

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 / October 2020 - September 2021	16.84	14.84	The best performance achieved over the past year for this indicator was 16.84.	Home and Community Care Support Services Mississauga Halton., NPSTAT Program

Change Ideas

Change Idea #1 To continue to build staff knowledge capacity in assessment skills. To provide education to the families as to treatment modalities that are available in the home. To review the Level of Care with families during care conferences and changes in clinical status. To meet with the Resident and Family councils to review the role of the attending NP and NPSTAT in LTC. The home will continue to hold the monthly Nurse Practice meetings to review residents' transfer and identify those which could have been averted to determine main reasons for ED transfers of residents. Re-education of Registered staff regarding assessment skills.

Methods	Process measures	Target for process measure	Comments
Attending NP, DOC and RAI Coordinator will review ED report from the Home and Community Care Support Services Mississauga Halton/NPSTAT and determine the main reasons for ED transfers. The Home's Attending Nurse Practitioner will collaborate with the Registered Staff and in reviewing residents at high risk for transfer to Ed based on clinical and psychological status. The attending NP to provide leadership and mentorship that enhances registered staff knowledge, assessment skills, and ability to care for residents in place. ED transfer audit will be completed and reviewed monthly by the nursing leadership. NPSTAT will provide the quarterly report on ED transfer. The reports will be reviewed at the quarterly PAC and action plan developed to address opportunities for further improvements. Invite NP Stat to PAC meetings to review ED visit report and share change ideas.	The number of residents whose transfer was initiated by families despite education and discussion by registered staff, attending or on call MD, NP and after care conference.. Number of staff that demonstrate uptake of education documented per quarter". The number of ED transfers averted monthly. the number of residents of residents transferred to the ER and returned within the 24 hour period.	Our target is based on reducing the number of ED visits by our residents. Decrease the number of resident visits to the emergency department by the end of the QIP year as per our targeted performance.	

Theme III: Safe and Effective Care

Measure	Dimension: Effective							
Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators	
To support staff with the education necessary to provide high quality Palliative Care.	C	% / Worker	CIHI CCRS, CIHI NACRS / 2022	CB	CB	To be included as an initiative per the Home and Community Care Support Services Mississauga Halton LSAA agreement.	Home and Community Care Support Services Mississauga Halton	

Change Ideas

Change Idea #1 To have more staff trained in the Fundamentals of Hospice Palliative Care.

Methods	Process measures	Target for process measure	Comments
DOC will schedule Registered Staff, PSWs, Recreation Aide, Nursing Coordinators, attending MD to attend LEAP training funded through the Mississauga Halton Palliative Care Network. Palliative Pain and Symptom Management Consultant, will work with staff to enhance their knowledge post LEAP training. Staff will be scheduled to attend the Fundamentals of Hospice Palliative Care when courses are scheduled through Acclaim Health. Social Service Worker who is the Family and Community Coordinator will discuss with the residents and families their expectation for Palliative Care on admission and during both the 6 weeks and the annual care conferences	Percentage of staff who attended Palliative Care training throughout the QIP year. Percent of residents who on admission, or changes in clinical status had their palliative needs identified early. CHES scale, Palliative Performance Scale and End of Life (Section J of RAI-MDS) scales. RAI-MDS assessments annually, quarterly and triggering of significant Changes.	Percentage of staff, Attending NP and Attending Physicians who were trained or received education in Palliative care. Goal of having 5-10% of staff participate in external training in this QIP year.	

Measure **Dimension:** Safe

Indicator #3	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 / July - September 2021	20.74	18.74	Aim is to meet or exceed provincial averages by using a systematic and safe approach to antipsychotic reduction.	Mississauga Halton Psychogeriatric Outreach Team.

Change Ideas

Change Idea #1 The Interdisciplinary Team will assess and review newly admitted residents who are on Antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
The Interdisciplinary Team MD, NP, BSO (Including Psychogeriatric Team) and staff to meet monthly to review all new admission for diagnosis and medications for inappropriate prescribing of Antipsychotic. This will also be reviewed at the Professional Advisory Committee which includes the Pharmacy and Therapeutic Committee on a quarterly basis for further analysis and improvement strategies.	Number of meetings held monthly and the number of antipsychotics reduced per month. Number of PAC meetings held quarterly and improvement strategies resulting in the number of antipsychotics reduced.	100% of Newly admitted Residents reviewed for the appropriateness by the Team.	