

## 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)	21.02	18.00	Home specific target, Provincial average currently at 20.83%.	

### Change Ideas

#### Change Idea #1 Hydration Focus

Methods	Process measures	Target for process measure	Comments
RNIC will be running fluid intake reports once daily and flag any residents with low fluid intake to Registered Dietician for further follow up.	% of RD referrals sent related to low fluid intake (<1L/day)	95% of residents referred to RD when fluid is low	

#### Change Idea #2 SBAR Tool Education

Methods	Process measures	Target for process measure	Comments
Education and training of SBAR documentation for full time Registered Staff to ensure all information related to resident's change in status is captured for the Physician or Nurse Practitioner.	% of full time registered staff trained on how to apply SBAR tool	100% of full time staff trained in SBAR	

Change Idea #3 Review and audits of ED transfer monthly.

Methods	Process measures	Target for process measure	Comments
Analyzing each Emergency Department transfer and looking at data to examine if it was avoidable or unavoidable.	% residents that were admitted for further treatment or residents being provided with treatment at ED that is urgent and not available at LTCH.	100% of emergency visits reviewed (residents urgent and treatment not available at LTCH).	

## 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	45.05	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: 127

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's responded "The variety and quality of food meets my needs".	C	% / Residents	In-house survey / 2024	75.00	85.00	Home specific target	

### Change Ideas

#### Change Idea #1 Food ordering system by PSW staff

Methods	Process measures	Target for process measure	Comments
PSW staff will be provided education on meal order systems by the Nutrition Manager	% of PSW staff who received education, by the first quarter of the year	80% of PSW's to receive education	

#### Change Idea #2 Improve the Variety and quality of foods offered.

Methods	Process measures	Target for process measure	Comments
Develop a menu that offers the quality and variety of food in collaboration and consultation with Resident Food Committee, cook and QI project team,	% of respondents satisfied with changes to menu	85% of respondents satisfied with changes to menu	

## Measure - Dimension: Patient-centred

Indicator #4	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 needs".	C	% / Residents	In-house survey / 2024	79.00	85.00	Home specific target	

## Change Ideas

### Change Idea #1 Increase Programs offered in Activity Calendars

Methods	Process measures	Target for process measure	Comments
Each home area will increase RSA Led programing to up to 4 Programs a day. 1-2 programs in the AM, and PM, with 2 of 4 programs being 1 hour in duration. All Calendars must include SIPPS domains (Spiritual, Intellectual, Physical, Psychological/emotional & Social) o Weekly Exercise Programming = TEP Programing* or Equivalent to Resident population o Implementation of Self-directed activities available for residents who do not wish to participate in scheduled programs.	% of calendars that meet requirements	80 % of calendars meet requirements	RSA's to implement on Home area Calendars – to be first reviewed at 1st Calendar Prep Meeting (1 Month in advance) and finalized and 2nd Calendar Prep meeting (1 Month in advance and Audited by MRS on a Monthly Basis).

## 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	12.83	11.00	Home specific target, Provincial average currently at 15.6%.	

### Change Ideas

#### Change Idea #1 Interdisciplinary falls rounds and care plan review

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team to collaborate and develop fall strategies to decrease the number of falls at CFL, by reviewing care plans, assessments and referrals. Falls committee to analyze the occurrence of falls monthly to understand the pattern and provide solutions to decrease the number of falls. Monthly falls audit to evaluate effectiveness of falls prevention strategies.	% of residents who fell and interdisciplinary review completed	100 % of residents who had a fall to be included in review and falls round	

## Change Idea #2 Falls Montessori program for residents with frequent falls

Methods	Process measures	Target for process measure	Comments
Montessori program provided daily to residents with multiple falls to aid in reducing the rate of multiple falls.	% of residents who experienced a decrease in the number of falls	80% of residents experienced less falls	

## Change Idea #3 Weekly assessment for bed/chair alarms

Methods	Process measures	Target for process measure	Comments
Audits residents with bed/chair alarm by falls working group bi-weekly to assess residents need for the equipment.	% of residents with bed/chair alarms audited	85% of residents audited	

## Change Idea #4 Monthly medication review related to falls

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team collaboration to assess and analyze monthly medications of residents who have had falls to indicate medications which increases risks of falls. Monthly medication audit to ensure medications that increases risks for falls are decreased and compare month to month data.	% of residents assessed who may be on a medication that increases risk for falls	100% of resident reviewed	

**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	13.70	12.00	Home specific target, Provincial average currently at 20.4%.	

**Change Ideas****Change Idea #1** Monthly antipsychotic review by interdisciplinary team and BSO

Methods	Process measures	Target for process measure	Comments
Medication review reassessment for residents on antipsychotic.	% of residents reviewed who are on antipsychotic	100% of residents reviewed	Increase in the percentage of residents being admitted on antipsychotics without a diagnosis.

**Change Idea #2** GPA training for staff

Methods	Process measures	Target for process measure	Comments
Education and training on GPA for full time Nursing staff who have not received the training	% of full time nursing staff previously not trained	100% of full time nursing staff with GPA training	