

## 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	14.55	14.10	This target builds on the current downward trend for ED Avoidance, and aims to continue performance in a favourable direction (down).	Hamilton Paramedic Service

### Change Ideas

#### Change Idea #1 Reduce ED Visits/ Admissions by 3.09%

Methods	Process measures	Target for process measure	Comments
a) Participate in Hamilton Paramedic Services (HPS) Mobile Paramedicine pilot project	Number of HPS responses from April 1, 2023 until March 31, 2024	Collect Baseline (CB)	

#### Change Idea #2 Reduce ED Visits/ Admissions by 3.09%

Methods	Process measures	Target for process measure	Comments
b) Educate (active) Registered Staff on the Hamilton Paramedicine Pilot Project and referral process	Percentage of (active) Registered staff to receive education on the Hamilton Paramedicine Pilot Project	100% of active Registered Staff educated on the HPS Pilot Project	

## Change Idea #3 Reduce ED Visits/ Admissions by 3.09%

Methods	Process measures	Target for process measure	Comments
Increase number of Nurse Practitioner (NP) hours each month	Number of NP hours worked each month	270 hours worked by Nurse Practitioner each month	

## Change Idea #4 Reduce ED Visits/ Admissions by 3.09%

Methods	Process measures	Target for process measure	Comments
Provide refresher education to (active) Registered staff on the NP referral process	Percentage of (active) Registered staff to receive refresher education	100% of active Registered Staff to receive refresher education	

## Change Idea #5 Reduce ED Visits/ Admissions by 3.09%

Methods	Process measures	Target for process measure	Comments
Review applicable Emergency Department (ED) transfers at Admission/ Discharge/ Transfer committee meetings	Percentage of applicable ED transfers reviewed by ADT committee	100% of applicable ED transfers reviewed by ADT	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents responding positively to: "The staff in each department take time to listen to my concerns."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2022	92.00	93.00	The team believes this is an achievable target for one year.	Residents Council and Family Council

### Change Ideas

#### Change Idea #1 Increase Overall Resident/ Family Satisfaction by 1.00%

Methods	Process measures	Target for process measure	Comments
Engage Residents Council, Family Council and Quality Councils about rationale for changes to annual satisfaction survey	Number of meetings attended to provide education and request advice (three)	Three meetings will be attended to provide education and request advice	

#### Change Idea #2 Increase Overall Resident/ Family Satisfaction by 1.00%

Methods	Process measures	Target for process measure	Comments
Ask satisfaction survey (QIP indicator) questions at Resident's and Family Council meetings to monitor negative responses throughout the year	Number of meetings QIP indicator questions/ discussion are on Resident's Council/ Family Council meeting agendas (four)	Four RC/ FC meetings attended to ask QIP indicator questions (1 per quarter)	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I am able to communicate openly and freely in order to ensure that my care and service needs are met without fear of consequences."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2022	91.00	92.00	The team believes this is an achievable target for one year.	Residents Council and Family Council

**Change Ideas**

Change Idea #1 Increase Overall Resident/ Family Satisfaction by 1.00%

Methods	Process measures	Target for process measure	Comments
Modify RSS/ FSS survey question to reflect indicator question.	The question (#3) has been modified	Question #3 was modified? Yes	Wording needs to be modified on one satisfaction survey question to include the words: "...without fear of consequences."

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents experiencing worsened pain	C	% / LTC home residents	CIHI CCRS / April 1, 2023 - March 31, 2024	17.90	17.00	The team is aiming to see this indicator move in a favourable direction (down) during this QIP year and believes this target is achievable	Pharmacy-CareRx

## Change Ideas

Change Idea #1 Reduce the percentage (%) of residents experiencing worsening pain by 5.00%

Methods	Process measures	Target for process measure	Comments
Roll out new clinical pain assessment and pain monitoring tools	Number of tools rolled out (two)	Two tools to be rolled out	

Change Idea #2 Reduce the percentage (%) of residents experiencing worsened pain by 5.00%

Methods	Process measures	Target for process measure	Comments
Educate all (active) nursing staff on new clinical pain assessment and pain monitoring tools	Percentage of (active) nursing staff educated on new clinical tools	100% of active nursing staff to receive education	

Change Idea #3 Reduce the percentage (%) of residents experiencing worsened pain by 5.00%

Methods	Process measures	Target for process measure	Comments
Audit completion of pain assessment tool	Completion of monthly audit	Twelve audits completed (1 per month)	

Change Idea #4 Reduce the percentage (%) of residents experiencing worsened pain by 5.00%

Methods	Process measures	Target for process measure	Comments
Audit completion of pain monitoring tool	Completion of monthly audit	Twelve audits completed (1 per month)	

## Safety

### Measure - Dimension: Safe

Indicator #5	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	25.84	25.50	The team is aiming to see this indicator move in a favourable direction (down) during this QIP year and believes a 1.32% reduction is achievable	Pharmacy CareRx

### Change Ideas

#### Change Idea #1 Reduce Antipsychotic use by 1.32%

Methods	Process measures	Target for process measure	Comments
Provide refresher education to Physicians and Nurse Practitioners about the importance of documenting indications with every addition or change to antipsychotic medication order(s).	Percentage of Physicians and Nurse Practitioners who receive refresher education	100% of Physicians and Nurse Practitioners to receive refresher education	

#### Change Idea #2 Reduce Antipsychotic use by 1.32%

Methods	Process measures	Target for process measure	Comments
Pharmacist/ Medical Director to review residents taking antipsychotics for documentation of indications	Percentage of residents taking antipsychotics reviewed for documented indications	100% of residents taking antipsychotics will be reviewed for documented indications	

## Change Idea #3 Reduce Antipsychotic use by 1.32%

Methods	Process measures	Target for process measure	Comments
Track antipsychotic utilization to monitor use of antipsychotic tool	Audit completion of antipsychotic monitoring tool quarterly	Four audits completed (1 per quarter)	