Access and Flow

Measure - Dimension: Timely

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents assessed for delirium risk factors upon admission process	C	% / LTC home residents	Local data collection / April 1, 2025 - March 31, 2026	CB	100.00	The goal is to ensure that all residents are thoroughly assessed during the admission process to support the development of personalized, person-centered care plans.	Registered Nurses Association of Ontario

Change Ideas

Change Idea #1	Implement Registered Nurses' Association of Ontario (RNAO) Clinical Pathways best practice resident assessments through the Point Click Care planning software and utilize it for all admission process.

Methods	Process measures	Target for process measure	Comments
Follow the RNAO Clinical Pathways program schedule. The LTC ADOC will oversee and lead the program's implementation, including the following key phases: program launch, PCC configuration, education planning, train-the-trainer sessions, and the go-live deployment of the assessment tool.	Go live date of the assessment tool.	Ensure the assessment tool is fully activated by March 27, 2025, and implemented for all admissions thereafter.	The implementation of the Registered Nurses' Association of Ontario (RNAO) Clinical Pathways for Best Practice Resident Assessments through PointClickCare (PCC) planning software is a three-year initiative. Currently in Year 1, the focus is on standardizing the admission screening process. One primary screening assessment has been selected as a performance indicator, as it automatically incorporates other related assessments, including falls, pain, pressure ulcers, and more.

Change Idea #2	Have all registered staff been trained on utilizing the RNAO Clinical Pathways for Best Practice Resident Assessments tool.		
Methods	**Process measures**	**Target for process measure**	**Comments**
ADOC and two other interdisciplinary leads be trained on training other staff on using Resident Assessments tool. All staff to be trained gradually during the pre launch phase.	% of registered staff trained on using the assessment tool.	100% of registered staff is trained to utilize the assessment tool by March 21st 2025.	To ensure the successful implementation of the new initiative, trainers will provide education to all relevant staff, including PSWs, recreation aides, and social workers, who will be utilizing the assessments or be providing inputs.

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "It feels like home at the Elliott."	C	% / LTC home residents	In-house survey / Most recent consecutive 12-month period	61.40	75.00	The Elliott Community deploys a 5 point Likert scale survey. Anything above 75% is considered as high satisfaction.	

Change Ideas

Change Idea #1	Implementation of The Butterfly Approach in three LTC HA's on the third floor. This approach aims to create an environment that feels more like home and supports people living there to feel valued, loved and free to be themselves.

Methods	Process measures	Target for process measure	Comments
Remove or disguise clinical and institutional elements that are not present at home. Incorporate comfort items and sensory elements into the environment Promote a whole team approach to occupation and household engagement so residents can continue doing the things that gave them joy, meaning and purpose in their own homes.	Quality of Interactions Schedule (MCM Observational Audit) Score MCM 100 points environmental checklist.	Achieve accreditation in The Butterfly Approach during May 2025 audit for the foundational home areas.	Completion of MCM 100 points environmental checklist. Have all Staff and leadership supporting foundational areas complete the 8 Butterfly training workshops.

Change Idea #2	Begin culture change transformation on the second floor of LTC with the eventual goal of achieving accreditation in The Butterfly Approach across all LTC home areas.		
Methods	Process measures	Target for process measure	Comments
Plan and implement environmental transformation throughout the remaining two LTC HA's. Involve residents in contributing to the design process where appropriate Provide education in person-centered care through The Butterfly approach to the staff team on the second floor.	Quality of Interactions Schedule (MCM Observational Audit) Score.	Improvement on mid-point audit from baseline of at least 3 points.	Achieve accreditation in The Butterfly Approach within 12 months of the project launch date.

Change Idea #3	Educate new family members and care partners on The Butterfly Approach and provide suggestions to support the transition into a new home.		
Methods	Process measures	Target for process measure	Comments
Develop printed resources with background information on The Butterfly Approach and suggestions to make LTC feel more like home (ie. bring comfort items and decor from home, support visits from family pets and youth, contribute ideas and personal items to the home area environment etc.) - Resident Experience Lead Review verbally and discuss with family and resident prior to moving in and on move-in day - ADOC or designate.	1)% of Families/POA's/Residents provided with information. 2)% of resident rooms with personalized elements.	1)100% of family members/POA's provided with information and follow-up in 2025 for the Fiscal year. 2)100% of resident rooms with personalized elements by Mid point Audit.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Family/POA's responding positively to: "I know who to contact for specific matters, and I find the general information shared via email to be helpful and informative."	C	% / Survey respondents	In-house survey / Most recent consecutive 12-month period	CB	75.00	The Elliott Community deploys a 5 point Likert scale survey. Anything above 75% is considered as high satisfaction. The question is to be added in the 2025 Families/POA's annual experience survey.	

Change Ideas

Change Idea #1	Enhance residents' and families'/POAs' access to department leads and awareness of general information by creating and maintaining a live 'Myth-Busting' document. This resource will provide greater clarity on general procedures and ensure families and POAs can easily connect with the appropriate personnel.

Methods	Process measures	Target for process measure	Comments
The QI Lead, in collaboration with the Community Engagement Manager, will develop a digital document featuring a bio synopsis of department leads, their contact details, and the specific areas they can assist with. Additionally, the document will include a FAQ section addressing common inquiries. This resource will be maintained online and updated regularly to reflect any changes. The Office Assistant will ensure the document link is shared with families and POAs through the monthly newsletter, ensuring ongoing access to accurate and relevant information.	# Instances the 'Myth-Busting' document is shared with POAs'/Families per month.	An average of at least one instance per month, starting in April 2025.	

Change Idea #2   Regularly utilize venues such as Leadership forum, Resident and Family council in identifying areas to be addressed in the FAQ.

Methods	Process measures	Target for process measure	Comments
The QI Lead will regularly consult respective meeting members to identify any updates or additions needed for the FAQ document. Necessary revisions will be made to ensure the 'Myth-Busting' resource remains accurate, up to date, and valuable for families and POAs.	# instances a committee/group was consulted for reviewing the 'Myth Busting' document per month.	At least 1 instance per quarter staring from April 2025.	

Safety

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 in the foundational Butterfly home area.	C	% / LTC home residents	In house data, interRAI survey / April 1 2025 - March 31 2026	31.03	20.00	Reducing antipsychotic usage is a time-intensive process. The goal was established in collaboration with the interdisciplinary team, ensuring it is both realistic and achievable within a year.	

Change Ideas

Change Idea #1 Implement the Antipsychotic (AP) Deprescribing Algorithm for reducing the Antipsychotic usage in the butterfly home areas Wellington & Fountain.

Methods	Process measures	Target for process measure	Comments
Implement the Antipsychotic (AP) Deprescribing Algorithm from Deprescribing.org, with the BSO Lead utilizing the framework to systematically assess all potential residents in Wellington and Fountain. The goal is to reduce antipsychotic use, while ensuring safe and effective resident care.	# residents antipsychotics usage tapered down using the Antipsychotic (AP) Deprescribing Algorithm.	1 residents per month in average starting from March 2025.	QI Lead, Resident experience lead and BSO Lead to work together to Adopt the Antipsychotic Deprescribing Algorithm and standardize it for the Elliott community.

Change Idea #2	Conduct Butterfly Care & Antipsychotic Reduction discussions monthly at BSO huddles. Include interdisciplinary team members with the aim of discussing and reducing the usage of antipsychotics in the Butterfly home areas.

Methods	Process measures	Target for process measure	Comments
The BSO Lead, in collaboration with the BSO PSW, to conduct bi-weekly huddles to discuss the progress, successes and challenges of reducing the usage of antipsychotics for residents. Communicate effective non-pharmacological interventions and communicate to the rest of the team using BSO tip sheets. BSO Lead to work alongside registered staff to present potential residents for reduction to attending physicians. Add identified residents to the BSO caseload for monitoring and discussion with care team at bi-weekly huddles. Update care plan with detailed person-centered, non-pharmacological interventions. Create Behavioural Support Tip Sheet to be followed by direct care staff. Initiate a DOS x7 days following each antipsychotic dosage adjustment to monitor changes in moods and expressions.	Number of monthly Butterfly Antipsychotic Reduction Huddles held In the Butterfly foundational home areas.	Conduct the huddle at least twice a month starting from March 2025.	The Clinical Leadership Committee will review the monthly progress of the antipsychotic reduction program, evaluate outcomes, and seek input and support from the leadership team.