

## 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 / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	9.41	8.50	Based on an improvement over previous year, and current action plan to utilize interdisciplinary team, the target is realistic.	

### Change Ideas

Change Idea #1 Work with the interdisciplinary team, registered staff, and mobile diagnostic services to ensure residents receive the appropriate care and avoid unnecessary transfers to acute care settings wherever possible.

Methods	Process measures	Target for process measure	Comments
Review ED transfers with the interdisciplinary team to determine if appropriate care could have been provided in-house utilizing mobile diagnostic services and post-incident investigative tools.	The number of ED visits in each quarter	100% of ED visits reviewed by QI committee each quarter	A review of each ED visit including post-incident assessments, if mobile services were utilized, the outcome of the resident etc. will assist us in determining if the ED visit could have been avoided and how we can improve on decreasing ED visits.

Change Idea #2 Provide health teaching to front line staff, registered staff and family members regarding in-house services, assessments and mobile diagnostic services that can be provided in place of a visit to the ED as well as the risk/benefits of transfers to the ED if residents can be safely treated in-house.

Methods	Process measures	Target for process measure	Comments
Review assessments from incidents that resulted in a transfer to ED and review post-ED visit assessments quarterly.	100% of ED visits to be reviewed by QI committee quarterly	100% of assessments from incidents resulting in a transfer to ED to be reviewed	Goal is to review assessments to determine whether or not transfers to ED were unnecessary due to a lack of education regarding in-house services and care

## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	Implementation of new DEI initiatives in the residence	

### Change Ideas

Change Idea #1 Promote Diversity, Equity and Inclusion throughout the residence to celebrate our residents, family members, and team members

Methods	Process measures	Target for process measure	Comments
Bear Creek Terrace will utilize the DEI calendar to celebrate cultural events and highlight historical chapters to provide education and an opportunity to learn more about our residents and each other	The number of events and/or historical chapters celebrated each month	Bear Creek Terrace is committed to celebrating DEI events 4 times per month in each home area	Bear Creek Terrace has 4 home areas

Change Idea #2 Foster an inclusive environment by creating a DEI committee comprised of front-line team members, managers and residents.

Methods	Process measures	Target for process measure	Comments
Creating a DEI committee to champion DEI initiatives throughout the home and creating a safe space for resident and team members to turn to for support	Number of committee members and DEI initiatives	Our goal is for the committee to be comprised of at least 3 managers, 4 front-line team members, and 4 residents.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	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	CB	100.00	Our goal is to ensure that all residents feel safe to express themselves knowing that they will be listened to, and their concerns will be acted upon in a timely manner	

### Change Ideas

Change Idea #1 Foster an environment that allows our residents the freedom to communicate their concerns

Methods	Process measures	Target for process measure	Comments
Allow for a dedicated time period during Resident Council Meetings for our residents to express their concerns and experiences and respond in a timely manner according to Omni policy. Create action plans that are a direct response to their concerns and celebrate compliments that the residents can be part of	The number of concerns and compliments received from the residents reviewed monthly.	100% of concerns received will be accompanied by an action plan and a response to the resident within a timely manner as per Omni Policy	Total Surveys Initiated: 65 Number of LTC Beds: 131

**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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	100.00	Based on increased results from our resident survey, we will continue to foster an environment where listening to our resident's needs without judgement is our utmost priority. In partnership with our goal to ensure our resident's feel listened to, we will ensure that action plans are fulfilled on an ongoing basis. This includes increased follow-up and the inclusion of their families to ensure all have been communicated to and followed up with regularly. We will further provide additional education to our front-line team ensuring that they understand the importance of a judgement-free environment for our residents.	

**Change Ideas**

Change Idea #1 Ensure that all team members are educated on the Omni Code of Conduct and customer service with a focus on respectful communication.

Methods	Process measures	Target for process measure	Comments
Use Surge Learning to ensure that all team members have completed modules regarding the Omni Code of Conduct, hold mandatory in-services with a focus on respectful communication, and lead by example to provide in-the-moment training where opportunities arise.	Feedback received from Resident Council Meetings and follow-up with individual residents who may have received inappropriate responses.	100% of resident concerns and opinions will be addressed in a respectful manner and to their satisfaction	Creating a judgement-free environment for our residents to express themselves as individuals in one of our utmost priorities. We recognize that this is their home, and they should each be respected as such.

## Safety

### Measure - Dimension: Safe

Indicator #5	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	17.98	15.00	Our current Falls Prevention Program has recently implemented new programs and initiatives to assist in the prevention of falls within the residence.	

### Change Ideas

Change Idea #1 To decrease our current falls statistics by approx. 16%

Methods	Process measures	Target for process measure	Comments
We have recently joined the Prevent Trial through Geras Centre for Aging Research, and we are in the early stages of participation.	Monthly review of falls to track either an increase or decrease based on the implementation of the Prevent Trial Strategies	A marked decreased in falls by 10%	

Change Idea #2 To reduce the number of falls in the home based on new falls tracking tools

Methods	Process measures	Target for process measure	Comments
Utilizing the Falls Tracking tool to find correlations between staffing and an increase in falls, specific patterns of when falls are occurring most often and where in the home they are occurring, and gathering the data to create action plans to improve on the number of falls that are occurring in the residence ie. increased staffing, providing re-education, utilizing the nursing restorative for strengthening, and completing medication reviews where needed	The number of falls in the home each day, week and month to track patterns	100% of falls will be investigated and actioned upon	

Change Idea #3 Decreased the number of falls with injury when primary interventions have been utilized

Methods	Process measures	Target for process measure	Comments
Increase the usage of falls safety equipment such as falls mats, hip protectors, bed and chair alarms and environmental scanning for falls risks	Daily, weekly and monthly reviews of falls	A marked decrease in falls with injury with protective interventions in place	



**Measure - Dimension: Safe**

Indicator #6	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	18.94	13.00	We are utilizing the BSO team to increase non-pharmacological interventions for residents with expressions, and we are working with the interdisciplinary team to review all pharmacological interventions	

**Change Ideas**

Change Idea #1 Utilize the interdisciplinary team to decrease the usage of antipsychotic medications for residents without a diagnosis to support it.

Methods	Process measures	Target for process measure	Comments
Review pharmacy reports, medications for residents at higher risk of requiring antipsychotics, and the use of PRN antipsychotic medications for managing expressive behaviours. Work with the interdisciplinary team to make changes where needed.	The number of residents with an order for antipsychotic medications who have expressive behaviours, but don't have a diagnosis to support.	100% of residents who have an order for antipsychotic medications who don't have a diagnosis to support it will receive a full medication review, expressive behaviour charting, and diagnosis review to determine the need for antipsychotic medications.	

## Change Idea #2 Decrease the usage of antipsychotic medications through the increased usage of non-pharmacological interventions

Methods	Process measures	Target for process measure	Comments
Work with the interdisciplinary and BSO team to complete "My Personhood" assessments, determine appropriate nonpharmacological interventions, and put them into action for residents who receive antipsychotic medications without a diagnosis of psychosis.	The number of residents who receive antipsychotic medications who have expressive behaviours but do not have a diagnosis to support	100% of residents who have receive antipsychotic medications but do not have a diagnosis to supportive it will receive a "My Personhood" assessment and nonpharmacological interventions will be used primarily to support expressive behaviours	