive image. Emphasize social media promotion to highlight events, activities, and community engagement initiatives on platforms like Instagram, Facebook, and TV.

Methods	Process measures	Target for process measure	Comments
- Develop engaging and visually appealing content for social media platforms showcasing resident activities, achievements, and community involvement. - Encourage residents and families to provide testimonials and share their experiences on our website and social media channels (e.g. Instagram, Facebook). - Partner with local media outlets to feature stories about the home and its residents in newspapers, magazines, and TV segments. - Conduct quarterly residents/families/persons of importance surveys to gather feedback on their experience.	- Monitor the number of inquiries received via phone, email, and other channels on a monthly basis. - Track engagement metrics on social media platforms, including likes, comments, shares, and new followers. - Document the number of testimonials and positive reviews received from residents and families. - Measure the increase in media coverage and visibility of the home in local newspapers, magazines, and TV segments. - Percentage of residents/families/persons of importance who positively responded to the Indicator.	- Increased number of inquiries received via phone, email, and other channels within the first three months of implementing the initiative. - Target a 20% increase in social media engagement metrics (likes, comments, shares, new followers) within the first six months. - Aim for at least five new testimonials or positive reviews per month. - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting the success of our initiatives in fostering positive word-of-mouth marketing and enhancing the reputation of our Home within the community.	

## Safety

### Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	3.73	3.60	According to quality indicators, the IFH demonstrates strong performance regarding the incidence of falls among residents in the 30 days preceding their assessment. Our figures are lower when compared to the indicators for the province of Ontario and we will continue to strive for low numbers without compromising quality of life of our residents.	

### Change Ideas

**Change Idea #1** All newly admitted or readmitted residents will undergo a fall risk assessment conducted by registered nursing staff within 24 hours of their arrival. Additionally, recently admitted or readmitted residents will have a physical therapy assessment.

Methods	Process measures	Target for process measure	Comments
Nurses will assess newly admitted and readmitted residents using RNAO Falls Risk Screening, Assessment and Management, Morse Fall Scale assessment for fall risk. Registered staff will refer all newly admitted and readmitted residents to PT for assessment.	All newly admitted and readmitted residents will have RNAO Falls Risk Screening, Assessment and Management and Morse Fall Scale assessment withing 24 hrs. All newly admitted and readmitted residents will be referred to PT for assessment and will be seen by PT.	Number of residents who fell in the 30 days leading to their assessment will decrease by 3.4% by August 2024.	The Home provides ongoing education to families concerning fall risks and fall prevention strategies on admission and on ongoing basis.



**Change Idea #2** To have completed RNAO Falls Risk Screening, Assessment, and Management protocol and the Morse Fall Scale assessment for all residents on quarterly basis and for residents with significant change by registered staff. The fall care plans for all residents will be updated based on fall risk assessments and morse fall scale number.

Methods	Process measures	Target for process measure	Comments
Nurses will administer the RNAO Falls Risk Screening, Assessment, and Management protocol, along with the Morse Fall Scale assessment, as determined by the Universal Data Assessment (UDA) and through nursing evaluation of residents with significant changes in health condition. Following the completion of these assessments, registered staff will revise residents' fall risk care plans accordingly.	RAI-MDS lead will check on regular basis if RNAO Falls Risk Screening, Assessment, and Management protocol and the Morse Fall Scale assessment are completed on time by registered staff and whether care plans were updated accordingly.	Number of residents who fell in the 30 days leading to their assessment will decrease by 3.4% by August 2024.	

**Change Idea #3** To have for all residents identified with moderate to high fall risks supplementary fall prevention interventions and strategies integrated into their care plans with the goal to reduce risk of falls.

Methods	Process measures	Target for process measure	Comments
Registered staff and physical therapists (PT) will collaborate to update care plans for residents identified as at risk for falls. Care plans will incorporate interventions aligned with the Home's fall prevention program.	The Fall Prevention and Management Committee will meet every three months to thoroughly discuss and analyze fall prevention strategies for residents identified with moderate to high fall risks. The team will ensure that these strategies are integrated into the residents' care plans.	Number of residents who fell in the 30 days leading to their assessment will decrease by 3.4% by August 2024.	

**Change Idea #4** To offer on continuous basis education to staff from different departments regarding fall program and policies as well as strategies for preventing falls.

Methods	Process measures	Target for process measure	Comments
Every department will complete fall education on Surge learning on yearly basis, additional fall prevention Huddles and meeting are held as needed.	Managers from all departments will oversee the completion of staff education through Surge Learning. Staff members will be required to sign an acknowledgment sheet after reading or attending educational materials or sessions.	Number of residents who fell in the 30 days leading to their assessment will decrease by 3.4% by August 2024.	

### Measure - Dimension: Safe

Indicator #7	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	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.95	17.50	Currently better than the provincial standard and aiming to improve number without compromising the quality of life for our residents.	BSOT (behavioral support outreach team), PRC psychogeriatric resource consultant, CAMH

### Change Ideas

Change Idea #1 All newly admitted residents to the facility will undergo a review and assessment of their medication and behavior management by the BSO lead.

Methods	Process measures	Target for process measure	Comments
The BSO lead will be informed of newly admitted residents for the purpose of reviewing their current medications in order to identify residents on antipsychotics and without diagnosis of psychosis. Simultaneously, DOS monitoring will start for a duration of five days for all recently admitted residents.	Newly admitted residents will be assessed and reviewed for psychotropic medications	Every new admission will have undergone referral and review by the BSO-Lead.	The team requires time to review, assess, and gradually taper off psychotropic medications for residents upon admission as necessary.

Change Idea #2 To implement alternative methods to address the responsive behaviors displayed by recently admitted residents.

Methods	Process measures	Target for process measure	Comments
Upon admission, new residents and their families will complete the Personhood Summary. The RNAO Resident and Family Centered Care assessment will be completed by the registered staff on admission. The BSO lead will then analyze the data from the Personhood Summary, the RNAO Family Centered Care assessment, and DOS monitoring. Together with the team, they will develop personalized non-pharmacological approaches to mitigate or address responsive behaviors. Subsequently, the BSO lead will document under the Behaviour Support Lead notes analysis, strategies, and recommendations for the new admission. A meeting between the BSO lead and the team will occur during the second week of the resident's admission.	BSO lead will receive referral for all newly admitted residents; BSO lead will assess all newly admitted resident and will create together with team strategies, and recommendations for the new admission. Additionally, the BSO lead will provide monthly reports to the Continuous Quality Improvement Committee regarding the count of newly admitted residents receiving psychotropic medication without a diagnosis of psychosis, as well as updates on successful efforts to decrease this count.	Every new admission will have completion of a Behaviour Support Lead notes, incorporating strategies aimed at managing the resident's behaviors.	

**Change Idea #3** Educate staff on specific tools (e.g. DOS, MMSE, BPG delirium screening) for residents with responsive behaviours to identify their triggers and prevent the use of antipsychotics.

Methods	Process measures	Target for process measure	Comments
The Behavior Support Lead (BSL) instructs/educate new and current staff on the appropriate utilization of specific tools. Personal support workers are responsible for conducting delirium assessments in the Plan of Care (POC) during every shift and notifying registered staff of any behavioral changes observed. Referrals will be forwarded to the BSL for assessment of the data, providing recommendations, and potentially referring to the attending physician with care suggestions. Alternatively, referrals may be sent to external resources like Baycrest, GMOT, or NLOT.	The Behavior Support Lead (BSL) conducts behavioral assessments by examining residents' histories, medications, and underlying health conditions. This comprehensive information is utilized to develop personalized strategies tailored to each resident. Any adjustments made will be documented in the care plan. Additionally, the BSL will gather data about antipsychotic usage, resolved cases, and number of new residents who started on antipsychotics and have diagnosis of psychosis in place and will give monthly reports to the quality improvement committee and quarterly updates to the Responsive Behavior Committee.	Reduce the use of antipsychotics in the Home by 7.65% by August, 2024.	

**Change Idea #4** IFH is in a process of hiring BSO-PSW who will provide support and assistance to residents with responsive behaviors. Thus increasing the time for observation, communication, de-escalation, and collaborating with the residents, and interdisciplinary teams to develop and implement personalized care plans.

Methods	Process measures	Target for process measure	Comments
BSO-PSW will participate in conducting behavioral assessments; update and monitor behaviour tracking forms, and complete any other documentation, as required; implement various techniques to redirect, de-escalate, and deal with challenging behaviors; participate in care plan development tailored to address unique needs of the residents.	The effectiveness of the initiative will be measured by -number of residents with decreased antipsychotic medication use (new or existing) -increased number of non-pharmacological tools and approaches used while addressing responsive behaviours in residents. -	-decreased usage of antipsychotic medications -increased number of non-pharmacological therapy	The introduction of the BSO-PSW role in IFH demonstrates a commitment to enhancing the quality of care provided to residents with challenging behaviors. By addressing the underlying causes and implementing tailored interventions, this initiative aims to improve the overall experience and outcomes for residents and their families.