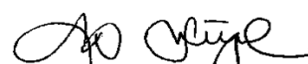


| AIM | Measure | | | | | | | | | Change | | | | | |
|---|-------------------|---|------|---|---|-----------------|---------------------|--------|--|-------------------------------------|---|---|---|---|--|
| Issue | Quality dimension | Measure/Indicator | Type | Unit / Population | Source / Period | Organization Id | Current performance | Target | Target justification | External Collaborators | Planned improvement initiatives (Change Ideas) | Methods | Process measures | Target for process measure | Comments |
| M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on) | | | | | | | | | | | | | | | |
| | Efficient | 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 / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2) | 53118* | 24.61 | 23.38 | The Wexford Residence will aim to be at or below the provincial average of avoidable ED transfers, beginning with a 5% improvement decrease. | NP STAT, NLOT, SHN | 1)Ensure Pointclick Care (PCC) is fully utilized to log and track all hospital transfers with reason for transfer. 2)Review CHES and PPS scores to identify residents at risk, or had change to their health status and validate that external and internal resources are utilized like in house NP, NPSTAT, NLOT. | Educating RN/RPN/NP on the PCC tracking tool so its updated once a resident is transferred to ED. And the data is reviewed monthly during the Monthly Nursing CQI committee meeting. RAI team to prepare list of residents assessed each month and present scores for PPS & CHES for early recognition of changes to health, and goals of care discussion with resident/SDM/POA. | % of ED transfers tracked and reviewed by the CQI committee % of residents assessed each month scores reviewed | 100% of ED transfers tracked and reviewed. Meet the provincial average for ED visits | By looking at the reasons for ED visits, the interdisciplinary team can determine and identify residents who could have utilized internal resources that the facility offers. |
| Equity | Equitable | Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education | P | % / Staff | Local data collection / Most recent consecutive 12-month period | 53118* | CB | CB | Over the next year, 100% of staff will receive EDI training, and 2 designated staff leads will be trained on Cultural Humility in palliative care. | CLRI, Surge Learning | 1)Staff to receive training on Equity, Diversity and Inclusion (EDI) 2)A group of key staff to receive training in Cultural Humility in palliative care 3)A Committee will be comprised of staff members that reflect strong association with diverse and minority groups and/or lived experience. | Training staff on what is the meaning of EDI in Long Term Care and how EDI can be translated to day to day interactions between staff, residents and families in the home. Schedule a Wexford focus group to attend sessions on the "All-in Practicing Cultural Humility in palliative care modules with CLRI Develop an Equity, Diversity, Inclusion Advisory Committee (EDIAC) after training is completed. | % of staff trained on EDI through Surge learning Wexford Cultural Humility focus group lead by the social worker will complete all learning modules Responsible for advising and recommending actions and proposing initiatives for the purpose of ensuring a sustainable culture of a more inclusive, more diverse, and more equitable Home. | All new and existing staff to complete the EDI training on Surge learning All focus group members will participate in the pilot project and e-learning modules The EDIAC will be responsible to increase awareness across Wexford through different initiatives. | Empower Wexford Staff with the knowledge and tools needed to cultivate a culture of diversity, equity, and inclusion. Wexford will ensure a commitment is developed to effectively and appropriately use the sociodemographic data being collected |
| Experience | Patient-centred | 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 / Most recent consecutive 12-month period | 53118* | 32.26 | 40.33 | Based on the survey responses in 2023, Wexford will target to improve a favorable response by 25%. | | 1)Staff to become sensitive to resident perception to their request through education. | Training of agency and new staff on the importance of having conversations with residents | Observing interactions on a regular basis during manager walkabouts, and reviewing annual resident satisfaction surveys. | Improvement in communication between staff and residents. | |
| | | 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 / Most recent consecutive 12-month period | 53118* | | | The process of the platform "Voice of the Resident" will include in depth opportunities for residents to express opinions. | Advantage Ontario, Toronto Alliance | 1)1. Review questions asked during the "Voice of the Resident" segment of quarterly CQI meetings. 2. Educating staff on customer service, that can help staff be aware of how residents feel when not heard. | 1. Capable residents who participated in a satisfaction survey conducted in 2023/24 will be asked to participate in focus groups to provide feedback and recommendations based on the previous survey's results 2. Review required MMSE scores for residents completing annual resident satisfaction survey. | 1. Analyze and review the number of residents concerns brought up during Resident Council Meetings. 2. Determine if another opportunity or wording for this question is required to better evaluate the results of this question 2. Determine if other training opportunities are required for staff. | 1. 100% of residents who qualify will be given the opportunity to respond with a survey. 2. 100% of resident council meetings include a discussion on residents perception on staff engagement in their care needs. | The facility will address and streamline any communication made by residents to their respected personnel. |
| Safety | Safe | 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 / July 2023-September 2023 (Q2 2023/24), with rolling 4-quarter average | 53118* | 12.96 | 11.66 | Lower is better; Wexford will strive to decrease the number of residents without psychosis who were given anti-psychotic medication even further. | GMHOT, PRC, Pharmacy | 1)To continue to reduce antipsychotics and maintaining resident safety and safety of staff caring for residents with responsive behaviours 2)Resident RAI coded data attributing to the QI increase will be reviewed. 3)Educate staff on the interventions to avoid the use of antipsychotics | Interdisciplinary team meets to review outcome scores and related to responsive behaviours, as well as % of antipsychotics, both on admission and monthly thereafter. RAI coordinator will review residents attributing to the QI prior to data submission at the monthly nursing CQI meeting BSO Coordinator to provide staff education on GPA to decrease use of antipsychotic. | % of residents on antipsychotics reviewed at the time of admission. % of residents on antipsychotic reviewed monthly % of staff receiving education on GPA | 100% of new residents on antipsychotics medications will be reviewed by BSO nurse, Nurse practitioner and pharmacy consultant 100% of residents triggering the QI tracked and reviewed by the team (BSO nurse, NP, pharmacist) % of staff will be trained on GPA from different shifts and departments | This will ensure that residents who are admitted into the Home, (and quarterly) have their medication use, and purpose, reviewed by medical team. The facility has 2 active staff members trained as GPA coaches, and facilitate GPA training for front-line staff. |

Approved by:

Signed: 
Louise Stratford, Board Chair

Date: 27-Mar-24

Signed: 

Date: 27-Mar-24