

Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #1	9.29	9	15.43	13.50
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Golden Manor)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 Implemented Not Implemented

Support early recognition of residents at risk for ED visits: Mitigate risk of avoidable ED visits with newly admitted residents or residents readmitted to LTC.

Target for process measure

- We target to reduce % of ED visits that are residents admitted in the last 6 months from 16% to 10% by March 30, 2023.

Lessons Learned

Monitoring data related to newly admitted residents (< 6 months previous) and ED visits did not display any significant correlation - 16% of ED visits Jun/21 - May 22 and 18% of ED visits Oct/21 - Sep/22. Risk of avoidable ED visits for newly admitted residents is still present. Will continue to monitor and ensure all pertinent assessment completed on admission and readmission to LTC.

Change Idea #2 Implemented Not Implemented

Provide preventive care and early treatment for common conditions leading to potentially avoidable ED visits: Link common causes of ED visits to other facility programs (e.g. falls program, 3Ds program) to mitigate root cause.

Target for process measure

- We target to have 100% of residents that have a positive CAM have a IWATCHDEATH tool completed by March 30, 2023.

Lessons Learned

Trigger for IWATCHDEATH tool to be completed with a positive CAM built into EMR, therefore 100% of positive CAM had IWATCHDEATH completed. Will not be noted as change idea for ED visits next year as compliance with completion of tool has been consistent and delirium has not been reason for transfer to ED.

Change Idea #3 Implemented Not Implemented

Maximize use of clinical supports such as attending nurse practitioner and MD to receive education, training, and clinical guidance on early recognition and treatment: Acute episodic illness or destabilization of chronic illness are promptly assessed and treated as needed.

Target for process measure

- We target to reduce % of ED visits that occur during NP/MD business hours from 24% to 20% by March 30, 2023.

Lessons Learned

Presence of attending NP and MD promote clinical guidance on early recognition and treatment as acute episodic illness or destabilization of chronic illness are promptly assessed and treated as needed and able in the home. Discussions regarding goals of care (GOC) and education regarding the prevention of ED visits can be facilitated. Fewer ED visits occur when NP or MD able to consult - 31% of ED visits Oct/21 - Sep/22 occurred during NP/MD business hours. Continue to monitor.

Change Idea #4 Implemented Not Implemented

Educate residents and families about the benefits of and approaches to preventing emergency department visits: Care plans are up to date and relevant to goals of care in order to avoid potential unwanted ED visit.

Target for process measure

- We target to have 90% of residents with ED visits have had ACP/GOC discussion in the 3 months prior to transfer to ED by March 30, 2023.

Lessons Learned

Process established for annual advance care planning (ACP) meetings. Target for previous year not met as process for ACP meeting to occur requires additional time to see all residents and establish ACP care plan. ACP meetings continue to be important factor in discussing GOC to prevent ED visits. Continue to monitor.

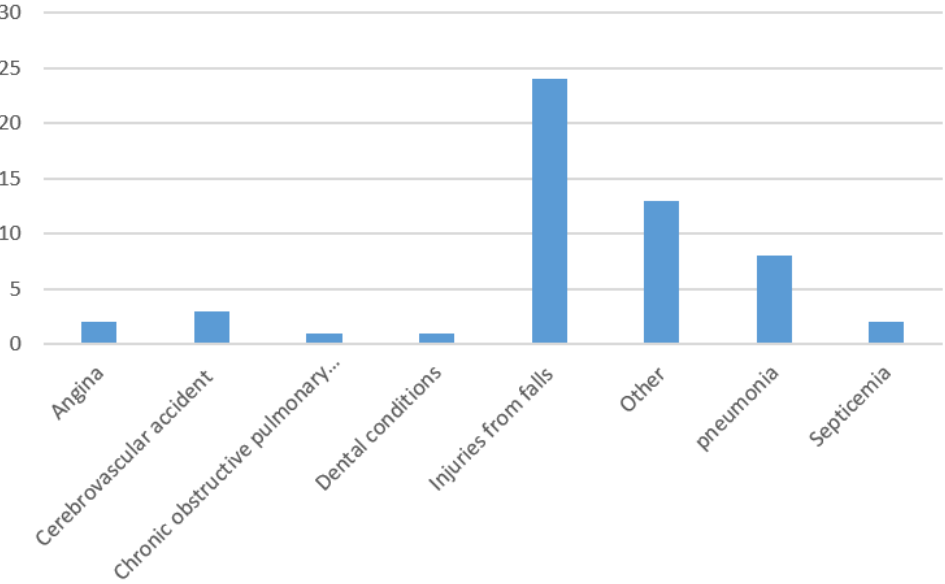
Comment

We will continue to monitor risk for newly admitted residents to require ED visits as well as the impact of NP/MD presence in the home. However, in investigating cause of ED visits the overwhelming reason for transfer is injuries from falls with a rate of 9.6 for Q3/21 - Q2/22 and making up 44% of the ED visits from Q3/21 - Q2/22. The requirement to transfer to hospital post fall to rule out fracture is necessary, therefore the focus for 2023-2024 will be reducing falls and injuries from falls.

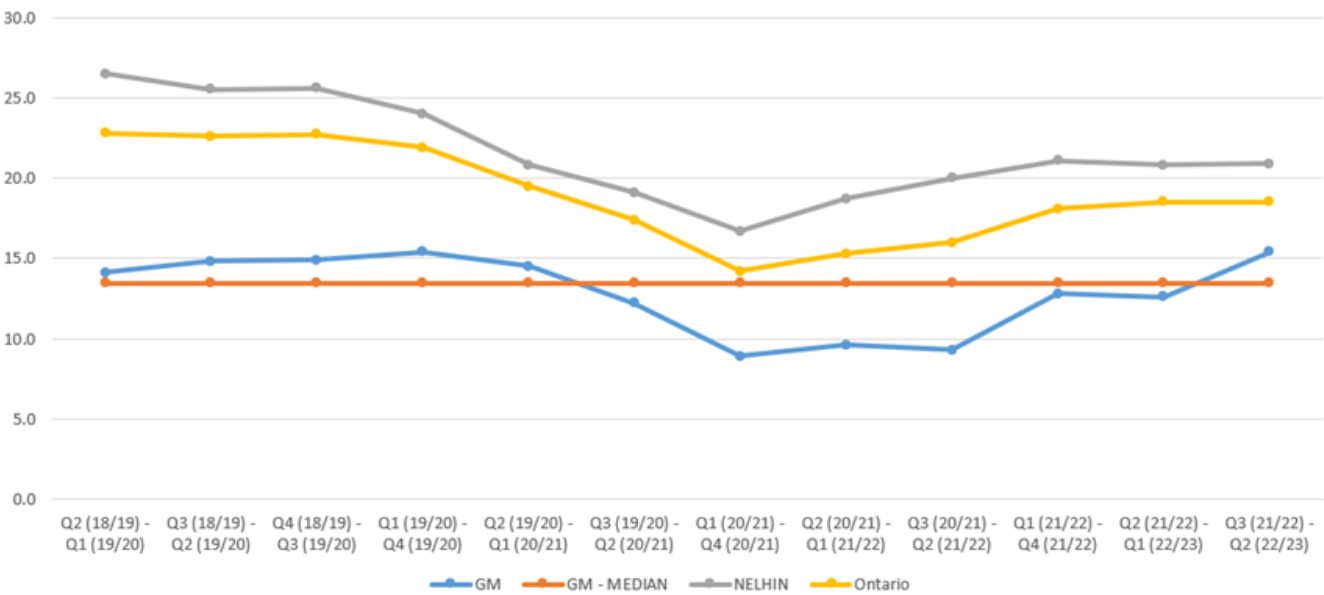
Regularly discussing end-of-life care and goals of care (GOC) ensure residents, families, and caregivers are provided education around end-of-life care and that their wishes are documented and up-to-date. A process for scheduling advance care planning (ACP) meetings between the NP and families/residents has been established and 23% of residents have had a formal ACP meeting. Following the ACP meeting the resident care plan is updated with the relevant information. In continuing the process for ACP meetings we will reach all residents. Ensuring ACP and GOC are documented will support the charge RN to utilize this information during discussions with family, resident, and on-call physician when transfer to ED is being discussed. Charge RN use of ACP care plan to be evaluated next year once more residents have had a formal ACP meeting.

Results

Reason for transfer (Q3/21 - Q2/22)



Avoidable ED visits rate



Theme II: Service Excellence | Patient-centred | Priority Indicator

Indicator #4	Last Year		This Year	
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Golden Manor)	81.67	95	85.96
	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 Implemented Not Implemented

Ask questions to residents that cultivate mutual respect and show empathy: provide staff with the education on person-centred language (PCL) and its importance in appropriately and respectfully communicating with residents.

Target for process measure

- We target to have 75% of staff complete PCL training and sign pledge by March 30, 20223.

Lessons Learned

Through a focused initiative on PCL, 63% of staff received 1:1 education and took the PCL pledge. To ensure information regarding PCL continues, a module on PCL has been built into orientation for all new staff. Continuing to focus on person-centred care throughout the home will help to cultivate mutual respect and ensure the residents voices are heard.

Change Idea #2 Implemented Not Implemented

Support Residents' Councils and work with them to make improvements in the home: Increase resident attendance at Residents' Council.

Target for process measure

- We target to increase the # of resident on Residents' Council by 28% from 15 to 20 by March 30, 20223.

Lessons Learned

We have seen an increase in resident membership on Residents' Council from 15 in 2022 to 27 in March 2023. We ensure we invite all new residents to Residents' Council and continue to encourage others to attend. We have received feedback from members on making the meetings more accessible and the Residents' Council President and Assistant engage with OARC resources and webinars. We have a great opportunity ahead to work with this engaged group or residents.

Comment

Generally, residents respond positively to their ability to express their opinion without fear of consequence indicating that they feel they are able to speak up about the home. We did see a 5% increase in positive responses from last year, but wish to see this value continue to increase. With new and increased Residents' Council membership and active resident engagement in the Food Council we have an opportunity to continue to support residents in bringing forward their concerns.

	Last Year		This Year	
Indicator #3	56.67	75	61.40	75
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Golden Manor)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 Implemented Not Implemented

Improve key aspects of daily life that bring residents enjoyment, such as mealtimes: 1. Help team members work towards achieving the CHOICE+ principles (connecting, dignity, support, identity, creating opportunities, enjoyment) and reflect on their current practices and work toward relationship-centred practices. 2. Increase resident involvement with menu production and other functions in the Dietary Department.

Target for process measure

- 1. We target to have 80% of staff respond positively (most of the time) to CHOICE+ Mealtime Practices Checklist by December 31, 2022. 2. We target to increase the % of residents responding positively to "Do you enjoy the foods you are served?" by 9%, from 78% to 85% by December 31, 2022.

Lessons Learned

In utilizing the CHOICE+ checklist to assess mealtime practices, 52% of staff responded positively, with the environment being a contributing factor to the negative responses. Although some elements of the physical nature of the dining rooms are difficult to change other factors can be focused on to improve the dining experience. A Food Council has been established and meets monthly. Food Council has been well attended by residents and has provided a forum for feedback and sharing of concerns. In the annual resident survey 75% of residents responded positively to "Do you enjoy the foods you are served?" indicating a 3.8% decrease. Continuing to focus on providing resident-centred care through dining is important in providing enjoyment in key aspects of residents' daily life and will continue to be a focus.

Change Idea #2 Implemented Not Implemented

Improve key aspects of daily life that bring residents enjoyment, such as activities: Ensure activities meet the needs and preferences of the residents.

Target for process measure

- We target to increase % of residents that respond positively to “I participate in meaningful activities” by 25%, from 41.1% to 51.4%, by August 31, 2022 (date of survey).

Lessons Learned

A positive change was noted in residents enjoyment of activities with residents responding positively to “I participate in meaningful activities” increasing by 70.8% from 41.1% to 70.2%. Undoubtedly, easing of COVID-19 precautions permitted increased and larger activities. Continuing to engage residents in activity planning will promote their satisfaction in this area. A Continuous Improvement project has been initiated this year to engage and integrate the roles of Recreation Therapy and the activity department to further increase resident participation in activities through recreation assessments and accessibility of appropriate interventions and activities.

Comment

Given the need to increase this metric and improve resident response to their rating of how well staff listen to them, engaging the entire home in ensuring residents feel they have a voice will be vital. When reviewing other responses from the resident satisfaction survey, questions regarding staff-resident bonding and staff-resident communication were ranked lower. In reviewing survey results with Residents' Council, residents explained that "compassion, sympathy, showing they truly care" are important in staff listening to them. Indicating that cultivating mutual respect and showing empathy, active listening, and creating relationships and empowering partnerships may be more important in amplifying residents' voice.

Theme III: Safe and Effective Care | Safe | Priority Indicator

	Last Year		This Year	
Indicator #2	30.51	25.90	29.82	27.30
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Golden Manor)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

Change Idea #1 Implemented Not Implemented

Verify current resident data: Ensure RNs completing RAI sections are appropriately coding.

Target for process measure

- We target to complete in-house RAI education with 100% of the RNs by March 30, 2023.

Lessons Learned

Education completed with RNs and support tools accessible. Training to continue with new hires. Will not be noted as change idea for next year as Health Informatics Nurse reviews submission.

Change Idea #2 Implemented Not Implemented

Verify current resident data: The first step in improving our performance is ensuring data is collected appropriately and accurately, including correctly capturing diagnosis and experience of hallucinations and delusions. Using a collaborative team to review residents will assist in beginning to establish a case load to ensure appropriateness in use of antipsychotics and alternative non-pharmacological approaches.

Target for process measure

- We target to have 100% of residents taking antipsychotics reviewed by the Health Informatics Nurse and BSO lead by March 30, 2023.

Lessons Learned

Health Informatics Nurse and Medical Director reviewed diagnosis for 100% of residents taking antipsychotics. BSO lead completes quarterly review on residents taking antipsychotics and any behaviours noted. Will not be noted as change idea for next year as will be built into antipsychotic monitoring program.

Change Idea #3 Implemented Not Implemented

Improve medication review process: Involve pharmacist in antipsychotic committee quarterly medication reviews.

Target for process measure

- We target to have 50% of residents taking antipsychotics reviewed by the antipsychotics committee by March 30, 2023.

Lessons Learned

Restructuring of antipsychotic monitoring program taking place for 2023.

Change Idea #4 Implemented Not Implemented

Update and implement individualized behaviour care plans: Easily accessible referral process to refer residents to BSO team for BSO Lead and Recreation Therapist to implement individualized non-pharmacological care plan interventions.

Target for process measure

- We target to maintain 20-30 residents on the BSO case load throughout the fiscal year to March 30, 2023.

Lessons Learned

BSO lead had 40 residents on caseload at the end of December 2022 exceeding target set. BSO lead continues to implement individualized non-pharmacological care plan interventions. BSO lead will be involved in restructured antipsychotic monitoring program.

Comment

Last year's focus on verifying resident data helped to lay some of the ground work for restructuring the antipsychotic monitoring program but also identify that checking steps were already in place i.e. Health Informatics Nurse verifies data accuracy prior to RAI submission. Analysis of the previous antipsychotic monitoring program identified areas of improvement and opportunities for process standardization. The focus for this year will be to restructure the antipsychotic monitoring program with an interdisciplinary approach to gain the most accurate information to make the most successful changes while utilizing resources from the pharmacy and Alberta Health Services.

Results

% of residents on antipsychotics without a diagnosis of psychosis

