

## 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)	17.52	15.00	Home specific target, Provincial average currently at 20.83%.	

### Change Ideas

**Change Idea #1 Admission Care Plan Development – Foster interprofessional collaboration upon move in, to ensure the resident’s care plan addresses any known risk of falls, behaviors, dehydration, and/or infections which may prevent a transfer to hospital**

Methods	Process measures	Target for process measure	Comments
Clinical Nurse Manager to review new resident care plans to ensure any known clinical risk areas are captured and strategies are in place to prevent avoidable transfer to hospital based on admission documentation and assessments	% of new admission care plans developed using an interprofessional approach	100% of new admission care plans will be developed using an interprofessional approach and reviewed by the Clinical Nurse Manager	

**Change Idea #2 Clinical Rounds - Identify residents at risk and identify early changes in health status to involve external resources (NLOT and/or NP) to provide early treatment and engage interprofessional collaboration at the home-level**

Methods	Process measures	Target for process measure	Comments
Clinical Nurse Manager to establish schedule for interprofessional team rounds/high risk care plan review meetings options. Engage family members early on when initial changes in health status are identified. Update care plans to include strategies to prevent an avoidable transfer to hospital.	% of scheduled high risk clinical rounds	100% of scheduled high risk clinical rounds completed	

**Change Idea #3 Tracking and Analysis – ED transfers will be tracked and analyzed on the daily 24 hour report and ED tracking sheet to identify any trends and high risk transfers.**

Methods	Process measures	Target for process measure	Comments
Nurse Managers, Medical Director, and NP to meet monthly to review all ED visits and to analyze if avoidable or appropriate. RAI Lead to complete ED tracking sheet. Transfer data to be reviewed at Home's Site Quality committee meetings and Nursing Practice meetings.	% of ED transfers reviewed and analyzed	100% of ED transfers will be reviewed and included in the trending review	

## 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	40.39	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: 391

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded "the home provides an enjoyable mealtime experience"	C	% / Residents	In-house survey / 2024	95.00	95.00	Home specific target	

### Change Ideas

#### Change Idea #1 Increase overall meal service satisfaction

Methods	Process measures	Target for process measure	Comments
Nutrition Managers and Nurse Managers to collaborate with front-line teams, residents and families to evaluate current process and determine root causes of gaps related to meal service. Discussions to include and explore new methods of communicating meal choices, meal presentation/delivery, assessing any possible environmental modifications within the dining room during meal service, and ensuring table rotation is incorporated with each meal service.	% of sessions/huddles in which front-line teams, residents and family members are engaged for feedback and evaluation % of completed meal service audits	100% of scheduled consultation sessions with front-line teams, residents and family members 100% completion of meal service audits	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's who responded "the variety and quality of food meets my needs".	C	% / Residents	In-house survey / 2024	85.00	90.00	Home specific target	

### Change Ideas

Change Idea #1 Incorporation of new cultural foods, including Halal, Kosher, and Asian food choices.

Methods	Process measures	Target for process measure	Comments
1. Continue identifying food preferences during move in and at care conferences with residents and family members. 2. Establish focus groups with residents and family members to assist with incorporating new cultural food items and support individualization of menu items on each Home Area. 3. Introduce monthly "Cultural Day" to highlight a cultural food item	1. % of completed assessments 2. % of scheduled focus group sessions 3. % of cultural days held	1. 100% of completed nutrition assessments in PCC 2. 100% of scheduled sessions documented 3. 100% cultural days held from April to December 2024	

Change Idea #2 Implementation of hot food carts to improve quality of tray service

Methods	Process measures	Target for process measure	Comments
1. Develop internal process in collaboration with nursing team to ensure proper use of new equipment 2. Provide education to front-line teams on new equipment 3. Reduce the number of concerns regarding food temperature and quality related to tray service	1. Development of internal process 2. % of staff educated on new equipment 3. % of concerns	1. Documentation of internal process 2. 100% of active staff will be educated on new equipment 3. 50% reduction in concerns	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of rooms that have a completed readiness checklist prior to move in	C	% / Residents	In house data collection / 2024	CB	CB	Home specific project	

**Change Ideas**

Change Idea #1 Current Rooms – Implementation of a home-wide room audit schedule and audit system to ensure all rooms are continually audited

Methods	Process measures	Target for process measure	Comments
Managers will be assigned to a unit/floor with designated rooms to audit on a rotating monthly schedule.	% of rooms audited	100% of scheduled room audits will be completed as per schedule	

Change Idea #2 Vacant Rooms – Vacant rooms will have a readiness checklist completed from the nursing and building services team, prior to a move-in or internal transfer

Methods	Process measures	Target for process measure	Comments
Pre-admission checklist to be utilized with building services, nursing and administration teams for all vacant rooms.	% of vacant rooms with a completed checklists	100% of vacant rooms will have a completed checklist	

## Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's responded "The variety and quality of activities meets my family member's needs"	C	% / Residents	In-house survey / 2024	88.00	90.00	Home specific target	

## Change Ideas

Change Idea #1 Recreational Activities – Improve passive resident participation and engage residents, as well as resident council for feedback on preferred types of activities.

Methods	Process measures	Target for process measure	Comments
1. Communicate monthly calendar programming information and newsletters to family members 2. Facilitate a variety of monthly outings to meet different needs of both passive and active residents 3. Complete program evaluation survey with family members to obtain feedback	% of communication e-mails with programming information % of scheduled monthly outings	100% of monthly calendars will be communicated to family members 100% of monthly outings will include participation from passive and active residents	

## Safety

### Measure - Dimension: Safe

Indicator #7	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	10.67	9.67	Home specific target, Provincial average currently at 15.6%.	

### Change Ideas

Change Idea #1 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
Clinical Nurse Manager and Nurse Managers 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 #2 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 #8	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	16.34	15.00	Home specific target, Provincial average currently at 20.4%.	

### Change Ideas

**Change Idea #1** New Admissions – New residents moving in with antipsychotic medications will be reviewed by the BSO team through the medication reconciliation process.

Methods	Process measures	Target for process measure	Comments
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. Behavioural support team to engage in care planning for all new admissions with anti-psychotics prescribed, to assist in the identification of non-pharmacological approaches to address responsive behaviours	% of new admissions reviewed to identify inappropriate antipsychotic use	100% of new admissions will be reviewed	

**Change Idea #2** Interprofessional Review – Monthly review of antipsychotic medication usage will be shared with interprofessional team to ensure RAI-MDS assessment coding is accurate and to ensure appropriate documentation is in place.

Methods	Process measures	Target for process measure	Comments
RAI Leads to track and report anti-psychotic usage without an appropriate diagnosis to the Nurse Manager and Physician teams for review.	% of residents on anti-psychotic medication reviewed	100% of residents on antipsychotic medications will be reviewed	