

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)	26.25	23.25	Home specific target – provincial average is 21.69	

Change Ideas

Change Idea #1

Daily review of Hydration Reports and referral as needed to Dietician.

Methods

RNIC will be running fluid intake reports once daily and flag any residents with low fluid intake to Registered Dietician for further follow up.

Process Measures

% of residents with fluid intake less than 1litre per day, referred to Registered Dietician

Target for Process Measure

100 % of residents with low fluid intake referred to RD

Comments

Change Idea #2

Collaborate with clinical supports particularly NLOT/NPSTAT

Methods

Engage NLOT clinicians to provide Education and training on acute care assessment for full time Registered Staff.

Process Measures

% of Full-time registered staff trained by NLOT staff on 4 acute care topics.

Target for Process Measure

90% of registered staff trained. Total of 4 acute topics delivered

Comments

Change Idea #3

Avert transfers through NLOT interventions

Methods

NLOT attend to acutely ill residents before transfer to ED

Process Measures

% of Residents assessed by NLOT staff not transferred to ED

Target for Process Measure

60% of assessed residents not transferred to ED.

Comments

Change Idea #4

Enhance Palliative and End of Life care program through education.

Methods

Educate/train staff on palliative & EOL care.

Process Measures

of staff who receive training on palliative & EOL care.

Target for Process Measure

5 staff (RN, RPN & PSW).

Comments

Change Idea #5

Involve the resident and their family, care partner or substitute decision-maker in care conferences to review care plan goals and preferences, particularly around end-of-life care

Methods

Integrate review of care plan and goals of care at care conferences.

Process Measures

% of residents with goals of care at end of life.

Target for Process Measure

100% of residents with goals of care at end of life.

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	83.33	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: 127

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 my needs	C	% / Residents	In house survey / Most recent consecutive 12-month period	77.00	80.00	Home specific target - Your Opinion Counts Survey	

Change Ideas

Change Idea #1

Change Idea #1 Provide program activities on the weekends.

Methods

Schedule weekend activity program one each day (Sat & Sun) of the weekend. Strategize daily program activities to address resident and family needs.

Process Measures

of activities over the weekend and positive family (SDM/POA) responses.

Target for Process Measure

90% of activities over the weekend have positive family (SDM/POA) responses.

Comments

Change Idea #2

Increase Programs offered in Activity Calendars.

Methods

Reach out to Family counsel and resident counsel to suggest specific activities of interest for review. Seek community partners for volunteer program activities

Process Measures

% Increase in programs offered monthly

Target for Process Measure

25% minimum increase in the percentage of programs offered monthly

Comments

Change Idea #3

Cultural focused program activities.

Methods

Collaborate with specific group SDM/POA and families for participations, and suggestions of their cultural programs/activities home could integrate

Process Measures

of cultural program-oriented activities introduced to the home activity programs from SDM/POA/FC/RC and community partners.

Target for Process Measure

10% of activities offered monthly will be cultural program-oriented.

Comments

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The variety and quality of food meets my needs	C	% / Residents	In-house survey / Most recent consecutive 12-month period	77.00	80.00	Home specific target – Your Opinion Counts Survey	

Change Ideas**Change Idea #1**

Improve the Variety, quality of foods offered and positive experience.

Methods

Develop a menu that offers the quality and variety of food in collaboration and consultation with Residents, RC, FC and Food Committee, cook and QI project team

Process Measures

% of Family and Resident with positive experience with variety and foods offered

Target for Process Measure

80% of Family and Resident with positive experience with variety and foods offered

Comments

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	12.74	10.00	Home specific target – provincial average is 15.29	

Change Ideas

Change Idea #1

Interdisciplinary falls rounds and care plan review

Methods

Interdisciplinary team to collaborate and complete fall huddle on the unit/floor with 24hrs of fall/incident, identify causative factor(s) and update care plan. Falls committee to analyze the occurrence of falls monthly to understand the pattern and provide solutions. Monthly falls audit to evaluate effectiveness of falls prevention strategies.

Process Measures

% of falls review/huddles completed and documentation after each incident

Target for Process Measure

100% of falls will be reviewed/huddles completed and documented after each incident

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

Implement Falls Montessori program for residents with frequent falls

Methods

Montessori program provided daily to residents with multiple falls to aid in reducing falls

Process Measures

% of residents in program assessed as appropriate for the Falls Montessori program

Target for Process Measure

100% of residents with frequent falls scheduled to attend Falls Montessori program

Comments

Change Idea #3

Implement weekly audit/assessment for bed/chair alarms

Methods

Bi-weekly audit residents with bed/chair alarm by falls committee, to ensure that the equipment is in working condition and aligns with care plan.

Process Measures

% of weekly scheduled audits completed

Target for Process Measure

100% of weekly scheduled audits will be completed

Comments

Change Idea #4

Complete monthly medication review related to falls

Methods

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.

Process Measures

% of monthly medication reviews completed for residents who had a fall

Target for Process Measure

100% of resident who had a fall will have a medication review

Comments

Change Idea #5

Implement 4Ps of rounds of PSW and registered staff education by RANO (BPG).

Methods

RANO arranged and schedule to educate staff

Process Measures

% of FT PSWs who received training on the 4Ps of rounds

Target for Process Measure

80% of fulltime PSWs will receive training

Comments

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	15.27	12.27	Home specific target – provincial average is 19.65%	

Change Ideas**Change Idea #1**

Assess resident health status and appropriateness of antipsychotic

Methods

Resident to be assessed by physician, pharmacy, and NP on admission (medication reconciliation) and followed up to point of reducing or eliminating the Antipsychotic medication with resident without diagnosis. Use standardized assessment tools(DOS, Cohen-Mansfield Agitation Inventory, and Kingston standardized assessment.

Process Measures

% of resident on antipsychotics without a diagnosis of psychosis who were assessed.

Target for Process Measure

100% of resident on antipsychotics without a diagnosis of psychosis will be assessed.

Comments

Change Idea #2

Interprofessional approach for antipsychotic medication, monthly and quarterly reviews

Methods

BSO lead, physicians, psychiatrists, pharmacists, nurses, and PSSs monthly and quarterly reviews of antipsychotic medication for residents without diagnosis. Consult with SDM/POA to address findings and recommendations.

Process Measures

% of residents on antipsychotic medication reviewed

Target for Process Measure

90% of residents on antipsychotic medication will be reviewed

Comments

Change Idea #3

Train Staff on the use of resident- centered care approach

Methods

Gentle Persuasion Approach (GPA) care training for frontline staff.

Process Measures

% of fulltime nursing staff trained (PSWs, RPNs & RNs)

Target for Process Measure

80% of fulltime nursing staff(PSWs, RPNs & RNs) will be trained in GPA

Comments

Change Idea #4

Implement protocols and clinical pathways and Best practice guidelines (BPG) to guide staff and resident care with expression.

Methods

Education from RANO and Advanced Practice nurse on BPG

Process Measures

% of fulltime Registered staff provided education on BPG

Target for Process Measure

80% of FT Registered staff to receive BPG education

Comments

Change Idea #5

Upon admission of new residents, conduct a comprehensive assessment to determine if antipsychotic medications are being used and whether there is an appropriate diagnosis that justifies their use

Methods

Assessment by physician and NP. Assessment tool incorporated into admission process

Process Measures

% of residents assessed on admission if antipsychotics are appropriate.

Target for Process Measure

100% of resident admitted on antipsychotics will be assessed for appropriateness of medication.

Comments