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	9.84	9.00	Decrease in ED visits noted however increasing complexity of residents and conditions	

Change Ideas

Change Idea #1 To continue with Increase Nurse Practitioner's care service capacity

Methods	Process measures	Target for process measure	Comments
The QI lead will collaborate with our In-House Nurse practitioner to develop a further standardized algorithm supporting deferred ER visits categories; CHF/ COPD/ Delereum/ Asthma/ Angina/ Dehydration & Septicemia.	# of ER visits, # of ER reviews, # algorithms, # of staff trained.	In house NP and the QI lead will establish a treatment protocol, and further enhance our registered staff's ability to recognize early signs and symptoms of deterioration of residents status by end December 2023.	Quarterly Meetings to be held to monitor progress and evaluation

Change Idea #2 To continue with implementations of Think Research clinical tools to build capacity to aid in early identification of diagnosis and treatment interventions

Methods	Process measures	Target for process measure	Comments
The QI lead will provide educational opportunities in adaptation of clinical applications such as; Skin and Wound mobile, Quality Analytics, Think Research Clinical Tool to improve in critical thinking and decision making to promote positive quality care outcomes of all our residents	# of staff trained, # of education opportunities, # of Think research clinical tools used	100% of all staff will attend mandatory clinical educational opportunities within the home	Implementation of decision support tool to assist with the early detection of resident with change in residents condition will be reviewed by the LLQIC team. Recommendations such as; a follow up plan for any residents who return from ED whose ED visit could had been prevented; Surge Learning will be updated to record training.

Change Idea #3 The Ongoing Collaboration with our external partners; Local Health Unit, External BSO-MRT , LCMH psychogeriatric support for any education/ training to better support clinical guidance on early recognition and treatment

Methods	Process measures	Target for process measure	Comments
The QI lead will continue to lead the collaboration with our existing external partners to find further opportunities to enhance the delivery of our care services involving our external partners in a safe and timely manner.	# of referrals, # external partners meeting, # education and training sessions	100% in compliance to involve our external partners; active referrals and collaboration with any complex responsive behaviors	The LLQIC will monitor any analyze all transfers to the ED

Change Idea #4 Educate resident and families about the benefits of and approaches to preveiting emergency department visits

Methods	Process measures	Target for process measure	Comments
to explore opportunities to improve in our admission process to discuss the home's capacity support and ongoing quality initatives to preventing emergency ED visits	# of resident admission, # education , # of resident and families in attendance,	100% of resident admission, increase in # education to resident and families by Dec 2023.	

Change Idea #5 Implementation of PCC LTC e-connect to be part of our standard care practice

Methods	Process measures	Target for process measure	Comments
Introduction of the PCC LTC e-connect to improve better communication between admissions/ discharges with our local hospital. Staff will have the capacity to access all resident history to support decision making and improve nursing practice in the following areas; access to pertinent current resident health status/ support with medication reconciliation & discharge planning.	# of Resident admitted to Hospitals, # of health record viewed, # of care conference	100% adoption of PCC LTC e-connect to our daily care practice by end of Dec 2023.	

Change Idea #6 To establish consistency in standardization of use of resource . I.e.. Diagnostics imaging, lab services, and access to appropriate materials to treat acute presentation.

Methods	Process measures	Target for process measure	Comments
LLQIC will continue to work with the home to ensure readily available resources for health care practitioners in order to provide excellence in care service such as; timely diagnostics imaging, lab services, and medical supplies availability . Current expectation to have lab and diagnostic services on a once weekly basis.	# late lab completion, # late diagnostic testing, # of ER visits	100% improvement in the timely use of external services to support timely delivery of care service by Dec 2023	To be reviewed during the LLQIC Quarterly Meeting.

Change Idea #7 To provide additional education for front line staff in Palliative Care training

Methods	Process measures	Target for process measure	Comments
The home's Palliative & End of Life Committee will Increase aide in providing enhanced training in current evidence Palliative Care Education to promote adequate knowledge on how to early detect deterioration to improve palliative care management. All new admissions will have an admission Palliative Care assessment and current residents will have yearly assessment or as condition change warrants as per established policy.	# of meeting held, # of training held, # staff attended training	100% of Registered Staff will be trained in Palliative Care standards, assessment tools. Additional staff interested in palliative care training will received training by Feb 2024. Admission assessments and resident assessments for Palliative care needs updated in PCC by Dec 2023	LLQIC to review training opportunities with the Quarterly Meeting; Surge Learning will be updated to record training.

Change Idea #8 Explore opportunities to partner with our local hospital to build capacity and relationship to support a mutual shared QIP initiative in improving communication and service delivery.

Methods	Process measures	Target for process measure	Comments
LLQIC to designate a lead to explore opportunities and engagement opportunities with PSDH leadership team.	# of meeting held, # discussion, # activity attended.	100% compliance in engaging PSDH in a potential mutual QIP initiative supporting avoidable ER visit by end of December 2023.	LLQIC to discuss mutual opportunities with the PSDH leadership team during the quarterly meeting.

Change Idea #9 Implementation of PCC LTC e-connect to be part of our standard care practice

Methods	Process measures	Target for process measure	Comments
The QI lead will collaborate with the Office Manager, respective partners in the implementation of the One- ID accounts for registered staff in order to be able to implement the PCC LTC e-connect to improve better communication between admissions/ discharges with our local hospital. Staff will have the capacity to access all pertinent information in a timely and prompt manner to improve decision making, and improve nursing practice in the following areas; access to pertinent current resident health status/ support with medication reconciliation & discharge planning.	# of Resident admitted to Hospitals, # of health record viewed, # of care conference, # of One-ID account created, # Registered Staff trained	100% adoption of PCC LTC e-connect to our daily care practice by end of dec 2024.	LLQIC to discuss progress of PCC LTC E-Connect implementation during the Quarterly Meeting.

Change Idea #10 To explore further collaboration with other interdepartmental heads to aid in potentially avoidable ER visit.

Methods	Process measures	Target for process measure	Comments
The QI lead will collaborate with Recreation Manager, Dietary Manager/ Dietitian, and SSW for prompt referral as applicable prior to residents being sent out to the ER department	# ER visits, # referrals, # collaboration opportunities	100% compliance in proper referral to inhouse support for early detection and prompt intervention as applicable by December 2023.	LLQI to discuss potential interventions and referrals in the Quarterly Meeting.

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 responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	94.44	95.00	Aim to increase performance by ~1% yoy.	

Change Ideas

Change Idea #1 Explore additional opportunities to increase polling stations for each of the respective neighborhood , and use of survey monkey, and user friendly applications to support resident and family survey intake.

Methods	Process measures	Target for process measure	Comments
Adding additional polling station for each respective neighborhood, increase awareness of the importance of resident satisfaction survey	# new polls added, # of resident participation, # of survey completed	Increase in polling station to be implemented by end of December 2023.	Total Surveys Initiated: 38 Total LTCH Beds: 163

Change Idea #2 Explore additional opportunities to increase utilization and uptake of Resident Survey for each of the respective neighborhood , and use of survey monkey, and user friendly applications to support resident and family survey intake; 2022 35% survey receipt

Methods	Process measures	Target for process measure	Comments
Recreation Manager to explore adding further polling station for each respective neighborhood, increase awareness of the importance of resident satisfaction survey; Rec staff go door to door for individual; answering of surveys; encourage families to fill out survey on behalf of Resident; email out in Billing envelopes; at office for pick-up; email out in Carey's newsletter; ? link to website; facebook; instagram, twitter; add more staff to speak with Res/family (not just Rec); QR codes; admission conference; care conference for feedback; potential for committees to assist with wording or specific questions that have meaning to them; IPAD availability i.e. Norm Ferrier, podiums; advertising; BBQ/event	# new polls added, # of resident participation, # of survey completed	25 % Increase in in uptake for next survey; goal of 44% for 2023	LLQIC to discuss placement of additional polling stations before the end of Dec 2023.

Change Idea #3 To explore further activities that supports the home's Mission; Vision; Values

Methods	Process measures	Target for process measure	Comments
LLQIC team to explore further activities that promote LL newly adopted Mission, Vision and Values such as additional Town Halls meeting for Staff, Residents, and families; Plaques, signage; share examples of living mission, vision, and values. Ensure Residents Bill of Rights and importance of listening to Residents is communicated through staff huddles, SURGE.	# activities, # attendance, # signage	100% compliance in providing additional venue for meetings for resident, family, and staff by Dec 2023	The QI lead to update the LLQIC Quarterly on upcoming venues to support the home's mission, vision, and values

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".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	91.89	93.00	Slight improvement over last year. Aim to increase by 1% YOY.	

Change Ideas

Change Idea #1 Increase collaboration with resident and family council to be active participants in the homes quality initiatives; Committee memberships

Methods	Process measures	Target for process measure	Comments
The QI Lead to continue engaging the resident and family council to participate in the development of the quality improvement initiatives for the home; Home attendees will provide updates at Council and encourage involvement of members on Committees	# of resident council meeting, # family council meeting, # of resident & family suggestions, and recommendations.	100% compliance in support of increase engagement/ involvement of resident & family council in our QIP initiatives by end of July 2023.	Total Surveys Initiated: 37 Total LTCH Beds: 163 The QI lead will work with Recreation Manager for potential increase in resident & family engagement Monthly

Change Idea #2 The LLQIC will collaborate with resident families to discuss additional venue for Ministry reporting for any complaints/ concerns.

Methods	Process measures	Target for process measure	Comments
The QI lead will collaborate with the Business Office/ IT Department to research viability of improving access through Lodge website to ensure Ministry reporting is easily accessible in our website.	# resident/family complaints, # resident/family concerns resolved to their satisfaction	Resident/Family report effective resolution of concerns by 95% by end of December 2023.	The QI lead will review progress on CI cases with the Ministry as requested.

Change Idea #3 To further enhance resident & family relationship to improve transparency with clinical leadership.

Methods	Process measures	Target for process measure	Comments
QI lead to collaborate with Office Personnel to ensure all business cards for all leaders are readily available at the front office and that 'Who to contact' is available to all residents and families on admission and as requested.	Residents/families acknowledge know who to contact on satisfaction survey.	100% compliance in ensuring all leadership 's business card are readily available at the front office by July 2023 and 95% residents/family agree they know who to contact on satisfaction survey.	Qi lead will collaborate with Office staff to ensure all cards will be readily available by July 2023. Ensure question included on satisfaction survey.

Change Idea #4 LLQIC to work with the IT department to ensure that Home's Website is updated with resources readily available to address any concerns/ issues/ compliments

Methods	Process measures	Target for process measure	Comments
Qi lead will collaborate with the home's Business Office/ IT department to ensure website has been updated with information on how families/residents can bring forward compliment/concern/issue and who it is to be addressed to	# website pages, # concerns, # compliments, # issues brought forward using the website,	100% compliance that the home's website will be updated with information on how to bring forward concerns by Sept 2023.	QI lead to follow up with home's IT Quarterly.

Change Idea #5 To explore further awareness of the home's Whistle Blowing Protect Policy

Methods	Process measures	Target for process measure	Comments
The QI lead will work with HR to ensure all staff working have completed their mandatory Whistle blowing protection policy on Surge learning; website; and in GBO refresher courses.	# staff trained, # family trained, # resident in attendance, # Ministry complaints	100% compliance that all staff, are aware of the Whistle blowing protection Policy by March 2024.	QI lead to follow up with HR department for feedback Quarterly. Surge Learning will be updated to record training.

Change Idea #6 To explore additional activities/ opportunities to promote better transparency and prompt care interventions

Methods	Process measures	Target for process measure	Comments
The QI lead will explore opportunities for prompt detection and response to any complaints/concerns thorough engagement of all LL staff to listen, report and respond in a timely manner and know who to speak to; suggest discussion at Care conferences; Referrals; 1:1 cares/resident/sensory; MD/NP; HSKG; any Resident interaction could be a venue	# care conferences, # reportable complaints, # 1on 1 care	All staff at LL have a responsibility to report and once reports are made there will be 100% compliance in addressing any complaints/ concerns in a timely and efficient manner by Dec 2023	QI lead to follow up with HR department for feedback Quarterly.

Change Idea #7 To explore further effective communication to address hierarchy of neighbourhoods,and admissions with nursing department

Methods	Process measures	Target for process measure	Comments
LLQIC will collaborate with Nursing department to help with enhancing communication around hierarchy of neighborhoods, and address any concerns resident/ family has during admission process with the Nursing Team.	# admissions, # residents, # Reportable complaints	100% compliance in addressing any complaints/ concerns in a timely and efficient manner by Dec 2023	QI lead to follow up with HR department for feedback Quarterly.

Change Idea #8 To increase opportunities for resident & families to have additional town hall meetings as requested

Methods	Process measures	Target for process measure	Comments
The QI lead to engage with Director and Resident council and Family council to explore opportunities to hold additional meetings	# residents in attendance, # family in attendance, # meeting held	100% in compliance in increase venue for resident council and family council	The QI lead will provide update to the LLQIC committee Quarterly.

Theme III: Safe and Effective Care

Measure **Dimension:** Safe

Indicator #4	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	29.74	20.00	Enhanced interventions aimed at the performance indicator should drive percentage lower.	

Change Ideas

Change Idea #1 To establish a sub committee for antipsychotic medication use

Methods	Process measures	Target for process measure	Comments
LLQIC designate will assist with the implementation of the psychotropic use sub committee, and will report on the progress during a quarterly meeting to establish guidelines and perimeters on the appropriate use of psychotropic medications use.	# of medication review, , # antipsychotic medication discontinued, # new implemented guidelines	100% compliance in implementing a subcommittee for antipsychotic medication use by Mar 2023.	The QI lead will provide update to the LLQIC committee quarterly.

Change Idea #2 Continue to build capacity with our external psychiatrics resource team to be an

Methods	Process measures	Target for process measure	Comments
Increase collaboration with our external psychiatric resource team to update and revise current medication tracking tool to improve in tracking the use of antipsychotic medications, and develop a efficacy tracking form to support effective evaluation of the appropriate use of antipsychotics	# meeting held, # new clinical tools used	100% in compliance with scheduled meetings, and implementation of new clinical tracking tool by the end of Dec 2023.	The QI lead will provide update to the LLQIC committee quarterly.

Change Idea #3 Explore altenative strategies prior to starting anti-psychotic medications

Methods	Process measures	Target for process measure	Comments
Ongoing partnership with our MD , pharmacist, to explore potential discontinuation of PRN antipsychotic that have not been used over a three month period.	# of medication review, # non pharmacological interventions, # residents	100% compliance in completion a thorough review of resident's chart to explore appropriate use of antipsychotics by end of July 2023.	The QI lead will provide update on the enhancement of the non-pharmacological interventions check list for the LLQIC to review on a quarterly basis

Change Idea #4 To explore additional training opportunities, and online training for enhanced non-pharmacological interventions for all staff.

Methods	Process measures	Target for process measure	Comments
QI lead to collaborate with the Recreation department, & SSW for GPA training, Using updated surge learning modules for all staff including MDs; PAC; linking with external partners for MH, Addictions; partnership with CCHSS and CCAC In house NP to provide increase education opportunities for front line staff to attend in-service to detect earlier stage of the potential triggers of resident responsive behaviors	# education, # surge learning courses, # participants, # external training	100% compliance in completing mandatory GPA, and online training by all staff by Dec 2023	QI lead to discuss progress in the Quarterly Meeting; Surge Learning will be updated to record training.

Equity

Measure   **Dimension:** Equitable

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Staff engaged in psychological safety safety in the workplace training	C	% / Worker	In house data collection / March 2023-June 2024	CB	60.00	To enhance staff's clinical capacity around psychological safety in the workplace interventions	

Change Ideas

Change Idea #1 To provide enhanced education around psychological safety training for all staff.

Methods	Process measures	Target for process measure	Comments
CAMH to provide additional training on caregiver burn out, and on managing stress in the workplace	# of staff trained, # sessions held, # trainer, # recommendations	100% of all staff will received the formal training from CAMH by February 2023.	

Measure   **Dimension:** Equitable

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff completing equity, diversity, and inclusion training in the workplace	C	% / Worker	In-home audit / June to December 2023	0.00	100.00	Aim for all staff to be trained in EDI.	

Change Ideas

Change Idea #1 Increase staff knowledge and awareness of E,D,I in the workplace and program at Lanark Lodge.

Methods	Process measures	Target for process measure	Comments
Implementation of E,D,I training in the workplace for all team members	# staff attending training, # staff knowledgeable of E,D,I	100% staff trained on EDI	Coordinator to provide update at Quarterly QIP meetings.