

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)	21.59	18.00	Home specific target, Provincial average currently at 20.8%.	NPSTAT

Change Ideas

Change Idea #1 1) Review and audit potentially avoidable ED visits by an interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
Continue to monitor ED Visits every month, analyze and trend quarterly, and determine contributing factors that lead to unnecessary ED transfers. Continue to utilize the SBAR tool to allow a consistent and standardized practice focused on timely and critical decision-making processes that will determine unnecessary Emergency Department Transfers versus necessary Emergency Department Transfers.	% of ED visits reviewed	100% of ED visits reviewed	

Change Idea #2 2) Consult NPSTAT, LTC Plus, and an on-call attending physician prior to an ED transfer.

Methods	Process measures	Target for process measure	Comments
Collaborate with NPSTAT to ensure Wesburn Manor is utilizing the resources to their best potential. Consult with LTC+ and on-call.	% Resident ED transfer where consult took place before ED transfer	100% Resident ED transfers to have a consult	

Change Idea #3 3) Collaborate with the medical team and families/residents to increase knowledge about the resident's levels of care.

Methods	Process measures	Target for process measure	Comments
Continue to engage families during the 6-week Care Conference, to determine strategies and allow open communication around goals of care. Nurse Managers/Social Workers to attend 6-week Care Conferences and determine which families are prepared for an open discussion and who would require more in-depth discussion and follow-up.	% of Care Conferences where the Goals of Care are reviewed	100% of Care Conferences with review of Goals of Care	

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	43.08	100.00	Divisional target	

Change Ideas

Change Idea #1 Continue with Equity, Diversity and Inclusion training for all staff

Methods	Process measures	Target for process measure	Comments
Schedule staff who have not previously completed the training to complete it. Will continue to promote corporate workshop which support EDI	% completion rate	100% of managers and staff trained.	Total LTCH Beds: 192

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My issues, concerns or requests for information are addressed.	C	% / Residents	In-house survey / 2023	81.00	85.00	Home Specific	

Change Ideas

Change Idea #1 Family Council – Engagement/Development and Visibility

Methods	Process measures	Target for process measure	Comments
Stakeholder engagement during weekly communication. Create a Family Council Committee board where we can have some materials posted with information from the Family Council Ontario. Have a locked box welcoming comments/ideas/suggestions from families, which can be provided anonymously - the purpose is to assign one of the Family Council members the task of bringing these comments to the meetings (with team assistance). Incorporate a new system in nursing station boards where families will be aware of which staff member was caring for a loved one throughout the day. Aim for education/awareness sessions to be short 15 minutes most - start by inviting members.	% of families satisfied with communication	70% of families satisfied with communication strategies	Residents Council of Ontario

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Variety and quality of activities meets my family member needs.	C	% / Residents	In-house survey / 2023	72.00	80.00	Home Specific	

Change Ideas

Change Idea #1 Enhance communication and collaboration with residents and families regarding programming, activities, and special events.

Methods	Process measures	Target for process measure	Comments
Highlight special programs/activities in weekly stakeholder communication and post a weekly copy on the family board. Email monthly activity calendars to families and post them in each home area. Track the number of Family Council Members' new suggestions regarding home programs. Share upcoming special events/ programs in the Family/Residents' Council.	% of program recommendations incorporated	At least 20% of program recommendations incorporated	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Variety and quality of food meets my family members need.	C	% / Residents	In-house survey / 2023	78.00	85.00	Home Specific	

Change Ideas

Change Idea #1 Food and Nutrition events will be communicated with Residents and Families.

Methods	Process measures	Target for process measure	Comments
Highlight weekly/monthly holiday menus, resident specials, and seasonal foods through stakeholder communication. Share food and nutrition updates during monthly Resident Food Committee meetings. Promote Food Services Week through a visual display, kitchen tours for residents & families, and a video. Promote special events for families to dine with residents.	% of families satisfied with the variety and quality of food.	85% of families satisfied with the variety and quality of food	

Safety

Measure - Dimension: Safe

Indicator #6	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	21.07	18.00	Home specific target, Provincial average currently at 20.4%.	

Change Ideas

Change Idea #1 BSO team review for residents on antipsychotics monthly

Methods	Process measures	Target for process measure	Comments
Monthly meetings with the Medical Director, BSO Lead, BSO PSW, and Medication Manager to compare data related to residents on antipsychotic medication. Medication review reassessment for residents on antipsychotics and updates to the medication as appropriate.	% of residents on antipsychotics that were reviewed.	100% of residents on antipsychotics reviewed.	

Change Idea #2 2) Ensure diagnoses are entered for all residents' prescribed antipsychotics and decisions are made based on clinical knowledge.

Methods	Process measures	Target for process measure	Comments
BSO Team to audit all new admissions consistently and collaborate with the team, including the medical director/attending physician to ensure the residents being administered antipsychotics have a diagnosis entered. An ongoing review by the BSO Team of residents who are on antipsychotic medication. Continue to collaborate with external partners to ensure medical decisions are based on clinical knowledge (e.g., Pharmacy Consultant to provide monthly antipsychotic usage trends for home and work with the team to decrease trends).	% of residents on antipsychotics without a diagnosis reviewed with appropriate documentation	100% of residents on antipsychotics without a diagnosis reviewed with appropriate documentation	

Change Idea #3 3)Provide training for FT nursing staff that previously did not receive training

Methods	Process measures	Target for process measure	Comments
Provide GPA training for FT nursing staff. Provide PIECES Training for FT nursing staff.	% of FT nursing staff trained GPA/PIECES	100% of FT nursing staff trained GPA/PIECES	