

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)	19.28	17.50	Home specific target - provincial average at 21.69%	

Change Ideas

Change Idea #1

Enhance staff knowledge and practice in the early recognition and management of common conditions that may result in emergency department visits, such as infections and dehydration. Staff will apply the Situation, Background, Assessment, Recommendation (SBAR) communication tool before transferring residents to the hospital.

Methods

Registered staff will review all new resident care plans to ensure any known clinical risk areas are identified and that strategies are in place to prevent avoidable transfers to the hospital, based on admission documentation and assessment. Audits will be conducted to confirm that SBAR was completed before residents were sent to the hospital.

Process Measures

% of all residents sent to the hospital with SBAR completed (quarterly audit)

Target for Process Measure

90% of all residents sent to the hospital will have SBAR completed

Comments

Change Idea #2

Complete advance care planning and ensure all residents who are readmitted to the home with a significant change in condition have up-to-date care directives to guide decision-making and reduce unnecessary hospital transfers.

Methods

All re-admissions with a significant change will participate in care conferences to help identify care directives and discuss advance care planning.

Process Measures

% of re-admissions with a significant change that participated in a care conference

Target for Process Measure

100% of re-admissions with a significant change will participate in a care conference

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	79.82	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: 391

Experience

Measure - Dimension: Patient-centred

Indicator #3	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	85.00	90.00	Home specific target - Your Opinion Counts Survey	

Change Ideas

Change Idea #1

Incorporate new cultural foods, including Halal, Kosher, and Asian food choices to reflect resident preferences.

Methods

Continue identifying food preferences during move-in and at care conferences with residents and family members. Introduce a monthly “Cultural Day” to highlight a cultural food item.

Process Measures

% of completed assessments, % of scheduled focus group sessions of cultural days

Target for Process Measure

100% of completed nutrition assessments in PCC, 100% of scheduled sessions documented 10 cultural days from April to December 2025

Comments

Change Idea #2

Implement and maintain food production process standards.

Methods

Provide education to cooks on production standards. Continue to monitor the use of standardized recipes. Implement monthly audits of food quality.

Process Measures

of training sessions, % of audits completed

Target for Process Measure

100% of cooks to complete training and maintain standards

Comments

Safety

Measure - Dimension: Safe

Indicator #4	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	9.92	9.00	Home specific target - provincial average is 15.29.	

Change Ideas

Change Idea #1

Falls Committee – Fall incident reports will be reviewed, analyzed, and trended to identify high-risk areas that require focused attention.

Methods

Fall incidents will be reviewed by committee members to identify trends and recommend strategies. Implement the use of devices and equipment (such as low-profile beds, bed and chair alarms, and grab bars) that can help reduce the risk of falling, as appropriate.

Process Measures

% of fall incidents reviewed and included in the trending analysis

Target for Process Measure

100% of fall incidents will be reviewed

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

Focused review of falls leading to hospital transfers and Critical Incident reporting will be analyzed with a root cause analysis to prevent recurrence.

Methods

Unit team to review ED visit information when residents return from the hospital to determine treatment provided and develop prevention strategies.

Process Measures

% of critical fall incidents reviewed

Target for Process Measure

100% of falls related to Critical Incidents will be reviewed and analyzed

Comments

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	13.84	12.00	Home specific target – provincial average currently at 19.64	

Change Ideas**Change Idea #1**

New Admissions – New residents moving in with antipsychotic medications will be reviewed by the BSO team through the medication reconciliation process.

Methods

The BSO team will liaise with Pharmacist and Physician teams to assess the appropriateness of antipsychotic use and ensure there is an appropriate diagnosis for new residents moving into the Home.

Process Measures

% of new admissions reviewed to identify inappropriate antipsychotic use

Target for Process Measure

100% of new admissions reviewed to identify if antipsychotic use is inappropriate

Comments

Change Idea #2

Interprofessional Review – Monthly review of antipsychotic medication usage will be shared with the interprofessional team to ensure RAI-MDS assessment coding is accurate and to ensure appropriate diagnosis documentation is in place.

Methods

RAI Leads to track and report antipsychotic usage without an appropriate diagnosis to the Nurse Manager and Physician teams for review.

Process Measures

% of residents reviewed to identify if appropriate diagnosis documented

Target for Process Measure

100% of residents reviewed to identify if appropriate diagnosis documented

Comments