

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)	23.52	20.00	Home specific target, Provincial average currently at 20.83%.	

Change Ideas

Change Idea #1 Nurse Practitioner to lead team reviews of high risk residents on each home area.

Methods	Process measures	Target for process measure	Comments
Nurse practitioner quality rounds weekly for readmission, admission and high risk residents. Physicians access to LTC plus for consultation Maximize use of NLOT team. Emergency working group to review current top 5 avoidable emergency resident transfers and develop strategies.	% of completed weekly rounds	100% of rounds completed as scheduled	

Change Idea #2 Ad hoc post re-admission and high risk resident care conferences to discuss significant changes in health status.

Methods	Process measures	Target for process measure	Comments
High risk ad hoc post re-admission care conferences scheduled to discuss significant changes in status. Monthly interprofessional collaboration to discuss ED avoidance successful interventions.	% of ad hoc care conferences held for re-admissions and high risk residents with significant changes in health status	100% of re-admissions and high risk residents with significant changes in health status to have ad hoc conference	

Change Idea #3 Clinical assessment training for registered staff

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner to provide ongoing assessment training to register staff.	% of full time staff trained	100% of full time registered staff trained on clinical assessments.	

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	32.76	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: 456

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Response to "My issues, concerns or requests for information are addressed."	C	% / Residents	In-house survey / 2024	71.00	83.00	Home specific target.	

Change Ideas

Change Idea #1 Communication strategies for Korean resident population.

Methods	Process measures	Target for process measure	Comments
Create translation Cards/que cards posters etc. for residents. Redesign environment to reflect Korean Culture Collaborate with local Korean church to develop Korean specific initiatives Resident name plates to be produced with both English and Korean script	% of Korean residents with positive communication experiences	86% of residents responding that they have positive communication experiences	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Residents experience positive admission process.	C	% / Residents	In-house survey / 2024	81.00	93.00	Home specific target.	

Change Ideas**Change Idea #1 Admission process**

Methods	Process measures	Target for process measure	Comments
Welcome social on each floor monthly and unit resident representative welcome tea Getting to know me questionnaire Care support group for families for new admission Management meet and greet for new admission	% of new admissions with a positive experience	95% of new admissions with a positive experience	

Change Idea #2 Assessment and pain management for new admissions

Methods	Process measures	Target for process measure	Comments
Training for staff on pain assessment Assess pain for all new admissions Track new admission for pain management and significant change in pain status	% of new admissions with appropriate pain management interventions	100% of new admissions	

Safety

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	23.72	20.00	Home specific target, Provincial average currently at 20.4%.	

Change Ideas

Change Idea #1 Quarterly drug reviews

Methods	Process measures	Target for process measure	Comments
Review potentially inappropriate antipsychotic drug use every quarter (MDS coding: DRG01) with interprofessional team	% of quarterly reviews completed with interprofessional team in attendance	100% of scheduled drug reviews held with interprofessional team	

Change Idea #2 Coding reviews completed by RAI MDS team

Methods	Process measures	Target for process measure	Comments
RAI team and nurse managers ensure residents have appropriate RAI coding	% of residents properly coded, with supporting documentation	100% of residents properly coded	

Change Idea #3 Monthly BSO rounds

Methods	Process measures	Target for process measure	Comments
Residents with new or worsening behaviors will be discussed/reviewed at the monthly BSO rounds with psychiatrist/GMOT. Timely referrals to BSO	% of monthly BSO rounds scheduled and held	100% of BSO rounds completed	

Change Idea #4 Monthly Medication Management meeting

Methods	Process measures	Target for process measure	Comments
(BSO, Pharmacy, Physician/NP) reviews antipsychotic for appropriate use	% of medication management meetings held as schedule with team members in attendance	100 % of meetings held as scheduled to review antipsychotic usage	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Restraint utilization	C	% / Residents	CIHI CCRS / Q2	2.40	1.90	Provincial average	

Change Ideas**Change Idea #1** Interprofessional monthly meeting to discuss resident on restraint/PASD

Methods	Process measures	Target for process measure	Comments
Monthly meeting to be held to review restraint utilization	% of monthly meetings held	100 % of monthly meetings scheduled held with team members	

Change Idea #2 RAI MDS Audits to be completed

Methods	Process measures	Target for process measure	Comments
RAI team to audit that all residents are correctly coded	% of residents correctly coded	100 % of residents correctly coded after audit	

Change Idea #3 Staff education on restraint and PASD requirements and documentation

Methods	Process measures	Target for process measure	Comments
Staff training on restraint and PASD requirements, assessment and documentation	% Full time Staff trained on restraint and PASD requirements, assessment and documentation	100% of full time registered staff trained	