

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)	15.15	14.00	Home specific target, Provincial average currently at 20.83%.	

Change Ideas**Change Idea #1** Consultation prior to ED visits.

Methods	Process measures	Target for process measure	Comments
Consult with Nurse Practitioner prior to each ED visit.	% of consultations with Nurse Practitioners	100% of consultations completed	

Change Idea #2 Monthly review of ED data with physicians and nurse practitioner.

Methods	Process measures	Target for process measure	Comments
Monthly review of ED visits trends	% of monthly meetings scheduled and held to discuss ED visits trends	100% of meetings held to discuss trends	

Change Idea #3 Early identification of functional decline.

Methods	Process measures	Target for process measure	Comments
Quarterly completion of Palliative Performance Scale for all residents	% of PPS completed by quarter	100% of PPS completed by quarter	

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	37.37	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: 337

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's who state "My issues concerns or request for information are addressed".	C	% / Residents	In-house survey / 2024	80.00	85.00	Home specific target	

Change Ideas

Change Idea #1 Customer Service Training

Methods	Process measures	Target for process measure	Comments
All full-time staff to attend customer service training	% of full time staff that attended customer service training	100% of full time staff to attend education sessions	

Change Idea #2 Timely response to resident's concerns

Methods	Process measures	Target for process measure	Comments
Resident concerns will be discussed, monitored and strategies developed at management huddle	% of resident concerns raised and resolved	100% of resident concerns will be reviewed and resolved	

Change Idea #3 Nurse Managers will review resident concerns and resolutions at team huddles

Methods	Process measures	Target for process measure	Comments
Resident concerns will be monitored and discussed at management huddles	% of concerns reviewed per week	100% of concerns will be reviewed and resolved	

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	8.25	8.00	Home specific target, Provincial average currently at 15.6%.	

Change Ideas

Change Idea #1 Hold weekly fall huddles to develop and evaluate falls prevention strategies

Methods	Process measures	Target for process measure	Comments
At the fall huddles, incidents and preventative strategies will be reviewed and care plan updated as required.	% of falls reviewed	100% of falls reviewed at huddles	

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	10.99	10.00	Home specific target, Provincial average currently at 20.4%.	

Change Ideas

Change Idea #1 Review all residents on antipsychotics.

Methods	Process measures	Target for process measure	Comments
Hold monthly meetings with the BSO team, RAI lead, pharmacist consultant and nurse practitioner to review residents on antipsychotics.	% of selected residents reviewed	100% of selected residents reviewed	

Change Idea #2 Develop an action plan to monitor and reduce antipsychotics as appropriate.

Methods	Process measures	Target for process measure	Comments
Physician and Nursing team to develop an action plan for residents on antipsychotics.	% of action plans implemented	100% of action plan implemented	

Change Idea #3 Use of non-pharmacological approaches including Gentle Persuasive Approaches (GPA)

Methods	Process measures	Target for process measure	Comments
Train full time frontline staff who previously did not receive training on GPA	% of full time staff trained	100% of full time staff trained	