

## 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)	40.43	30.00	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 Consultant; 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
Percent of communication process used in the SBAR format, between clinicians per month;	Percent of communication process used in the SBAR format, between clinicians per month	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 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;	Percent of residents whose transfers were a result of family or resident request	25% 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 from Registered Staff to identify clinical skills and assessment that will enhance their daily practice.	Percent of staff completing needs assessment related to clinical and assessment skills	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	Percent of eligible Registered staff educated on IV therapy/treatments	Percent of eligible Registered staff educated on IV therapy/treatments	

## 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 target.	Surge Education; BSO; Cultural based organization in 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: 45

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 within 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	90.32	92.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	External Stakeholders such as Medline, BSO, CareRX

### 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 consequence."	92% of eligible residents will express "I can express my opinion without fear of consequences"	Total Surveys Initiated: 31 Total LTCH Beds: 45

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	9.41	8.00	Target is based on corporate averages. We aim to meet or exceed, corporate goal.	RNAO BP Coordinator; PT; 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 meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls;	Number of weekly meetings occurring	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 Establishing documentation/charting buddies, (PSW complete documentation with resident's at high risk for falls - assists with the identification/reason for falls)

Methods	Process measures	Target for process measure	Comments
Staff will receive updates and notification upon completion of fall huddles to identify high risk residents that require "charting buddies"	Number of residents identified as needing a charting buddy	100% of residents identified as needing charting buddies will have documented in their care plan	

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

Methods	Process measures	Target for process measure	Comments
Onboarding and Education of additional Restorative Care staff	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	14.17	12.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	NP, MD, BSO

### 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 montly 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.	2% 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 pain	C	% / All patients	CIHI CCRS / rolling 4	6.11	5.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NP, MD, CareRx Consultant

**Change Ideas****Change Idea #1** Enhancement of the end of life, palliative care program

Methods	Process measures	Target for process measure	Comments
Reimplementation of the Palliative Care Committee	Number of staff participating in the Palliative Care committee	100% of residents receiving palliative care orders will be supported by the palliative care committee	

**Change Idea #2** Utilization of pain tracker, to monitor the use of prn analgesic

Methods	Process measures	Target for process measure	Comments
Registered staff to receive education related to purpose and use of the pain tracker	Percentage of registered staff completing education related to pain tracker	100% of registered staff will complete education related to the pain tracker	

**Change Idea #3** RAI consultant, to provide education to RAI coordinators, on coding requirements for end of life/palliative residents/pain

Methods	Process measures	Target for process measure	Comments
Schedule and complete education with RAI coordinator regarding pain and palliation	Percentage of reg staff receiving coding education	100% of MDS coding staff (registered) will complete receive education related to pain and palliation	

## Change Idea #4 Provide education on the non pharmacological interventions/approaches

Methods	Process measures	Target for process measure	Comments
Invite external pain/palliative resources into the home to provide education to front line nursing staff	Number of front line staff receiving education from external resources related to pain and palliation	100% of scheduled education session related to pain and palliation will have front line nursing attendance	