

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)	23.42	20.00	Home specific target – provincial average is 21.69.	

Change Ideas

Change Idea #1

Continue with implementation of Nurse Practitioner led ad hoc conferences to review re-admission, admission, significant changes and high-risk residents on each home area.

Methods

Weekly rounding led by Nurse Practitioner to focus on readmissions, new admissions, significant changes and high-risk residents. Review to be included in monthly interprofessional ED transfer discussion huddles to identify trends and successful interventions.

Process Measures

% of completed weekly rounds % of completed monthly ED transfer huddles

Target for Process Measure

100% of NP led rounds completed as scheduled. 100% of monthly ED transfer huddles completed as scheduled

Comments

Change Idea #2

Identify acute changes in condition utilizing Situation, Background, Assessment, Recommendation (SBAR) tool to guide clinical decision making.

Methods

Staff to document acute changes in condition utilizing SBAR documentation format in PCC.

Process Measures

% of SBAR documentation for ED transfers.

Target for Process Measure

Minimum 75% of acute changes in condition that resulted in an ED transfer has SBAR documentation.

Comments

Change Idea #3

Review clinical best practice guidelines with registered staff to enhance assessment skills.

Methods

Nurse Practitioner in collaboration with clinical leads to provide quarterly education to staff on clinical best practice guidelines.

Process Measures

% of active registered staff trained

Target for Process Measure

100% of active registered staff trained on best practice guidelines.

Comments

Change Idea #4

Reinstate monthly ED avoidance committee meeting.

Methods

Advanced care team to review and discuss ED visits with the focus of promptly recognizing acute changes and reducing ED visits.

Process Measures

% of ED visits would be reviewed to determine if avoidable.

Target for Process Measure

Number of avoidable ED visit will decrease by 10%

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	63.18	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: 456

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The home provides an enjoyable mealtime experience.	C	% / LTC Home Residents	In house survey / Most recent consecutive 12-month period	68.00	73.00	Home specific target - Your Opinion Counts Survey	

Change Ideas

Change Idea #1

Enhance the dining room ambience to foster home like experience

Methods

Nutrition Manager to conduct hands-on training sessions for FSW that cover the essentials of table settings for various meal courses

Process Measures

of resident feedback surveys

Target for Process Measure

10 feedback surveys will be gathered each month

Comments

Change Idea #2

Improve the quality of tray service through implementation of the Burlodge carts

Methods

Maintain optimal food temperature and ensure meals remain appealing and appetizing for both dining and for tray service

Process Measures

% of food temperature audits completed as scheduled

Target for Process Measure

100% of audits will be completed with follow up

Comments

Change Idea #3

Enhance the quality of food

Methods

Host a live breakfast show in the dining room to encourage resident engagement and enhance enjoyable meal experience

Process Measures

% of live breakfast shows held compared to schedule

Target for Process Measure

100% of scheduled breakfast shows to be held

Comments

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Personal laundry meets my needs	C	% / LTC home Residents	In-house survey / Most recent consecutive 12-month period	69.00	75.00	Home specific target – Your Opinion Counts Survey	

Change Ideas**Change Idea #1**

Decrease the turnaround time to return residents' personal clothing from 72 hours to 48 hours within six months.

Methods

Review and improve laundry workflow to minimize delays by revising job routine of laundry service workers. Create a checklist for inspecting each item correct sorting, and labelling.

Process Measures

of monthly audits for labelled clothing and % of completed checklists

Target for Process Measure

100% of scheduled and completed audits and 100% of completed checklists

Comments

Report Access Date: March 16, 2025

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Room readiness checklist	C	% / LTC home Residents	In house data collection / Most recent consecutive 12-month period	CB	CB	Collecting baseline data	

Change Ideas**Change Idea #1**

Current Rooms – Implementation of a home-wide room audit schedule and audit system to ensure all rooms are continually audited

Methods

Managers will be assigned to a unit/floor with designated rooms to audit on a rotating monthly schedule.

Process Measures

% of vacant rooms with a completed checklist

Target for Process Measure

100% of vacant rooms will have a completed checklist

Comments

Report Access Date: March 16, 2025

Change Idea #2

Vacant Rooms – Vacant rooms will have a readiness checklist completed from the nursing and building services team, prior to a move-in or internal transfer

Methods

Pre-admission checklist to be utilized with building services, nursing and administration teams for all vacant rooms.

Process Measures

% of vacant rooms with a completed checklists

Target for Process Measure

100% of vacant rooms will have a completed checklist

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	10.28	10.00	Home specific target - provincial average is 15.29.	

Change Ideas

Change Idea #1

Identify residents who are high risk for falls prior to admission and complete risk assessment at admission

Methods

Upon review of admission application an assessment for high fall risk residents would be triggered.

Process Measures

% of residents admitted who are at high risk of falls are assessed.

Target for Process Measure

100% of residents at high risk of falls at admission will be assessed for falls

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

Trending of risk management falls incident reports to identify high risk trends and/or residents that require focused attention

Methods

Nurse Managers to review all incident reports for gaps and trends. Monthly trends to be shared at falls committee meetings.

Process Measures

% of fall incidents reviewed and included in the trending analysis

Target for Process Measure

100% of fall incidents will be reviewed

Comments

Change Idea #3

Analysis of falls leading to hospital transfers and critical Incident reporting to prevent recurrence

Methods

Falls resulting in a Critical Incident will be followed up by an interprofessional care plan huddle and root cause analysis to ensure care plans have updated preventative strategies to prevent future recurrence.

Process Measures

% of CIs reviewed, analyzed and care plan updated

Target for Process Measure

100% of fall related to CIs will be reviewed and analyzed ensuring care plans were updated

Report Access Date: March 16, 2025

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	18.06	16.00	Home specific target - provincial average currently at 19.64%	

Change Ideas**Change Idea #1**

Implementation of BSO huddles with interprofessional team

Methods

BSO team to conduct weekly huddles for newly admitted residents and high-risk residents with new or worsened behaviors to review antipsychotic medication usage.

Process Measures

% of scheduled BSO huddles completed

Target for Process Measure

100% of scheduled BSO huddles completed

Comments

Change Idea #2

Monthly Medication Management meeting with a review of antipsychotic usage

Methods

Physician, NP, Pharmacist and clinical team to review medication utilization each month.

Process Measures

% of medication management meetings held as scheduled

Target for Process Measure

100 % of meetings held as scheduled

Comments

Change Idea #3

Complete coding audits by the RAI MDS team

Methods

RAI team and Nurse Managers will ensure RAI MDS coding is accurate and provide re-education to Registered Staff as required.

Process Measures

% of residents properly coded

Target for Process Measure

100% of residents properly coded

Comments