

## Theme III: Safe and Effective Care

### Measure Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of successfully completed resident hand hygiene audits before meals to improve safety in the home.	C	% / LTC home residents	In-home audit / April 1, 2023 - March 31, 2024	CB	92.00	Utilizing the same target that was set on our 22/23 in house QIP for staff compliance rates with hand hygiene.	

### Change Ideas

Change Idea #1 To increase the number of hand hygiene audits before meals per month/quarter

Methods	Process measures	Target for process measure	Comments
Complete 5 hand hygiene audits before meals / per home area per month	Number of audits completed each month	Complete 90 audits per month	Executive Administrative Assistant along with Auditing Team will be responsible for this metric.

Change Idea #2 Post monthly hand hygiene before meal compliance rates on each resident home area

Methods	Process measures	Target for process measure	Comments
Executive Administrative Assistant will collect and tally hand hygiene compliance rates each month and post on home areas	# of home areas where hand hygiene performance is posted	100% posting of results	Executive Administrative Assistant along with Auditing Team will be responsible for this metric

Change Idea #3 Auditors to perform huddles on home areas that do not achieve 92% hand hygiene compliance in the previous month

Methods	Process measures	Target for process measure	Comments
Monthly re-education/coaching huddles	Number of areas that receive education huddles that did not achieve 92% compliance in the previous month	To ensure 100% of those who achieve less than 92% receive additional education	Executive Administrative Assistant along with Auditing Team will be responsible for this metric

**Measure**      **Dimension: Safe**

Indicator #2	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	23.30	18.30	The Villa has been monitoring this metric internally utilizing the adjusted rates as listed on CIHI. For Q2 22/23, the unadjusted rate is 23.30 however, the adjusted rate is 21.30. The Villa will use the adjusted rate baseline for reporting consistency. Our current baseline falls below the Provincial (21.5%) and HNHB HCCSS (24.2%) levels as indicated in CIHI Q2 22/23 reports. As we have been successful in the past with this metric, we are confident that a decrease of 3% will be achievable.	

**Change Ideas**

Change Idea #1 To complete a targeted medication review with resident groups

Methods	Process measures	Target for process measure	Comments
Identify two home areas with the highest percentage of potentially inappropriate antipsychotic usage and perform quarterly medication reviews with pharmacist, physician and nurse to identify opportunities to reduce or stop medications.	Number of medication reviews completed per quarter	This number will be determined based on the number of residents that require a medication review	Medical Director, RAI, DOC, ADOC will be responsible for this metric

## Change Idea #2 To complete a physician audit and feedback report

Methods	Process measures	Target for process measure	Comments
Provide feedback to physicians regarding percentage of residents without psychosis who are taking antipsychotics in last seven days	Number of times feedback was provided to physicians	Reports will be completed quarterly	Medical Director, RAI, DOC, ADOC will be responsible for this metric

## Change Idea #3 To provide targeted education where required

Methods	Process measures	Target for process measure	Comments
Education on non pharmacological management of behavioural and psychological symptoms of dementia	Number of Education opportunities were provided	12 in total (one per month)	Medical Director, RAI, DOC, ADOC will be responsible for this metric

## Equity

### Measure Dimension: Equitable

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Advancing equity, inclusion and diversity and addressing racism to achieve better outcomes.	C	Other / LTC home residents	In house data collection / April 1, 2023 - March 31, 2024	CB	4.00	One initiative per quarter	

### Change Ideas

Change Idea #1 To utilize the results and gaps identified from the Staff Equity, Inclusion and Diversity surveys to help address these areas for the betterment of residents, families, visitors, staff and providers.

Methods	Process measures	Target for process measure	Comments
Complete a minimum of one initiative per quarter	Number of initiatives implemented	To ensure 100% of these initiatives are completed	EDI Committee will be responsible for this measure