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)	17.96	15.00	Home specific target - provincial average at 21.69%	

Change Ideas

Change Idea #1
Educate staff on effective communication techniques between members of the health care team and external clinical supports about a resident's condition.

Methods
Use SBAR to assist staff in communicating with physicians. Create and implement a transcript to guide conversations with residents and families. This will ensure consistent and accurate information is communicated.

Process Measures
% of registered full-time staff who completed education of SBAR.

Target for Process Measure
100% of full time staff completed SBAR education

Comments

Change Idea #2
Work collaboratively with clinical supports, such as nurse-led outreach teams at local hospitals, nurse practitioners supporting teams averting transfers, and on-site nurse practitioners, to deliver education, training, and clinical guidance to home staff and participate in decisions to transfer a resident to a hospital.

Methods
Continue our efforts to recruit a Nurse Practitioner. Consultation with circle of care will be initiated depending on urgency/complexity of the situation.

Process Measures
% of consults completed with circle of care for urgent/complex situations

Target for Process Measure
100% of situations deemed urgent and complex needing a consult before transfer will be completed with circle of care.

Comments

Change Idea #3
Enhance palliative approach to care within the long-term care home.

Methods
Education to be provided to interdisciplinary team and Attending Physicians on palliative care, and discussion on goals of care. Residents and family discussions on services/options provided during care conferences

Process Measures
% of residents receiving in-home services/options on Palliative Care/EOL during care conferences

Target for Process Measure

100% of care conferences will included Palliative Care/EOL discussions to support resident and family in decision making and understanding of disease progression.

Comments

Change Idea #4

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

Provide information to residents/SDMs on end of life, palliative care and trajectory of illness at time of admission, and as needed. Ensure discussion is held during care conferences.

Process Measures

% of residents/families who received relevant information/education.

Target for Process Measure

100% of resident/families will receive relevant information to support decision making.

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	73.08	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: 150

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents and families expressing a high satisfaction with programming.	C	% / Residents	In house data,NHCAHPS survey / Most recent consecutive 12-month period	89.00	94.00	Home specific target - Your Opinion Counts Survey	

Change Ideas

Change Idea #1
Strive to increase percentage of residents expressing a high satisfaction with programming.

Methods
Create an excel spreadsheet capturing the unit based programs divided into the 5 domains according to the SIPPS model. Review the data collected over the course of 2 months

Process Measures
% of calendar events compliant with 5 domains

Target for Process Measure
90% of calendar events will be compliant with the 5 domains.

Comments

Change Idea #2
Ensure proper staffing in RSA department to cover weekend and evening programs.

Methods
Continue recruitment efforts to fill vacancies with temp assignments. Schedule evening and weekend programs for residents.

Process Measures

% of weekend/evening programs with staffing coverage

Target for Process Measure
90% of scheduled weekend and evening programs are covered.

Comments

Change Idea #3
Program feedback scheduled after each event/program.

Methods
Develop an evaluation tool to collect feedback immediately following the program or event.

Process Measures

% response rate

Target for Process Measure
80% - 100% of residents respond

Comments

Change Idea #4

Develop program protocols for all programs.

Methods

Programs protocols will be completed for each program and evaluated by the end of the year.

Process Measures

% of Programming Evaluations completed

Target for Process Measure

100% of programs will be evaluated to assess satisfaction.

Comments

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents and families expressing a high satisfaction with quality of food.	C	% / Residents	In-house survey / Most recent consecutive 12-month period	76.00	85.00	Home specific target – Your Opinion Counts Survey	

Change Ideas

Change Idea #1
Collaborate with families and residents to assess current menu options, preferences, and cultural needs.

Methods
Incorporate feedback into menu planning. Develop in consultation with Residents' Council and Family Council an In-home survey, with specific questions related to food quality.

Process Measures
% satisfaction with quality of food

Target for Process Measure
90% average between family and resident survey completion

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	10.60	10.00	Home specific target - provincial average is 15.29.	

Change Ideas

Change Idea #1

Participate in interdisciplinary team to inform, share ideas, and support each other in improving the implementation of evidence-informed fall prevention practices

Methods

NM to review reports daily and review/update tracking tool. PT assessments and post fall huddles are consistently utilized in post fall program rounds.

Process Measures

% of fall incident reports completed % of fall huddles completed

Target for Process Measure

100% fall reports completed 100% of fall huddles completed

Comments

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

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	14.42	14.00	Home specific – provincial average is 19.64%	

Change Ideas

Change Idea #1
Monthly and quarterly interprofessional medication reviews involving behaviour support leads, physicians, pharmacists, nurses, and personal support workers.

Methods
Monthly and quarterly reviews of antipsychotic medication usage will be held. BSO lead will support documentation and progress reviews.

Process Measures
% of resident receiving antipsychotic medication who do not have signs of psychosis reviewed and verified

Target for Process Measure
100% of antipsychotic medication plans reviewed

Comments

Change Idea #2
Review the charts of residents that trigger the RAI (Resident Assessment Instrument) Indicator Code: DRG01 to assess appropriate use of antipsychotics

Methods
Auditing MDS coding for accuracy.

Process Measures
% of RAI MDS coded accurately

Target for Process Measure
100% of RAI MDS codes accurate

Comments

Change Idea #3
Explore opportunities to work with an external behavioral support lead, team or champion to decrease Form 1 usage

Methods
Consultation with external partners - CAMH, Baycrest, TRI, PRC to decrease Incidents/Form 1

Process Measures
% of resident incident/ Form 1

Target for Process Measure
0% resident incident/ Form 1

Comments

Change Idea #4

For each resident, evaluate whether any potential contributors to behavioral and psychological symptoms of dementia are present (e.g., conduct an assessment for delirium, a general medical and mental health history, a pain assessment, a medication review, a substance use review, and hearing and vision assessments)

Methods

BSO lead to participate in assessments, determining contributing behavioural factors, care planning and providing updates to decrease incidents/complaints

Process Measures

% of resident incidents/Form 1/complaints

Target for Process Measure

0% of resident incidents/Form 1/complaints will be related to behavioral issues.

Comments