

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 / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	31.91	21.00	To work towards meeting the provincial average	

Change Ideas

Change Idea #1 Improve communication between Registered Staff and Physicians/NPs prior to transfer to hospital for non urgent care.

Methods	Process measures	Target for process measure	Comments
All registered staff will receive education on the appropriate use of the SBAR tool, and will utilize upon initiation of ED transfer.	Number of registered staff educated on use of SBAR tool	100% of all reg. staff will be educated on SBAR tool with proficiency and confidence.	

Change Idea #2 Resident Mobility Awareness

Methods	Process measures	Target for process measure	Comments
Increase knowledge of resident transfer needs by means of OT/PT education for staff and residents.	Number of staff and residents up taking safe transfer education.	100% of staff and able residents to complete education related to safe resident transfers.	Many transfers are a result of falls of which the resident did not transfer safely.

Change Idea #3 Huddles that occur pre each shift with a follow up post management morning meeting daily

Methods	Process measures	Target for process measure	Comments
Staff will facilitate huddles regularly to promote moments of opportunity to prevent ED transfers. Dialogue will be encouraged to gain further insight to any residents changes that may identify risk .	Number of huddles completed where identified risk of transfer to ED was avoided.	100% of scheduled huddles to be completed.	

Change Idea #4 Family Education

Methods	Process measures	Target for process measure	Comments
To provide family with education and supports regarding the homes ability to support resident both in the comfort of their home, as well as safely and ethically.	NP and Physicians to provide families with education related to their loved ones needs, best interest, and wishes. To be completed at minimum, annual care conferences and as needed.	100% care conferences will have documented evidence of discussions related to resident appropriate care intervention in the home.	

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	CB	CB	All staff should take part in this education to ensure a positive working environment that is culturally aware, respectful and sensitive.	

Change Ideas

Change Idea #1 Include diversity and culture in mandatory training

Methods	Process measures	Target for process measure	Comments
audit monthly for staff compliance	100% of the education is completed as assigned	monthly review for completion	

Change Idea #2 highlight recognized culture and diversity significant days

Methods	Process measures	Target for process measure	Comments
Monthly Newsletter document significant days/moments	Newsletters are sent out to family and available internally to staff and residents	Staff residents and families aware of events occurring	

Change Idea #3 Identify areas of need related to equity, diversity, inclusion and anti-racism

Methods	Process measures	Target for process measure	Comments
The home will analyze the survey results and create a plan of action related to the identified needs	number of action items implemented	100% of action items will be initiated by year end of 2024	

Change Idea #4 Survey done by Resident and family to include if not already equity, diversity, inclusion and anti-racism questions

Methods	Process measures	Target for process measure	Comments
The home will conduct a survey related to relevant equity, diversity, inclusion, and anti-racism to identify areas of improvement	Number of surveys completed	100% of surveys will be completed by September 1, 2024	

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	84.44	90.00	To improve our satisfaction survey results by 5%	

Change Ideas

Change Idea #1 Resident satisfaction survey accessible to all residents to complete

Methods	Process measures	Target for process measure	Comments
provide the survey in various forms ie. on line, QR code, paper copy, allow for time to be completed and have family or staff assistance to do so	survey return and completion is increased in number	100% of compliance with residents being offered to complete the survey	Total Surveys Initiated: 45 Total LTCH Beds: 45

Change Idea #2 At annual and required Care conferences residents express that they are listened to

Methods	Process measures	Target for process measure	Comments
To encourage residents to attend care conferences to express their needs	Number of capable residents that attend care conferences and express their opinions	100% of capable residents attend their care conference and express their needs	

Change Idea #3 At Resident council, residents are able to express their opinions or fears

Methods	Process measures	Target for process measure	Comments
Management will address any issues addresses at Resident Council within 10 days	Number of resident concerns address at Resident Council and addressed within the time frame	100% of resident concerns are addressed in writing within the 10 day period	

Change Idea #4 Staff will engage in meaningful conversation every day with residents

Methods	Process measures	Target for process measure	Comments
Staff will engage with residents every day in meaningful conversations that are not related to care needs. Staff will be coached on how to engage with meaningful conversations to build rapport and trust.	Number of staff educated on Resident-centered care and customer service	100% of staff will receive education regarding resident-centered care and customer service	It is the hope that through engaging residents in meaningful conversations that this will improve our overall satisfaction on our next survey

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	10.18	10.00	The home remains below the provincial average, and would like to be realistic in that resident complexity is increased and over the next year our case mix may increase.	

Change Ideas

Change Idea #1 Enhance use of 4P's approach.

Methods	Process measures	Target for process measure	Comments
All new staff and existing staff will receive 4P's education to reduce risk of falls. Education to be included in orientation package as well as in annual re-training.	Number of staff whom have completed the 4P education	100% of new staff and existing staff to completed 4P's training	

Change Idea #2 Fall Rounds-the home will implement and fall rounds routinely and and analyze to identify trends requiring intervention.

Methods	Process measures	Target for process measure	Comments
Complete regular fall rounds with appropriate interdisciplinary staff including PT, Reg. staff, POC staff, BSO staff and leadership for trend identification and intervention	Number of fall rounds completed will be reviewed monthly at Fall Prevention Committee to utilize an interdisciplinary approach	100% of fall will be reviewed for trends monthly during the Fall Prevention Committee meetings.	

Change Idea #3 Falls Tracker-the home will utilize and analyze the corporate falls tracker to assist in the reduction of falls withing the home.

Methods	Process measures	Target for process measure	Comments
All falls to be included on the falls tracker and to be reviewed for analysis of trends. This will be completed by the Falls lead in the home.	Falls tracker to be reviewed at monthly Falls Prevention Committee for analysis of trends and implementation of appropriate interventions.	100% of falls tracked and analyzed for trends, with interventions as appropriate determined by the interdisciplinary team, and during the Falls prevention committee meeting.	

Change Idea #4 Prevention of Injury from falls

Methods	Process measures	Target for process measure	Comments
Appropriate assessment and review of trends with implementation of physical interventions to reduce the risk of and overall incidence of falls.	Residents identified as high risk of injury from falls will receive appropriate physical intervention, and the intervention will be utilized appropriately.	100% of intervention will be in place for all identified residents.	

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	10.22	10.22	The home would like to maintain or reduce the use of inappropriate antipsychotics ongoing.	

Change Ideas

Change Idea #1 All residents that are on anti psychotics without diagnosis will be reviewed for necessity monthly

Methods	Process measures	Target for process measure	Comments
Review all residents with anti psychotic medications with MD/NP to ensure that the resident is at the lowest dose	Documented through assessments and BSO follow up	100% of resident not requiring antipsychotics post evaluation will be removed and reviewed at the residents 3 month medication review if not able to discontinued	

Change Idea #2 To holistically look at all residents on anti psychotic medications without a diagnosis

Methods	Process measures	Target for process measure	Comments
To complete PIECES evaluation, DOS and behavioral support team follow up, Medication mapping	Completion of PIECES evaluation DOS and behavioral support will be completed when anti psychotic medications is ordered with no diagnosis	100% of completion of all documentation within 10 days of new medication order and required	

Change Idea #3 Family Education

Methods	Process measures	Target for process measure	Comments
Residents who are identified as receiving new anti-psychotic medications without an appropriate diagnosis will have the MRP contacted to discuss alternative treatment methods and the risk of the antipsychotic medication in use.	Number of family members successfully contacted.	100% of families with their loved one receiving a new or anti-psychotic medication without an appropriate diagnosis will receive education related to same within 2 quarters.	

Change Idea #4 Staff education

Methods	Process measures	Target for process measure	Comments
To provide internal staff with appropriate education related to the appropriate use of anti-psychotic medications	Number of staff completing the education offered within the home	100% of nursing staff completed education related to appropriate use of antipsychotic medications	