

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)	19.31	18.00	Home specific target, Provincial average currently at 20.83%.	

Change Ideas

Change Idea #1 Track and trend all emergency visits on 24 hour report and progress notes.

Methods	Process measures	Target for process measure	Comments
RAI Leads/designate to complete ED Tracking Sheet. ED transfer data will be reviewed in Nursing Practice and Site Quality committee meetings.	% of ED Transfers tracked and reviewed by interprofessional committees monthly	100% of all ED transfers will be included in the monthly trending review	

Change Idea #2 High risk care plan rounds will be held to discuss residents at risk, changes in health status, validate that external resources are being utilized (i.e. NLOT/GMHOT), update plan of care and engage interprofessional collaboration.

Methods	Process measures	Target for process measure	Comments
Nursing Manager to continue interprofessional care plan huddles to review changes in health condition and to update care plans to include strategies to prevent future avoidable emergency visits	% of scheduled high risk care plan rounds	100% of scheduled high risk care plan reviews completed	

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	42.60	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: 228

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	86.00	90.00	Home specific target	

Change Ideas

Change Idea #1 All Resident Council Concern Forms will be followed up with in a timely manner

Methods	Process measures	Target for process measure	Comments
RC representative will follow up to ensure completion of concern form	% of concerns followed up with within 10 days	100% of concerns followed up with within 10 days	

Change Idea #2 All staff to complete the Customer Service module in ELI

Methods	Process measures	Target for process measure	Comments
All staff to complete training	% full time staff completion	100% full time staff complete Customer Service module in ELI	

Change Idea #3 Have a "Care Team" board so that residents know who is working every day.

Methods	Process measures	Target for process measure	Comments
Implementation of a "Care Team" board	% of units with board	100% units have a board	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's responded "the home provides an enjoyable mealtime experience"	C	% / Residents	In-house survey / 2024	86.00	90.00	Home specific target	

Change Ideas

Change Idea #1 To explore surveying residents again to find out more information on their dining experience.

Methods	Process measures	Target for process measure	Comments
Monthly survey consist of five questions focused on dining room experience, food quality, ambiance and over satisfaction. Survey 24 residents monthly over all three meal service.	% satisfaction rate based on 24 resident responses.	85% satisfaction rate based on the responses.	

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	5.31	5.00	Home specific target, Provincial average currently at 15.6%.	

Change Ideas

Change Idea #1 Fall incidents/risk management report will be reviewed and analyzed

Methods	Process measures	Target for process measure	Comments
Nurse Manager Lead to complete monthly review of falls data and trends. To communicate and review this report in Nursing Practice and Site Quality committee meetings.	% of fall incidents reviewed and included in the trending analysis	100% of fall incidents reviewed	

Change Idea #2 Fall related Critical Incidents will be analyzed and clinical huddle conducted with care team to prevent future incidents

Methods	Process measures	Target for process measure	Comments
Nurse Managers to analyze each fall related CI, to have interprofessional care plan huddles to review changes in health condition and to update care plans to include strategies to prevent future incident	% of CIs reviewed, analyzed and care plan updated	100% of fall related CIs 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	7.00	7.00	Home specific target, Provincial average currently at 20.4%.	

Change Ideas

Change Idea #1 New admissions on antipsychotic medications will be reviewed by BSO Lead and medication reconciliation process.

Methods	Process measures	Target for process measure	Comments
Behavioural support team to review 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 are reviewed	

Change Idea #2 2)CIHI QI data on inappropriate antipsychotic use will be reviewed during Site Quality and Nursing Practice Committee meetings.

Methods	Process measures	Target for process measure	Comments
Quarterly review of CIHI QI data on inappropriate anti-psychotics use in collaboration with interdisciplinary team (RAI, BSO, Clinical Leads, NM, DON, NP and Physician/MD) and in Nursing Practice Meeting	% of residents on anti-psychotics and CIHI QI report reviewed quarterly by home inter-professional team and BSO Lead.	100% of CIHI QI reports reviewed	