

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	14.77	12.00	1) At/Below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next year.	NP, BSO, PRCs, RNAO BP, MD.

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; education to staff; Use of SBAR, Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer

Methods	Process measures	Target for process measure	Comments
Education and re-education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians.	Percentage of communication process used in the SBAR format, by registered staff	50% of communication between physicians, NP and registered staff will occur in SBAR Format by Sept 2025	

Change Idea #2 Support early recognition of residents at risk for ED visits. by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
Educate residents and families during admissions, as well as at care conferences about the benefits of and approaches to preventing ED visits. The home's attending NP/MD will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological;	Percentage of residents whose transfers were a result of family or resident request as captured on the ED tracker	45% of ED transfers will be prompted by family or resident request	

Change Idea #3 Build capacity and improve overall clinical assessment to Registered Staff; through education of the most common transfers to ED

Methods	Process measures	Target for process measure	Comments
Conduct needs assessment via survey from Registered Staff to identify clinical skills and assessment that will enhance their daily practice, and conduct education on identified areas of need	Percentage of staff completing survey related to needs assessment , as well as percentage of staff completing education	90% of registered staff will complete both survey and education related to assessments and clinical skills	

Change Idea #4 Development of IV program in the home

Methods	Process measures	Target for process measure	Comments
Registered Staff education on IV therapy (initiating IV), IV antibiotic	Percentage of eligible Registered staff educated on IV therapy/treatments	100% of eligible staff will complete education on IV therapy	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	Will maintain our current target.	Surge Education, BSO, cultural based organizations within the community.

Change Ideas

Change Idea #1 To mandate diversity training through Surge education or live events

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events	Percentage of staff education completion on Culture and Diversity	100% of staff will complete mandatory education related to culture, equity and inclusion	Total LTCH Beds: 50

Change Idea #2 To include Cultural Diversity as part of PAC meetings

Methods	Process measures	Target for process measure	Comments
To add item to standing agenda of PAC meeting	Percentage of PAC meeting that include item on standing agenda	100% of PAC meeting will include culture, equity and inclusion withing the standing agenda	

Change Idea #3 To include live events and activities within the home related to culture, diversity and inclusion

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities	Percentage of cultural and diversity event occurring within the home	6 events related to culture inclusion and diversion will occur by Dec 31, 2025	

Change Idea #4 To include both resident and staff in activities within the home related to culture, diversity and inclusion

Methods	Process measures	Target for process measure	Comments
Post upcoming schedule of events in newsletters, and within the home on the activity boards, as well as staff communications	Percentage of events that had resident and staff participation	100% of events will have staff and resident participation	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	92.00	94.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	External Stakeholders such as Medline, care rx.

Change Ideas

Change Idea #1 To maintain or surpass our home rate as compared to the previous years result

Methods	Process measures	Target for process measure	Comments
Complete annual Resident Satisfaction survey and compare to previous years results	Percentage of eligible residents responding positively to the statement "I can express my opinion without fear of consequences."	91% of eligible residents will express "I can express my opinion without fear of consequences"	Total Surveys Initiated: 50 Total LTCH Beds: 50

Change Idea #2 Review resident rights at Resident Council

Methods	Process measures	Target for process measure	Comments
Include resident rights as a standing agenda item to the residents council meeting agendas	Percentage of residents council meeting including a review of residents rights	100% of all resident council meetings will include a review of resident rights	

Change Idea #3 Invite Residents to attend resident-focused education provided within the home

Methods	Process measures	Target for process measure	Comments
Ensure residents are aware of upcoming resident-focused education opportunities within the home by adding to RC meetings and posting within the home	Percentage of resident-focused education that had resident attendance	50% of resident-focused education will have resident attendance	

Change Idea #4 Social worker to complete wellness checks with residents

Methods	Process measures	Target for process measure	Comments
Ensure all residents admitted to the home receive a visit from the SW within 2 months	Percentage of residents that receive support from social worker within 2 months of admission	50% of residents will receive support from the social worker within 2 months of admission	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	19.65	17.00	We will aim to improve our overall target through education in the home.	RNAO BP, Physio and NP.

Change Ideas

Change Idea #1 To facilitate a Weekly Fall Huddles on each unit; with the interdisciplinary team

Methods	Process measures	Target for process measure	Comments
Complete a weekly falls huddle with interdisciplinary team on the residents that fell within the previous 7 days as well as high risk residents.	Number of weekly meeting	1 weekly falls huddle will occur per week	

Change Idea #2 Completion and assessment of Falls tracker for common themes and times of falls

Methods	Process measures	Target for process measure	Comments
Information will be collected and documented within the falls tracker with every resident fall, which will be reviewed and analyzed monthly during Quality meetings	Number of falls captured in the tracker	100% of falls will be captured in the tracker	

Change Idea #3 Enhance knowledge and capacity related to use of falls prevention tools and resources

Methods	Process measures	Target for process measure	Comments
Increase accessibility to falls equipment by delegating a particular space on the floor for equipment	Number of staff that can correctly identify where equipment is located	100% of nursing staff quizzed will accurately respond	

Change Idea #4 Establish/re-establish the restorative care program in the home (provide education on how residents qualify for the program)

Methods	Process measures	Target for process measure	Comments
Onboard and train a new lead for the restorative care program	Number of residents on restorative care program	50% increase in residents participating in the restorative care program	

Measure - Dimension: Safe

Indicator #5	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	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	X	20.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	NP, MD, BSO LHIN,

Change Ideas

Change Idea #1 The MD, NP, BSO internal and external (including Psychogeriatric Team), with nursing staff will meet monthly to review newly admitted residents on antipsychotic medication for diagnosis and indication for use.

Methods	Process measures	Target for process measure	Comments
Track and review antipsychotic medications during monthly quality meetings.	Number of meetings held monthly by interdisciplinary team.	100% of quality meetings will review antipsychotic medication use.	

Change Idea #2 Reduce inappropriate use of antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
Identify residents with potential to reduce or remove use of antipsychotic medication.	Number of residents triggering the inappropriate antipsychotic use.	5% reduction in residents triggering the inappropriate antipsychotic use.	

Change Idea #3 Development of plans of care, with non pharmacological approach - identification of triggers and interventions

Methods	Process measures	Target for process measure	Comments
All residents on antipsychotics will have non-pharmacological care planned interventions.	Percentage of residents on antipsychotics that have non-pharmacological care planned interventions.	100% of residents on antipsychotics will have non-pharmacological care planned interventions.	

Change Idea #4 Gentle Persuasive approaches (GPA) training/education - Establish GPA trainers, educators in the home

Methods	Process measures	Target for process measure	Comments
GPA training to be held in the home	Percentage of staff who receive GPA education	50% of staff will have received GPA education	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents who develop worsening pressure injury stage 2-4	C	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	X	3.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NSWOC, NP, MD, Medline consultants

Change Ideas

Change Idea #1 Provide education and re-education on wound care assessment and management.

Methods	Process measures	Target for process measure	Comments
Arrange education for Registered staff and PSW staff with Medline.	Number of education sessions provided.	4 Sessions of education sessions by Medline will be provided by December 31	

Change Idea #2 Referral to NSWOC for in home and virtual consults

Methods	Process measures	Target for process measure	Comments
Develop a list of resident who have worsening stage 2-4 pressure ulcers and refer to NSWOC for consult.	Number of residents identified with stage 2-4	100% of residents identified with stage 2-4 pressure ulcers will be referred to NSWOC for consult.	

Change Idea #3 Monthly review in Quality meeting of residents with Pressure related injuries

Methods	Process measures	Target for process measure	Comments
Utilization of skin and wound tracking tool, to analyze the pressure related injuries in the home.	Number of stage 2-4 pressure ulcers identified on tracker	100% of number stage 2-4 pressure ulcers identified on the skin and wound tracker.	

Change Idea #4 ROHO education, implement ROHO champion.

Methods	Process measures	Target for process measure	Comments
Arrange ROHO education and implement a ROHO Champion within the home.	Number of PSW staff completed ROHO education and Number of ROHO champions implemented.	100% of PSW staff will have completed ROHO education and 2 ROHO Champions will be implemented in the home by December 31.	