

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 / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	21.74	20.00	Home specific target - provincial average at 21.69%	

Change Ideas

Change Idea #1

Change Idea #1 Establish Hospital Emergency Transfer Committee

Methods

Nurse Practitioner and DON to organize monthly meetings. The committee is to review and analyze all hospital transfers to determine root cause of any avoidable emergency transfers.

Process Measures

% of monthly meetings held

Target for Process Measure

100% of scheduled monthly meetings are held

Comments**Change Idea #2**

Educate staff on effective communication techniques between members of the health care team and external clinical supports about a resident's condition using Situation, Background, Assessment, Recommendation (SBAR) tool.

Methods

Implement standard documentation/communication protocol to ensure all information related to resident's change in status is captured/documented for the physicians or nurse practitioners. To reinforce use of SBAR for all hospital transfers. SBAR documentation will be provided to registered staff to improve documentation and communication.

Process Measures

% of transfers with SBAR completed

Target for Process Measure

100% of transfers with SBAR completed

Comments**Change Idea #3**

Review at Home Site Quality Improvement Committee

Methods

Review avoidable ED visit reports on a quarterly basis and intervene as indicated.

Process Measures

% of quarterly ED reports received and reviewed at Site CQI committee

Target for Process Measure

100% quarterly ED reports to be reviewed

Comments

Change Idea #4

Work collaboratively with clinical supports, particularly nurse practitioners who will be scheduled to work alternate weeks supporting teams to avert transfers

Methods

Nurse Practitioners to be scheduled to work alternate weekends. Staff to collaborate with nurse practitioner to avert transfers as appropriate. Monthly review of avoidable hospital report.

Process Measures

% of transfers on weekends with NP consult.

Target for Process Measure

100% of transfers to have NP consult before transfer.

Comments

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	70.10	100.00	Home specific – SSLTC mandatory education	

Change Ideas

Change Idea #1

Provide education on Equity, Diversity, and Inclusion training for all full-time staff and managers.

Methods

Schedule all staff and remind managers to complete the mandatory *Let's Talk about Equity* training. Continue to promote mandatory training that supports Equity, Diversity, and Inclusion (EDI). Monitor completion rates.

Process Measures

% mandatory EDI training completion rate

Target for Process Measure

100% of staff complete EDI mandatory training *Let's Talk about Equity*

Comments

Total LTCH Beds: 192

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The variety and quality of activities meets residents' needs.	C	% / Residents	In-house survey / Most recent consecutive 12-month period	84.00	86.00	Home specific target - Your Opinion Counts Survey	

Change Ideas

Change Idea #1

Increase evening activities and programming throughout the home areas.

Methods

Track number of residents attending through resident attendance records. RSA collaboration with volunteers to provide 1:1 or small group activities for the residents. Monitor number of cancelled evening programs utilizing the monthly activities calendar.

Process Measures

% increase in attendance

Target for Process Measure

50% improvement in resident attendance

Comments

Change Idea #2

Seek resident feedback and recommendations on programs and activities.

Methods

Engage resident feedback and seek comments following special events. Summarize residents' feedback and comments for a monthly review with the RSA team for improvement. Monthly engagement with residents to review programs and activities with residents to ensure awareness. Yearly overview and recap of programs and activities in conjunction with Food & Nutrition Department.

Process Measures

% of recommendations integrated into special event

Target for Process Measure

Minimum of 50% of recommendations integrated

Comments**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The home provides an enjoyable mealtime experience.	C	% / Residents	In-house survey / Most recent consecutive 12-month period	79.00	84.00	Home specific target - Your Opinion Counts Survey	

Change Idea #1

Reduce the number of residents on tray service to promote dining in a positive communal environment

Methods

Track temp/perm trays through referrals in PCC, attend care conferences and suggest communal dining for residents that are on a permanent tray service. Data will be analyzed monthly Meet with nursing team to address concerns/improvements through meeting attendance records

Process Measures

% Decrease the number of trays by 50% through 2025.

Target for Process Measure

50% decrease in number of trays

Comments

Change Idea #2

Reduce the number of food and dining service-related concerns

Methods

Track # of food or dining service-related concerns shared in Family & Resident Council, Food Committee Meetings and through the regular complaints process

Process Measures

% Decrease the number of food and dining service-related concerns

Target for Process Measure

50% decrease in the number of dining service-related concerns

Comments

Change Idea #3

Improve the enjoyable dining experience by having music in the dining rooms

Methods

Music in the dining room will be a standing agenda item at Resident Council and Family Council meetings to gather direct feedback. Comments and suggestions will be documented and compared against previous feedback to track improvements or areas needing attention. Conduct monthly dining room atmosphere audits to assess the overall dining room atmosphere, including sound levels, appropriateness of music selection, and resident enjoyment.

Process Measures

% Increase the enjoyable dining experience YOC survey result in 2025

Target for Process Measure

84% increase in enjoyable dining experience

Comments**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Personal laundry service meets residents' needs	C	% / Residents	In-house survey / Most recent consecutive 12-month period	68.00	84.00	Home specific target - Your Opinion Counts Survey	

Change Idea #1

Reduce number of misplaced personal laundry and belongings and Improve process for identifying and labelling personal items

Methods

Laundry updates will be a standing agenda item at Resident Council and Family Council meetings to gather direct feedback. Families

and residents will be introduced to a Misplaced Personal Belongings Form, which will be documented and tracked by ASU and reported to each council on a monthly basis. The Laundry and Nursing Departments will be made aware of areas that require attention to track improvements. The number of resident clothing items that have been shipped to our linen vendor, washed, and returned to WM will be tracked and reported to our Nursing Teams.

Process Measures

% Increase family/resident satisfaction for the 2025 YOC question

Target for Process Measure

84% satisfaction with laundry service

Comments

Safety

Measure - Dimension: Safe

Indicator #6	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	9.79	9.70	Home specific target - provincial average is 15.29.	

Change Ideas

Change Idea #1

Interdisciplinary complete post fall huddle assessments to identify contributing factors and prevent reoccurrence

Methods

Review of monthly fall statistics, including the number of interdisciplinary post-fall huddles completed. The schedule will be adjusted to ensure assigned PTs are available to participate.

Process Measures

% of post fall completed as required

Target for Process Measure

100% of falls to have a post fall huddle

Comments

Falls continue to be the highest incident contributing to Emergency Department visits and will continue to be a focus in 2025.

Change Idea #2

Resident engagement in activities during the evening (after dinner).

Methods

Monitor that activities are scheduled in the evening. Ensure an additional staff (recreation/BSO) is scheduled once/twice per week to cover evening hours up to 7PM.

Process Measures

% of days as per standard (once/twice per week) evening programs scheduled

Target for Process Measure

100% of standard met

Comments

Change Idea #3

Quarterly review progress at Home Site Quality Improvement Committee

Methods

Review falls statistics on a quarterly basis and intervene as indicated.

Process Measures

% of quarterly falls reports received and reviewed at Site CQI committee

Target for Process Measure

100% quarterly falls reports to be reviewed

Comments

Measure - Dimension: Safe

Indicator #7	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	22.14	20.00	Home specific target – provincial average currently at 19.64	

Change Ideas**Change Idea #1**

Establish Responsive Behavior Committee to review medication use data from the home and from pharmacy providers (e.g., indications, new starts, PRNs, administration rates, summary of responsive behaviours, interventions)

Methods

Antipsychotic usage and CIHI indicator report will be reviewed with interdisciplinary team. BSO Lead to collaborate with physician to make required changes and continue to evaluate. Consult with psychogeriatric resource consultants and psychiatrists where required.

Process Measures

% of reviews completed monthly

Target for Process Measure

100% of residents on antipsychotics

Comments

Change Idea #2

Educate staff on antipsychotic medications and the behavioural symptoms of dementia and GPA nonpharmacological interventions

Methods

Monitor the % of staff trained in Gentle Persuasive Approaches (GPA) certification training. Provide GPA training to staff.

Process Measures

% of fulltime registered staff trained in GPA

Target for Process Measure

100% of fulltime registered staff trained

Comments

Change Idea #3

Review progress at Home Site Quality Improvement Committee

Methods

Review antipsychotic usage reports on a quarterly basis and intervene as indicated.

Process Measures

% of quarterly antipsychotic reports received and reviewed at Site CQI committee

Target for Process Measure

100% quarterly antipsychotic reports to be reviewed

Comments