

## 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)	21.20	18.00	Home specific target, Provincial average currently at 20.83%.	SHN

### Change Ideas

Change Idea #1 Consultation before emergency room transfer.

Methods	Process measures	Target for process measure	Comments
Registered Nurse to consult with the Nurse Manager, Physician or NP prior to sending a Resident to the ED in order to be proactive in minimizing an avoidable transfer. Review of care plans to ensure clinical risks have strategies in place to avoid transfers, and to support discussions with families. Collaborate with Hospitals to streamline care pathways that avoid emergency room usage.	% of emergency transfers with consult before transfer	100% of tentative emergency transfers to have a consult before the transfer either with Nurse Practitioner, LTC+ or Physician	

Change Idea #2 Nurse Practitioner to provide education/clinical rounds with Registered Staff in recognition of changes in status.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"><li>• Review of resident's changes in health status, care plans, assessments, referrals</li><li>• Education provided during Nursing Practice meetings.</li><li>• Clinical rounds with Registered Staff</li></ul>	% of care plans that reflect residents health status/goals of care	100% of care plans reflect resident's care needs	

## 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	36.70	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: 249

## Experience

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's responded "my Issues, concerns or requests for information are addressed".	C	% / Residents	In-house survey / 2024	83.00	90.00	Home specific target	

### Change Ideas

Change Idea #1 Managers attend Resident Council meetings when invited.

Methods	Process measures	Target for process measure	Comments
Resident Council to send out invites through home liaison in January for the remainder of the year. Call of Chair	% of Managers who attend Resident Council Meeting when invited.	100% of manager attend once invited	

Change Idea #2 Resident Services Manager will consult with residents to determine communication areas of improvement.

Methods	Process measures	Target for process measure	Comments
Engage with residents to gather information. Establish an action plan with managers to address opportunities. All items will be responded to within a month and an action plan developed	% of residents with a CPS 0-2 engaged on an ongoing basis.	100% of residents with CPS 0-2	

Change Idea #3 Education for Staff at Dept. meetings regarding Customer Service (standards of employee Conduct)

Methods	Process measures	Target for process measure	Comments
Dept Manager to place Customer Service on standing agenda item. Staff to be reminded at Townhall Meetings	% of meetings with actioned customer service standing agenda item.	100% of meetings have customer service standing agenda item	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's responded "My personal belongings are treated with respect".	C	% / Residents	In-house survey / 2024	83.00	90.00	Home specific target	

### Change Ideas

Change Idea #1 Managers attend Resident Council meetings when invited.

Methods	Process measures	Target for process measure	Comments
Resident Council to send out invites through home liaison in January for the remainder of the year.	% of Managers who attend Resident Council Meeting when invited.	100% of manager attend once invited	

Change Idea #2 Resident Services Manager will consult with residents to determine communication areas of improvement.

Methods	Process measures	Target for process measure	Comments
Engage with residents to gather information. Establish an action plan with managers to address opportunities. All items will be actioned within a month.	% of residents with a CPS 0-2 engaged on an ongoing basis.	100% of residents with CPS 0-2	

## 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	11.53	10.00	Home specific target, Provincial average currently at 15.6%.	

### Change Ideas

Change Idea #1 Falls Committee will meet monthly and review care plan for high risk residents

Methods	Process measures	Target for process measure	Comments
Care Plan to be reviewed to ensure there are no contraindications in interventions.	% of committee meetings held	100% of monthly meetings held	

Change Idea #2 Align Nursing and Physiotherapy Care Plan Interventions

Methods	Process measures	Target for process measure	Comments
Physiotherapists consult with Nurses for every new admission after 7 days to review and compare MORSE fall assessment and Initial PT Admission assessment.	% of consults completed with physiotherapist for all admissions	100% of new admissions	

Change Idea #3 Risk Management - Fall incident reports will be reviewed, analyzed and trended to identify high risk areas that require focused attention

Methods	Process measures	Target for process measure	Comments
Nurse Manager to review all incident reports for gaps and trends. Monthly trends to be shared at unit huddles, Nursing Practice meetings and Site Quality committee meetings.	% of fall incidents reviewed and included in the trending analysis	100% of fall incidents will be reviewed	

Change Idea #4 Critical Incidents – Falls leading to hospital transfers and Critical Incident reporting will be analyzed with a root cause analysis to prevent recurrence

Methods	Process measures	Target for process measure	Comments
Falls resulting in a Critical Incident will be followed up by an interprofessional care plan huddle and root cause analysis to ensure care plans have updated preventative strategies to prevent future recurrence.	% of CIs reviewed, analyzed and care plan updated	100% of fall related to CIs will be reviewed and analyzed	

## 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	22.09	18.00	Home specific target, Provincial average currently at 20.4%.	SHN, GMHOT

## Change Ideas

## Change Idea #1 BSO led monthly inter-professional review of anti-psychotic prescribing methods

Methods	Process measures	Target for process measure	Comments
BSO and Nurse Manager to review residents on anti-psychotics and with reduced responsive behaviours in collaboration with attending physicians, monthly. BSO team to liaise with Pharmacist and Physician teams to assess appropriateness of anti-psychotic and ensure there is an appropriate diagnosis for new residents moving into the Home.	% of residents prescribed anti-psychotics with regular inter-professional reviews	100% of residents prescribed anti-psychotics with regular inter-professional reviews	

## Change Idea #2 New admissions on anti-psychotics are reviewed

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> <li>Behavioural support team to engage in care planning for all new admissions with anti-psychotics prescribed, to assist in the identification of non-pharmalogical approaches to address responsive behaviours DOS Monitoring started for every new admission</li> </ul>	% of new admissions on anti-psychotics reviewed 100% of new admissions has DOS Monitoring	100% of new admissions on anti-psychotics reviewed	