

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.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	16.55	25.00	1. Education to all Registered Staff. 2. Review of S-Bar 3. Audit of PRE Emergency Check List	

Change Ideas

Change Idea #1 Implementation of a pre Emergency Transfer Checklist for Registered Staff to complete

Methods	Process measures	Target for process measure	Comments
Hospital visits are reviewed at Quality Improvement Committee Meetings Collection of data from PCC	Review with staff and discussion at QIP meeting	Less than 5 residents sent to ER monthly	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Collaborating with residents, staff and Quality Improvement Committee to create programming that is in line with resident ethnicity.	C	Number / LTC home residents	In house data collection / Jan to Dec	0.00	50.00	1. Discussion at resident and family council 2. Team meeting with Life Enrichment Staff 3. Discussion with all staff.	

Change Ideas

Change Idea #1 1.Life Enrichment will collaborate with residents, staff and Family to create programs 2. Discussion with Family council and Quality Improvement Committee. 3. Programs when created will be evaluated using annual survey. 4.Changes to programs will occur as per feed back

Methods	Process measures	Target for process measure	Comments
1.Life Enrichment team will ensure annual survey is updated to include the new programming 2.General feedback from residents, family members and staff	Survey results will be reviewed at Resident and Family Council.	50 % of residents will participate in new programming	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Circle of Care to improve communication with residents and SDM during the admission process. More informed care conferences and to incorporate virtual health options	C	% / LTC home residents	In house data collection / Jan to Dec	50.00	95.00	1. Family and Resident satisfaction completed yearly results shared with Resident and Family Council .2. With the admission process, keeping the lines of communication open.3. Admission Survey and post admission letter.4. A representative from all departments is to attend care conferences and SDM to complete care conference survey	

Change Ideas

Change Idea #1 #1) improve communication with residents and SDM on the admission process, more informed care conferences and to incorporate virtual health options.

Methods	Process measures	Target for process measure	Comments
<p>1. Family and Resident satisfaction completed annually results are shared with Resident and Family Council, action plan is created to implement improvements. Results are also reviewed at Quality Improvement Committee as we strive to provide exceptional care .2. Admission process, paperwork discussed with SDM and resident prior to admission to allow for a less stressful admission day. 3. Post admission letter, this letter provides information on how to connect with all departments.4. Admission Survey allows us to follow up and makes changes with all suggestions. 5. A representative from all departments attend care conferences, in collaboration with resident and SDM to discuss plan of care and address any concerns 5. SDM to complete care conference survey allowing them to contribute to process</p>	<p>Surveys for admission process and care conferences are collected processes are updated as required.</p>	<p>95% of concerns with the processes are addressed.</p>	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Grace Manor fosters a resident centered approach when providing palliative care . We encourage the resident and SDM to openly participate in the individualized plan. SDM and residents are shown respect , dignity and compassion.	C	Number / LTC home residents	In house data collection / Jan to Dec	50.00	100.00	1.Implementation and education of Comfort Care/ End of Life Care 2.Palliative Care Discussion with SDM/Resident 3.Follow up with Staff : Were we successful? 4.Implementation and Education on PPS 5. Review of Palliative Care Policies at Quality Improvement Committee 6.Education on Palliative Care policies on going	

Change Ideas

Change Idea #1 #1) Grace Manor fosters a resident centered approach when providing palliative care . We encourage the resident and SDM to openly participate in the individualized plan. SDM and residents are shown respect , dignity and compassion

Methods	Process measures	Target for process measure	Comments
<p>1.Implementation and education of Comfort Care/ End of Life Care</p> <p>.2.Palliative Care Discussion with SDM/Resident to be discussed at annual care conference and when resident is declining. Most important to have SDM and resident informed of any change in care</p> <p>3.Follow up with Staff : Were we successful? This is an audit that the staff complete and is reviewed at QIC meeting.</p> <p>4.Implementation and Education on PPS,</p> <p>5. Review of Palliative Care Policies at Quality Improvement Committee to ensure excellence in care, Committee to review policy and any audits completed</p> <p>6.Education on Palliative Care policies on going</p>	<p>To review all Palliative Care "Were we successful" debriefs.</p>	<p>Every resident that receives palliative care a debrief will occur</p>	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Ensure all staff have knowledge, awareness and are alert to fall prevention strategies. Goal is to have minimal resident falls and injuries	C	Number / LTC home residents	In house data collection / Jan to Dec	27.00	20.00	1.Education on falls prevention monthly 2. post fall screen 3. Bed sensors/chair sensor/floor alarms 4. Post fall debrief 5.increase staffing on units 6. more visible system to alert staff on call bells ringing 7. Post fall infection assessment as well as devices/routines reviews	

Change Ideas

Change Idea #1 #1) Ensure all staff have knowledge, awareness and are alert to fall prevention strategies. Goal is to have minimal resident falls and injuries

Methods	Process measures	Target for process measure	Comments
1.Education on falls prevention monthly, to review with the staff in all departments strategies on how to decrease falls. 2. post fall screen to be completed by Registered Staff : to ensure all safety devices are being utilized, to assess for infection, and referrals if required. 3. Bed sensors/chair sensor/floor alarms are utilized 4. Post fall debrief, a new process to discuss why resident had a fall and how this fall could have been prevented 5.increase staffing on units, with extra Personal support workers, dietary, and recreation staff are able to offer more programs and quickly respond to all alarms 6. more visible system to alert staff on call bells ringing	Review monthly the number of falls and fall debrief.	Our goal is to have 20 falls or less per month	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Infection Control, Grace Manor is invested in maintaining a safe, infection free home. All directives are communicated to staff, residents and family members in accordance with IPAC practices.	C	Number / LTC home residents	In house data collection / Jan to Dec	100.00	100.00	1. Self assessment audit tool Monthly 2. Hand Hygiene observations and audits monthly and are reviewed at Quality Improvement Committee 3. On going education on Hand Hygiene/PPE/ Enhanced Cleaning. 4. Education to all visitors. 5. Monthly infection Control Meeting 6. Daily screening for all staff and visitors 7. All residents screened twice a day 8. Collaboration with Public Health to ensure IPAC measures are met. 9. Annual Surveys	

Change Ideas

Change Idea #1 #1) 1. Self assessment audit tool Monthly
2. Hand Hygiene observations and audits monthly and are reviewed at Quality Improvement Committee
3. On going education on Hand Hygiene/PPE/ Enhanced Cleaning.
4. Education to all staff and visitors.
5. Monthly infection Control Meeting
6. Daily screening for all staff and visitors
7. All residents screened twice a day
8. Collaboration with Public Health to ensure IPAC measures are met.
9. Annual Surveys

Methods	Process measures	Target for process measure	Comments
Complete audits monthly on Hand Hygiene and post /review at QIC.	Ensure >100 audits are completed monthly	100 % of staff/visitors understand the importance of hand hygiene	