Access and Flow

Measure - Dimension: Efficient

Indicator #2	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)	20.79	15.00	Working to decrease the percentage slowly over each year to work towards a goal of 15 percent which would be a 5% decrease	Peterborough Regional Health Centre

Change Ideas

Change Idea #1 Utilize NP STAT assigned to the home to prevent emergency department visits			
Methods	**Process measures**	**Target for process measure**	**Comments**
Complete a flow chart for the nurses to follow to prevent emergency department visits	Number of emergency department visits will be reviewed quarterly by the quality team. quality team to review if staff are following the flow chart and utilizing the NP STAT prior to transfer to emergency department	Nursing staff will ensure 100% of all transfers are completed based on the flow chart	Some residents and/or family members request that residents be sent to the hospital even when the home offers interventions that can be provided in the home.

Change Idea #2   Riverview Manor will increase the nursing and physicians education and focus on the mobile xray and ultrasound options within the home

Methods	Process measures	Target for process measure	Comments
Riverview Manor will attempt to seek a new mobile cray service which may be able to come to the home more frequently	Riverview Manor plans to ensure mobile imaging is accessible and readily used by physicians when reasonable to decrease transfer to emergency room.	With the consistent use of a mobile imaging company in home this will potentially decrease avoidable ED visits as diagnosis can be made in the home.	Some transfers to hospital are unavoidable due to POA request for transfer to hospital regardless of the services offered in the home.

Change Idea #3   Number of ED visits and reasons for ED visits will be reviewed at monthly QI meeting to identify any avoidable ED visits, and implement interventions as necessary

Methods	Process measures	Target for process measure	Comments
This information will be collected by the RQM and will be presented in the month QI meetings	All ED visits will be reviewed by the Quality Improvement team to discuss if there are any possible interventions that can be implemented to prevent future avoidable ED visits	100% of all EED visits will be reviewed at quarterly QI meetings	Discussions and or care conferences may need to be scheduled with families who request residents to be transferred to the ED that y have been avoidable

Change Idea #4   Registered staff will be trained in specialized therapy options in the home such as IV therapy

Methods	Process measures	Target for process measure	Comments
All registered staff and nurse managers will be trained on specialized care options that can be completed at the home level such as cauterization, IV therapy and any other specialized medical therapies	The nursing management team will monitor and review any required education that the nursing staff may require to limit avoidable ED visits based on the recent ED visits that have occurred	100% of registered staff and nursing managers will complete specialized treatment training as required	

Equity

Measure - Dimension: Equitable

Indicator #3	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	100.00	100.00	Surge learning is a required education for all staff and must be completed at 100% prior to working in the home.	Surge Learning

Change Ideas

Change Idea #1	OMNI is working on a Core Program for EDI which will be implemented across all homes. Currently OMNI has policies and education for all staff through surge learning

Methods	Process measures	Target for process measure	Comments
Surge Learning and Policy reviews are required to be completed by all staff. As new DEI programs are implemented the managers at the home level will ensure these programs are run effectively at the home level	Department Managers will monitor their staff for surge learning completion.	100% of all staff will complete their surge learning related to DEI in the required month	Total LTCH Beds: 92

Experience

Measure - Dimension: Patient-centred

Indicator #4	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	91.67	100.00	Based on our 2023 results which were 4.5% less than the 2024 results.	metrics@work

Change Ideas

Change Idea #1	This topic will continue to be reviewed during residents' council meetings, care conferences and during POA and resident interactions with the newly implemented PDSA schedule that the social worker has initiated in the home. Staff education to continue to be completed regarding resident centered care annually on surge learning.

Methods	Process measures	Target for process measure	Comments
The Life Enrichment Coordinator will review this are at each residents council meeting and encourage and remind residents of the process of reporting if they feel staff are not listening to them. Social Work Manager will complete a PDSA with residents/POAs to discuss concerns twice annually in addition to the care conference. RSC will review resident and POA concerns during the annual care conferences and encourage and remind residents/POAs to ensure reports are made if they have concerns with staff listening to them Staff to ensure they have completed all required education on resident centered care on surge learning annually.	Riverview Manor had a completion rate of 58.7% of resident surveys. Riverview will ensure that 80% of resident surveys are completed to ensure a more residents answers are reflected in the statistics	Riverview Manor will have and increase of 8.33% when the next Metrics@home survey is completed for resident satisfaction	Total Surveys Initiated: 54 Total LTCH Beds:92 There have been challenges in the home with having residents and POAs complete the survey

Measure - Dimension: Patient-centred

Indicator #5	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	92.59	100.00	All residents will be able to express their opinion without fear of consequences.	metrics@work

Change Ideas

Change Idea #1	This topic will continue to be reviewed during residents' council meetings, care conferences and during POA and resident interactions with the newly implemented PDSA schedule that the social worker has initiated in the home. Staff education to continue to be completed regarding resident centered care annually on surge learning.

Methods	Process measures	Target for process measure	Comments
The Life Enchrichment Coordinator will review this are at each residents council meeting and encourage and remind residents of the process of reporting complaints or concerns. Social Work Manager will complete a PDSA with residents/POAs to discuss concerns twice annually in addition to the care conference. RSC will review resident and POA concerns during the annual care conferences and encourage and remind residents/POAs to ensure reports are made if they have concerns with staff listening to them Staff to ensure they have completed all required education on resident centered care on surge learning annually.	Riverview Manor had a completion rate of 58.7% of resident surveys. Riverview will ensure that 80% of resident surveys are completed to ensure a more residents answers are reflected in the statistics	Riverview Manors goal is to increase the percentage by 7.41% for the 2025 resident satisfaction survey	Total Surveys Initiated: 54 Total LTCH Beds: 92 There have been challenges with having all staff and or POA complete the resident satisfaction survey

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who are on 15 or more medications daily	C	% / All patients	Local data collection / 25/26	100.00	95.00	Riverview aims to decrease the overall medication utilization by 5% over the next year	Primary Physicians, CareRx Pharmacy Consultant, Nursing Managment Team, BOOMIR Project

Change Ideas

Change Idea #1	Over the next year residents medications will be reviewed with an attempt to complete medication compression to decrease the amount of medications/ decrease amount of unnecessary medications

Methods	Process measures	Target for process measure	Comments
The home will utilize the pharmacy consultant to complete medication reviews of all residents throughout the year to determine if there are any medications that could be discontinued. The home is working on having BOOMIR started so that prior to admission best medication history is reviewed by primary physician to determine if any medications can be discontinued.	Approximately 8 residents will be reviewed each month in attempts to decrease medications	There will be a 5% decrease in overall medication utilization over the next quarter	The home is awaiting the current percentage of residents with 15 or more medications to determine a baseline.

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	16.72	12.75	Riverview Manor would like to see a decrease in falls, while setting realistic goals, with a goal to be under the provincial average	Achieva Healthcare

Change Ideas

Change Idea #1   Multidisciplinary team to complete post fall reviews and care plan reviews to ensure all appropriate interventions are in place.

Methods	Process measures	Target for process measure	Comments
Residents with an increase in falls or new falls will be reviewed at monthly falls meetings and have their care plans reviewed to ensure appropriate interventions in place. An immediate review will be completed by the nurse to ensure all safety measures are in place	RAI Coordinator will review the number of falls each month and note reasonings for all falls to ensure appropriate interventions are in place to prevent future falls	100% of all residents who have fallen in the month previous will be reviewed at monthly falls meetings	

Change Idea #2   All nursing staff will complete falls prevention training

Methods	Process measures	Target for process measure	Comments
Achieva Health will provide falls prevention training to all staff. Education will be provided in person and on surge learning	The training will include basics of falls prevention as well as specifics to appropriate interventions to aide in prevention of falls	60% of all staff will have completed training in the first 6 months, 100% of all staff will complete training by 1 year.	

Change Idea #3 The falls team will increase in size, and include front line staff.

Methods	Process measures	Target for process measure	Comments
The RAI coordinator in consolidation with the DOC will recruit front line nurses and PSWs to join the team and be falls prevention champions for front line staff	The falls team will meet monthly to review falls and residents current care plan interventions.	The falls prevention team will have 2-3 new members in the next year	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	23.02	20.00	While lower is better, setting a realistic goal of 20.00 a 3.02% decrease due to residents being admitted on antipsychotics and are sometimes difficult to discontinue.	Psychiatric Assessment Services for the Elderly (PASE)

Change Ideas

Change Idea #1 New BOOMIR project to assist with decreasing medication utilization when unnecessary

Methods	Process measures	Target for process measure	Comments
Physicians and pharmacists will be able to meet and discuss new admissions medications based on a best medication history and determine which medications will be necessary or required on admission	All new admissions will have their medications reviewed by the in house physician in consultation with their previous Physican (when possible) and pharmacist prior to admission	There will be a 5% decrease in unnecessary medications upon admission to the home through using the BOOMIR process	The home is currently waiting on the BOOMIR to set up a go live date

Change Idea #2   All residents who are on an antipsychotic will have a rational or reasoning for the use of the medication and will be monitored by the BSO lead

Methods	Process measures	Target for process measure	Comments
BSO Lead will ensure all new and current antipsychotic medication orders come with reason r rational for use	By routinely reviewing and analyzing the reasoning and rationale for antipsychotic this will assist flagging the BSO lead when a antipsychotic may be able to be discontinued or may no longer be needed	All residents in the home who are prescribed an antipsychotic will be monitored and follow by the BSO team and antipsychotics will be removed when suitable or reasonable.	Some residents come into the home on antipsychotics without rationale and it is difficult to determine immediately and may take time to determine

Change Idea #3   The home will work on increasing the number of staff with GPA training to assist in managing behaviors with non pharm logical interventions

Methods	Process measures	Target for process measure	Comments
The RQM/ BSO Lead will set up education sessions for all staff, starting with Front Line to complete GPA certification	8-10 staff per month will complete GPA certification with	60%-70% of all front line staff will be certified in GPA training over the next year	