

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)	15.13	15.00	Home specific target, Provincial average currently at 21.6	

Change Ideas

Change Idea #1

Consultation prior to ED visits.

Methods

Consult with nurse practitioner prior to each ED visit

Process Measures

% of consultations with nurse practitioners

Target for Process Measure

100% of cases will have a consultations completed prior to sending to emergency room.

Comments

Change Idea #2

Monthly review of ED data with physicians and nurse practitioner.

Methods

Monthly review of ED visits trends to examine if it was avoidable or unavoidable. Discuss trends, review residents that were admitted for further treatment or residents being provided with treatment at ED that is urgent and not available at LTCH.

Process Measures

% of monthly meetings scheduled and held to discuss ED visits

Target for Process Measure

100% of meetings held to discuss trends

Comments

Change Idea #3

Implement palliative performance scale to support early identification of functional decline.

Methods

Quarterly completion of Palliative Performance Scale for all residents

Process Measures

% of PPS completed by quarter

Target for Process Measure

100% of PPS completed by quarter

Comments

Change Idea #4

Recruitment of 2 Nurse Practitioners to support clinical assessment, and emergency room avoidance.

Methods

Recruitment of 2 Nurse Practitioners

Process Measures

% of Nurse Practitioners hired by May 2025

Target for Process Measure

100% of Nurse Practitioners budgeted are hired

Comments

Change Idea #5

Provide registered staff with education on Situation, Background, Assessment, Recommendation (SBAR) Tool and monitor compliance with documentation

Methods

Education and training on SBAR documentation will be provided to registered staff to improve documentation and communication. Implement standard documentation/communication protocol to ensure all information related to resident's change in status is captured for the physicians or nurse practitioners.

Process Measures

% of registered staff trained on how to use SBAR tool % compliance with SBAR documentation standard

Target for Process Measure

100% of full-time staff trained 100% compliance with SBAR documentation standard

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	77.49	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: 337

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My issues, concerns or requests for information are addressed in a timely manner.	C	% / Residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	85.00	90.00	Home specific target - Your Opinion Counts Survey	

Change Ideas

Change Idea #1

Nurse Managers will review resident concerns and resolutions at team huddles

Methods

Resident concerns will be monitored and discussed at management huddles

Process Measures

100% of concerns will be reviewed and resolved

Target for Process Measure

100% of concerns will be reviewed and resolved

Comments

Change Idea #2

Timely response to resident's concerns as per policy

Methods

Resident concerns will be discussed, monitored and strategies developed at management huddle

Process Measures

% of resident concerns raised and resolved

Target for Process Measure

100% of resident concerns will be reviewed and resolved

Comments

Change Idea #3

Customer Service Training/Education

Methods

All full-time staff to attend customer service training

Process Measures

% of full-time staff that attended customer service training

Target for Process Measure

100% of full-time staff to attend customer service training

Comments

Change Idea #4

Implement consistent response process for all concerns/complaints

Methods

Provide education to all team members about the concerns/complaint process. Utilize current resources/policies to support culture change.

Process Measures

% compliance with policy on how to deal with concerns/complaints

Target for Process Measure

100% resolutions without escalation

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 data, NHCAHPS survey / Most recent consecutive 12-month period	75.00	80.00	Home specific target – Your Opinion Counts Survey	

Change Ideas**Change Idea #1**

Introduce 8 special menu days in 2025

Methods

Implement special menu days based on resident feedback and preferences. Tracking sheets will be used to monitor outcomes. Resident feedback will be monitored

Process Measures

% resident satisfaction with special menu planned

Target for Process Measure

85-90% satisfaction with special menu items offered

Comments

Change Idea #2

Food tasting events will be planned to improve resident satisfaction with menu choices.

Methods

Nutrition Manager will audit and implement resident food tasting events

Process Measures

% of events planned and held

Target for Process Measure

100% of events planned are held

Comments

Change Idea #3

Work with Resident's Council to plan special menus cultural preference to improve satisfaction.

Methods

Nutrition Manager to work with RC and Counsellor to select special menu items linked to cultural preference and document in minutes, with aim for 1 per quarter. Tally counts and survey of residents on day it's served for their experience of the meal (the variety and quality of food meets my needs).

Process Measures

% of residents satisfied with cultural meal selection

Target for Process Measure

85-90% satisfaction with cultural meal selection

Comments

Change Idea #4

Engage the cooks in receiving direct resident feedback.

Methods

Cooks will engage with residents to get direct feedback on the quality and level of satisfaction after each meal.

Process Measures

% of meals with positive feedback from residents

Target for Process Measure

85- 90 % of meals served the cooks receive positive feedback

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	7.85	7.00	Home specific target - provincial average is 15.29.	

Change Ideas

Change Idea #1

Hold weekly fall huddles to develop and evaluate falls prevention strategies Daily Interdisciplinary falls rounds (already happening)

Methods

At the fall huddles, incidents and preventative strategies will be reviewed and care plan updated as required.

Process Measures

% of falls reviewed weekly

Target for Process Measure

100% of falls reviewed at weekly huddles

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

Complete interprofessional post fall assessments to identify contributing factors and prevent reoccurrence

Methods

Complete post fall huddle after each fall with all required members.

Process Measures

% of fall huddles completed with all members present

Target for Process Measure

100% of fall huddles completed with all members present

Comments

Change Idea #3

Provide educate to clinical staff on fall prevention

Methods

All clinical staff to be assigned to complete education on falls prevention strategies

Process Measures

% of clinical staff who attended falls prevention education session(s)

Target for Process Measure

100% fulltime clinical staff attend falls prevention education

Comments

Change Idea #4

Monthly medication review related to falls

Methods

Monthly review of frequent fallers medications with Pharmacy Consultant to flag medications that might contribute to falls

Process Measures

% of falls with a completed medication review after fall

Target for Process Measure

100% of fall incidents will have a medication review completed

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	8.73	8.00	Home specific – provincial average is 19.65%	

Change Ideas**Change Idea #1**

Monthly review of all residents on antipsychotics

Methods

Hold monthly meetings with the BSO team, RAI lead, pharmacist consultant and nurse practitioner to review residents on antipsychotics.

Process Measures

% of selected residents reviewed

Target for Process Measure

100% of selected residents reviewed

Comments

Change Idea #2

Develop an action plan to monitor and reduce antipsychotics as appropriate.

Methods

Physician and Nursing team to develop an action plan for residents on antipsychotics

Process Measures

% of action plans implemented

Target for Process Measure

100% of action plan implemented

Comments

Change Idea #3

Provide training on Use of non-pharmacological approaches including Gentle Persuasive Approaches (GPA)

Methods

Train full time frontline staff who previously did not receive training on GPA

Process Measures

% of full-time staff trained

Target for Process Measure

100% of full time staff trained

Comments