Aim		Measure							Change				
Quality Dimension	Issue	Measure / Indicator	Type	Unit / Population	Source / Period	Current Rate	Target	Target Justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective Transitions	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 / October 2016 - September 2017	22.99	22.99	Our Home is aiming to maintain our current rate of potentially avoidable ED transfers as we are currently below both the Champlain LHIN rate as well as the Ontario provincial rate.	1)Monitor residents who get sent to the ED for assessment.	Analyze ED transfer data published by the MOHLTC in order to identify trends in ED transfers related specifically to various clinical conditions. Utilize the new Hospital Tracking Portal found in Point Click Care.	Total # of Admissions to Acute Care from ED; Total # of Deaths at Hospital; Total # of Transfers to ED; Critical Incident System submissions.	Greater understanding and subsequent engagement from staff on the various alternatives to ED transfers related specifically to identified clinical conditions.	Staff from each RHA are a vital part of exploring options to reduce the rate of potentially avoidable ED visits.
									2)Educate residents and families/support systems on the various alternatives to ED transfers, and the associated risks involved.	Physicians, RNs and RPNs to have formal discussions at annual and situational care conferences and informal discussions with residents and/or families regarding goals of care with changes in health status.	Total # of Admissions to Acute Care from ED; Total # of Deaths at Hospital; Total # of Transfers to ED; Critical Incident System submissions.	Greater understanding and subsequent engagement from residents and families on the various alternatives to ED transfers.	Residents and their families are a vital part of exploring options to reduce the rate of potentially avoidable ED visits.
	Wound Care	Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	3.92	2.50	Although this indicator went up by 1.1% in 2017, we are still aiming to meet our 2017 target of 2.5% for the coming year.	1)Implementation of the new Skin and Wound Care module in Point Click Care used to assess, photograph, track/monitor electronically, and support interventions to treat each wound.	Education and training on the new module for skin and wound care champions who will provide subsequent training to peers.	# of STAGE I Ulcers; # of STAGE II Ulcers; # of STAGE III Ulcers; # of STAGE IV Ulcers; # of ulcers worsening in last month - from stage II to III to IV; # of INTERNALLY acquired ulcers within last month (Stages I - IV).	100% of registered staff educated and trained on the new skin and wound module.	An electronic process to manage skin and wound care is far more robust than the current system and should lead to better tracking and management overall.
									2)New contract with 3M for the full use of their skin and wound care product line.	Education/training for all nursing positions on the R.I.S.E. Program (Reduce Incidence of Skin breakdown through Education); Education/training for all Registered Staff on the full suite of 3M products, above and beyond the R.I.S.E. program; Develop a package of resource/reference material including product descriptions and appropriate application based on individual wounds.	% of PSWs trained on R.I.S.E.; % of Registered Staff trained on full suite of 3M products; Resource/reference package created.	100% of full and part-time PSWs trained on R.I.S.E.; 100% of Registered Staff trained on full suite of 3M products.	Although 3M products may cost a little more than average, the quality is better and should require less inventory as most products can be used conservatively and dressing changes would occur less frequently.
									3)Enhance the knowledge and skills of nursing staff related to wound care and the prevention of wounds.	Provide hands-on training to front line staff and make online training modules available. Incorporate new skin and wound care monitoring and assessments in Point Click Care	% of registered staff educated and trained on wound care best practices.	100% of full and part-time nursing staff educated and trained on skin and wound care.	Ultimate goal here is to reduce the incidence of wounds among residents and improve capacity of staff to treat wounds.

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Quality Dimension	Issue	Measure / Indicator	Type	Unit / Population	Source / Period	Current Rate	Target	Target Justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
	Improved Continence	% of residents with worsening bladder control during a 90-day period.	C	% / Residents	CIHI CCRS / April 2017 to Dec 2017	28.8	25.00	Our target is based on historical performance. We are aiming to improve by 13% overall to reach 25%.	1)Education of staff in Restorative principles and practices including programs designed specifically for bladder continence and control.	Rehab/Restorative team to provide formal and informal education throughout the year, with respect to restorative principles. Dementia care training and education to be completed in 2018, with the type(s) of training and total number of staff to be determined.	# Residents using disposable incontinence products; % of use of disposable incontinence products; daily incontinent product change rate; direct staff and resident/family feedback; review of RAI MDS 2.0 Section H1b	Staff to have a greater understanding of restorative principles and dementia care and be able to apply both appropriately while supporting residents.	Restorative principles can lead to greater independence and control over one's continence. Best practices in Dementia care can aid staff in supporting residents in this area.
									2)Educate staff on implementing targeted and individualized toileting plans/schedules for residents in a person centred approach, using proven behavioural approaches and techniques that will achieve positive results.	Scheduled toileting plans will be integrated into the resident's care plan and pushed out to POC for documenting. Review coding requirements and ensure quarterly, that coding is correct. Interdisciplinary team meetings at the RHA level (eg. House Council) to review progress and solicit feedback from staff. Review of program at continence team meetings, using lean tools. Develop a PSW lead continence education team to provide education to staff. Mandatory education of the inspection protocol for Continence care and Bowel Management.	# Residents using disposable incontinence products; % of use of disposable incontinence products; daily incontinent product change rate; direct staff and resident/family feedback; review of RAI MDS 2.0 Section H1b	100% compliance with individual toileting plans for residents who qualify in order to reduce the rate of worsening bladder control.	Although we were marginally successful in reducing worsening bladder control in 2017, this additional indicator will remain on our QIP as a priority for 2018/19.
Resident - Centred	Resident Experience	Percentage of complaints received by a long-term care home that were acknowledged to the individual who made a complaint	A	% / LTC home residents	Local data collection / Most recent 12 month period	100	100.00	Our Home feels that all complaints should be acknowledged within 6-10 business days.	1)Complaint review process to be completed monthly as opposed to quarterly, with the results of each review brought to the Leadership and Quality Committee for further discussion.	Complaint review to be a standing agenda item on the Leadership and Quality Committee.	# of complaints received and acknowledged within 6-10 business days.	100% of all complaints to be acknowledged within 6-10 business days.	A more timely review process for all complaints in order to identify trends and/or areas needing improvement will enhance our overall complaints management system.
									2)Review and redesign of historical complaint form to be used as an internal measure to ensure all complaints are received, documented, tracked and followed up on.	Review and redesign complaint form.	# of complaints; # of complaint forms	100% of all complaints received will have a corresponding complaint form completed.	The use of an internal complaint form for every complaint will lead to a more robust complaints management process, ensuring better tracking and follow up.

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		Percentage of residents responding positively to: "The care staff listen to me." on the annual resident satisfaction survey	P	% / LTC home residents	In house data, NHCAHPS survey / April 2017- March 2018	88	92.00	We are aiming to improve upon our 2015 survey response rate of 91.4%.	1)Educate staff on customer service skills in dealing with residents and families.	Develop an education curriculum and materials for training, and create a schedule of delivery.	% of staff trained on customer service skills.	9 education sessions to be completed, 1 per RHA. 25% of staff trained on customer service skills.	Positive customer service skills supports relationships of trust and understanding between residents, families and staff.
									2)Improve upon the current process to include residents on clinical committees and teams.	Set up a structure/process to ensure residents are aware and reminded of committee meetings, and potentially buddy up residents with staff who attend committees and other team meetings.	# of committees/teams with resident representation; % of resident attendance at committee meetings.	Minimum of 1 resident to attend clinical committees and team meetings 80% of the time.	Our aim here is to ensure greater participation of residents on clinical committees and teams, ensuring they have a voice and can contribute to decision making.
									3)Bring any changes in policies, procedures and programs directly affecting residents to residents' council for discussion.	Identify policies and programs where resident input is required and have policy review as standing agenda on Council Meetings. Develop a policy and program review log.	Policy index and Council minutes.	100% of policies that need to be reviewed by resident council are brought to the council for discussion.	Our aim here is to involve residents in decision-making and to provide timely and open communication and opportunities for engagement.
		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 / April 2017 - March 2018	96	97.00	While our current performance of 96% is phenomenal, we will aim to improve by another 1% overall.	1)Conduct residents' rights education with focus on elements of person-centered care, including the right #17 - Raising Concerns without fear of coercion, discrimination or reprisal.	Develop specific training curriculum and create a schedule to conduct education sessions once per quarter.	% of residents educated on resident rights.	75% of residents with a CPS of 3 or less are educated on resident right #17.	Residents must be made aware of their Bill of Rights and how our Home delivers person-centered care while ensuring those residents rights are honoured.
	Resident experience: 'Overall satisfaction'	Percentage of residents responding positively to: "I would recommend living here to others."	P	% / LTC home residents	In house data, interRAI survey / April 2017 - March 2018	95.2	96.00	Target justification is based on historical data and continued improvements year-over-year: 2014 = 83.3%; 2015 = 83.6%; 2016 = 93.2%; 2017 = 95.2%	1)Develop Person-Centered Care philosophy for the Home which establishes staff, residents, families and volunteers as the four pillars of Person-Centered Care.	Select a team to develop Person-Centred Care philosophy and bring draft philosophy for discussion to staff and residents' and family councils. The leadership team will approve the statement of philosophy.	% of stakeholders indicating they are aware of the Home's Person-Centred Care philosophy.	75% of respondents are aware of the Home's Person-Centred Care philosophy.	Developing a shared understanding of what Person Centered Care means is helpful in managing and supporting the expectations of residents and families/support systems.
									2)Orient new hires on our Home's approach to a Person-Centred philosophy of Care.	Develop Person-Centred Care education curriculum to be included within the orientation package. Newly hired staff to be partnered with Person-Centred Care trained staff during their buddy-shifts.	% of new hires receiving PCC education; % of new hires partnered with PCC trained staff during buddy shifts.	100% of new hires are educated on Person-Centred Care. 50% new hires complete buddy shifts with PCC trained staff.	This change idea should support greater adaptability of new hires into our Person-Centred Care culture.

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	Resident experience: "Reducing Agency Staff"	% of nursing hours contracted out to external agencies.	C	% / Residents	In house data collection / Jan. 2017 to Dec. 2017	3.5	2.50	Based on historical performance and change in legislation related to Bill 148.	1)Implementation of a new automated call out system for staff replacement called Staff Stat.	Solicit individual contact information from all nursing staff and enter into the system. Education and training for front-line staff on how to use the system from the 'receivers end'. Education and training for scheduling staff, RNs and reception on how to use the system from the back-end, in order to successfully disseminate available shifts.	# of call-outs; # of accepted shifts; # of labour relation issues related to scheduling of shifts; % of agency staff use.	Our aim here is to see a reduction in agency use as well as a reduction in the number of informal complaints received through HR related to scheduling.	We also expect greater efficiency in the scheduling office which will allow more time for the completion of mandatory processes Eg. Uploading annual vacation approvals in ADP.
									2)Implement "Helping Hands" program to help support various RHAs (Resident Home Areas) when there are staff shortages.	Cross train the support staff (Housekeeping/Dietary/Laundry) on various activities such as meal assistance, portering, bed making, nutritional passes, lifts and transfers, etc. Set thresholds for use Eg. How many staff can be drawn from our resource pool before agency is called. Create and finalize HR processes such as Job Descriptions, Job Routines, Labour relations, etc.	# of staff pulled to fill role; # of times each RHA is short-staffed; % of agency use (PSWs).	To ensure we make use of every opportunity to draw upon our own staff in order to support our Person-Centred Philosophy of dedicated relationships and staff familiarity.	
									3)Establish a recruitment team to enhance our recruitment process through broader employee engagement.	Clarify required skills of team members and identify staff matching the required skill set. The team will develop a team charter, provide training, and engage employees in the recruitment process.	New Hire Interview (after 3 months of hiring); Interview with Team members (after new hire completes 3 months).	50% of new hires express they have had a positive experience at our home and feel supported in their role; 50% of team members working with the new hire agree that he/she fits well into his/her role.	It is important to have input from staff on key skills, abilities and competencies required for individual roles while increasing staff engagement in providing mentorship to new hires.
	Resident experience: "Taste of Food"	% of residents responding positively to the statement "My meals are tasty" on the resident satisfaction survey.	C	% / Residents	In-house survey / Jan. to Dec. 2017	69.6	75.00	Based on historical data. Our goal is to get back to our 2015/16 level of 75% overall.	1)Implement a 'Taste panel' made up of staff, residents and families/support systems.	A log book documenting the various taste panel activities. Informal check-in with staff, residents and families for feedback on meals.	% of residents responding positively to the annual Resident Satisfaction Survey question "My meals are tasty".	100% compliance with new panel of tasters through to the end of 2018.	Having engagement and participation from various stakeholders on the taste of the food should lead to better results in this area.

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Safe	Medication safety	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment.	P	% / LTC home residents	CIHI CCRS / July - September 2017	18.62	18.00	While our antipsychotic medication use has been historically low compared to the ON provincial average, we will aim to improve upon our current rate by a modest 3.3%.	1)Analyze data on the use of antipsychotic medication and their correlation to Responsive Behaviours in the absence of any exclusion criteria. Eg. Schizophrenia, delusions, hallucinations, etc.	Detailed analysis of the percentage of residents exhibiting responsive behaviours who are not receiving antipsychotic medication in order to determine the ratio of responsive behaviours to antipsychotic medication use.	% of residents with worsening behavioural symptoms; # of Behavioural symptoms that affect others - Resident to Resident; # of Behavioural Symptoms that affect others - Resident to Staff; % of residents taking antipsychotic medication.	The ability to quantify the percentage of residents exhibiting responsive behaviours who are not using antipsychotic medication.	The aim here is less about reducing antipsychotic medication use and more about the validity of reducing them to levels that may actually be counterproductive in the face of increased responsive behaviours related to dementia.
	Safe care	Percentage of residents who fell during the 30 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	14.4	13.50	Since we are already ahead of the provincial average, our goal is to improve on our current rate by 6%.	1)Implementation of a new Falls Management process using bright yellow as a mechanism to identify residents who are at higher risk of falling.	Falls Committee to provide education and training on the new process to identify residents who are at a high risk of falling.	Total # of Falls that occurred within the month. Total # of Residents Who Fell within a month. Total # of serious injuries from Falls eg. Fracture Prevalence of Residents who fell (%). Prevalence of total falls (%) that occurred within the month.	Through a new system of improved identification of residents at high risk of falling, we are aiming to see a decrease in the overall number of falls, including those causing injury.	
									2)Restorative Education to ensure maximum use of the program to maintain and/or slow the rate of decline of resident mobility.	Develop a Restorative Care Team that is interdisciplinary in nature (including residents and family members), with a core function of educating others on the merits of the program, including the prevention of physical decline in resident mobility.	Total # residents on a restorative program; Total # of Falls that occurred within the month; Total # of Residents Who Fell within a month; Total # of serious injuries from Falls Eg. Fracture Prevalence of Residents who fell (%); Prevalence of total falls (%) that occurred within the month.	Increased support and assistance from front-line staff implementing restorative programs related to fall management, such as Active and Passive Range of Motion and the Walking Program.	Improvements in Restorative Care Programming can have a positive effect on a resident's mobility, in turn reducing the overall number of falls.

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Quality Dimension	Issue	Measure / Indicator	Type	Unit / Population	Source / Period	Current Rate	Target	Target Justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
		Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment	A	% / LTC home residents	CIHI CCRS / July - September 2017	8.22	7.00	A modest improvement in this area will ensure restraints are removed in a structured and methodical way that maintains the safety of our residents.	1)Thorough review/assessment of every resident using a daily physical restraint in order to trial the removal for an appropriate percentage, using the proven restraint removal process developed internally.	Adherence to the previously developed restraint removal process.	# of PHYSICAL RESTRAINTS; # of PASDs (PERSONAL ASSISTIVE SERVICE DEVICES); Prevalence of physical restraints.	Refocus staff and other stakeholders back to our least restraint policy and the process to trial the removal of a percentage of daily physical restraints.	Since we have already reduced our restraints by 83%, our approach to further reduction will be conservative.
		# of behavioural symptoms that affect others "Resident to Resident" and "Resident to Staff".	C	Number / Residents	In house data collection / Jan to Dec 2017	148	140	Our goal is to improve over our 2017 data on the responsive behaviours affecting others by 5% overall	1)Develop the skills of the Registered Staff to carry out responsive behaviour assessments (P.I.E.C.E.S).	Train 2 Registered Staff on the P.I.E.C.E.S assessment and arrange for coaching by P.I.E.C.E.S trained Registered Staff to other registered staff. Incorporate P.I.E.C.E.S assessment in Point Click Care.	% of Registered Staff trained on P.I.E.C.E.S	100% of all Full and Part-time Registered Staff trained on P.I.E.C.E.S	The goal here is to enhance capacity to support care of residents living with complex chronic physical and mental health needs, which includes neurocognitive disorders and associated behavioral changes.
									2)Develop responsive behaviour pathway and educate staff on its use.	Develop Pathway and discuss and revise with Responsive Behaviour Team.	# of responsive behaviour incidences (Resident to Resident; Resident to Staff)	# of responsive behaviour incidences (Resident to Resident; Resident to Staff) to decrease by 5%	Our aim here is to strengthen the capacity to care for people with complex needs, while maximizing the potential of staff to provide quality care through improved systems and processes.

Measure > Type
"P" = Primary Indicator
"A" = Additional Indicator
"C" = Custom Indicator