

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)	18.68	17.00	Home specific target, Provincial average currently at 20.8%	

Change Ideas

Change Idea #1 Monthly data analysis of each transfer and recommendations for ED avoidance.

Methods	Process measures	Target for process measure	Comments
Documentation related to ED transfers to be reviewed, information collected and analyzed by the RAI Lead/Nurse Manager Lead. Data collected by the RAI Lead to be reviewed by the Clinical Nurses, Nurse Managers. Data is to be reported by the Clinical Lead and Nurse Manager to the Site Quality Improvement Committee for recommendations.	% of ED visits and related documentation reviewed	100% of all Emergency visits and documents reviewed	

Change Idea #2 Education on the SBAR tool

Methods	Process measures	Target for process measure	Comments
SBAR tool education is to be completed with all registered staff and physicians by the Clinical Nurses. SBAR tool education will be provided to 100% of full time registered staff and physicians by the end of June 2024.	% full time registered staff, and physicians trained	100% full time registered staff, and physicians trained	

Change Idea #3 Quality and completion of SBAR tool audit

Methods	Process measures	Target for process measure	Comments
SBAR tool quality and completion audit to be completed by the Clinical Nurse and reviewed by Nurse Manager Lead for all ED transfers. Quality and completion audit will be conducted for 100% of all ED transfers over a one-year period.	% of ED transfers	100% of ED transfers	

Change Idea #4 Care conferences held with the residents and/or families who frequently request transfers to the ED

Methods	Process measures	Target for process measure	Comments
NLOT/NP, in collaboration with the care team, to schedule care conferences with the residents and/or families who frequently request transfers to the ED to determine their rationale for decision-making and collaborate for effective interventions. 100% of residents identified as having frequent transfers to the ED will have a care conference scheduled over a one-year period.	% of care conferences scheduled for residents with frequent transfers.	100% of residents with frequent transfers.	

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	36.31	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: 302

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am able to communicate openly and freely regarding care and service needs	C	% / Residents	In-house survey / 2023	79.00	85.00	Home specific target	

Change Ideas

Change Idea #1 Monthly home area meetings with the residents and care team to identify opportunities for improvement of care and service

Methods	Process measures	Target for process measure	Comments
Monthly home area meetings will be scheduled by the Recreation Services Assistant/Counsellor and Nurse Manager with the residents and care team to identify opportunities for improvement of care and service. Each home area, with the exception of two secure home areas, will hold monthly meetings starting in April for a one-year period.	% of home areas holding Monthly meetings	100% of home areas holding Monthly meetings	

Measure - Dimension: Patient-centred

Indicator #4	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 / 2024	71.00	85.00	Home specific target	

Change Ideas

Change Idea #1 Installation of TV monitors in each home area for communication of general resident-specific information.

Methods	Process measures	Target for process measure	Comments
Management will collaborate with the Residents' Council monthly to determine what information residents prefer to have available on the monitors	% of TV monitors installed and operating by the end of May 2024	100% of TV monitors installed and operating	

Safety

Measure - Dimension: Safe

Indicator #5	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	8.61	7.50	Home specific target, Provincial average currently at 15.6%.	

Change Ideas

Change Idea #1 Conduct a gap analysis on the fall prevention program

Methods	Process measures	Target for process measure	Comments
The occupational therapist and nurse manager Fall Prevention Program leads to have RNAO representatives complete a Fall Prevention Program Gap Analysis.	% of the gap analysis completed for home	100% of the gap analysis completed for home	

Change Idea #2 Recommendations from gap analysis to be incorporated into the Fall Prevention Program objectives for 2024/2025

Methods	Process measures	Target for process measure	Comments
The Fall Prevention Program leads will review the recommendations of the gap analysis and integrate recommendations as appropriate into the Falls Prevention Program objectives for 2024/2025	% of the gaps addressed	100% of the gaps addressed	

Change Idea #3 Fall incident report documentation education for full time registered staff

Methods	Process measures	Target for process measure	Comments
All full time registered staff are to complete compulsory education on fall incident report documentation	% of full time registered staff who completed the education over a one-year period	100% of full time registered staff will complete the education over a one-year period	

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	10.68	9.60	Home specific target, Provincial average currently at 20.4%.	

Change Ideas

Change Idea #1 At care conference Anti-psychotic medication review for all residents regardless if there is or not a diagnosis of psychosis.

Methods	Process measures	Target for process measure	Comments
Physicians to review anti-psychotic medications with families/residents at all care conferences even if there is a diagnosis.	% of residents on anti-psychotic medication reviewed at care conferences.	100% of residents on anti-psychotic medication reviewed at care conferences.	