

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)	17.24	21.00	To remain below the provincial average.	BIM, BSO, ACTT

Change Ideas

Change Idea #1 Improve communication between Registered Staff and the Physician by using a consistent communication tool

Methods	Process measures	Target for process measure	Comments
Education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians	Number of communication process utilizing SBAR between clinicians per month	10% reduction of ED visits by December 31st, 2024.	Support recognition residents at risk for ED visits by providing preventative care and early treatment for common conditions.

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. Re-education of registered staff, regarding assessment skills, and become part of standing nurse practice monthly meetings review

Methods	Process measures	Target for process measure	Comments
Educate residents and families about the benefits of and approaches to preventing ED visits	Number of residents whose transfers were a result of family or resident request.	to have a 10% reduction of Avoidable ED transfers that were at family request	

Change Idea #3 Build capacity and improve overall clinical assessment to Registered Staff

Methods	Process measures	Target for process measure	Comments
The home's attending Physicians will review and collaborate with the registered staff on residents who are at high risk for transfer to ED.	Number of ER transfers which could have been averted monthly	To have a 10% reduction of avoided ED visits by October 2024	

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	100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	

Change Ideas

Change Idea #1 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace

Methods	Process measures	Target for process measure	Comments
all staff Training through Surge on Culture and Diversity	Number of staff educated on Culture and Diversity	100% of staff educated on topics of Culture and Diversity	

Change Idea #2 To increase diversity training through Surge education or live events with new staff

Methods	Process measures	Target for process measure	Comments
Introduce diversity and inclusion as part of the new employee onboarding process	number of new employee trained of Culture and Diversity	100% of new employees will be educated on Culture and Diversity	

Change Idea #3 To facilitate ongoing feedback or open door policy with the management team

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events through the use of the CLRI Diversity and Inclusion Calendar	number of events that take place in the home that celebrates culture and diversity	A minimum of 4 events will be celebrated by Dec 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	72.50	82.00	To be at or above the Corporate average	

Change Ideas

Change Idea #1 To achieve our goal of 80% by engaging residents in meaningful conversations and care conferences, that allow them to express their opinions

Methods	Process measures	Target for process measure	Comments
Add Residents' Bill of Rights #29 to standing agenda during Care Conferences	Number of Care Conferences that review Resident Bill of Rights #29	100% of all Care Conferences will review Resident Bill of Rights #29	Total Surveys Initiated: 40 Total LTCH Beds: 51

Change Idea #2 Review "Resident's Bill of Rights" more frequently with a focus on Residents' Bill of Rights #29 "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else."

Methods	Process measures	Target for process measure	Comments
Add Residents' Bill of Rights #29 to standing agenda for Family and Resident Council Meetings.	Number of resident and family Council meetings that have Residents' Bill of Right #29 reviewed.	100% of all Family and Resident Council meeting minutes include Resident bill of rights #29.	

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	16.84	15.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 To improve process for Post Fall Huddles after each fall

Methods	Process measures	Target for process measure	Comments
Facilitate a Post Fall Huddle with staff after each fall to investigate information pertaining to the fall	the number of Falls Huddles that take place after a fall	100% of staff participation with post fall huddles	

Change Idea #2 To review Post Fall Huddles at each Management Meeting

Methods	Process measures	Target for process measure	Comments
Discuss and collaborate details and preventative ideas of the fall and/or injury related to the fall	Number of Management meetings that review Post Fall Huddles	100% of falls reviewed by managers and Management Meeting	

Change Idea #3 To improve overall knowledge and understanding of the Falls Program

Methods	Process measures	Target for process measure	Comments
To increase training and/or education of Falls program	Number of staff that have completed education on the Falls Management Policy	100% of staff educated on the Falls Management Policy	

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	22.46	17.30	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 The MD, BSO (including Psychogeriatric Team), Pharmacist with nursing staff will meet to review all new admissions for diagnosis and medications related to inappropriate prescribing of antipsychotics. This is also part of PAC quarterly meeting agenda, which also includes the pharmacy for further analysis and improvement strategies

Methods	Process measures	Target for process measure	Comments
Residents who have been prescribed antipsychotics on admission will be reviewed by the Physician and BSO Team to determine appropriate use or potential for reduction or discontinuation of medication.	Number of Residents that are prescribed antipsychotics upon admission that have a review completed	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use	

Change Idea #2 Residents who are prescribed antipsychotics for the purpose of reducing agitations and or aggression will have received medication reviews quarterly and as appropriate, in collaboration with their care team; that being, physician, pharmacist, nurse etc., to consider dosage reduction or discontinuation

Methods	Process measures	Target for process measure	Comments
To review residents on antipsychotics without diagnosis at PAC Meetings	the number of antipsychotics reduced at quarterly PAC meetings by the interdisciplinary team	100% of residents who are prescribed antipsychotic medications will be reviewed at PAC Meetings	