

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)	25.00	22.00	Home specific target - provincial average is 21.69%	

Change Ideas

Change Idea #1

Monthly data analysis of each transfer and recommendations for ED avoidance

Methods

Documentation related to ED transfers to be reviewed, information collected and analyzed by the Nurse Practitioners, RAI Leads, Clinical Nurses and Nurse Manager Lead. Data is to be reported by the Nurse Practitioners and Nurse Manager Lead to the Site Quality Improvement Committee for recommendations

Process Measures

% of ED visits and related documentation reviewed

Target for Process Measure

100% of all emergency visits and documents reviewed

Comments

Change Idea #2

Education on the Situation, Background, Assessment, Recommendation (SBAR) Tool

Methods

SBAR tool re-education is to be completed with all physicians, registered staff, and nurse managers. The training is to be completed by the Nurse Practitioners and Clinical Nurses. SBAR Re-education to be provided by May 1, 2025

Process Measures

% of registered staff, physicians, nurse managers trained

Target for Process Measure

100% registered staff, physicians, nurse practitioners, nurse managers trained

Comments

Change Idea #3

Auditing of quality and completion of documentation using SBAR.

Methods

SBAR tool quality and completion audit to be completed by the Clinical Nurses and reviewed by the Nurse Practitioners and Nurse Manager Lead for all ED transfers. Quality and completion audit will be conducted for 100% of all ED transfers over a one-year period. Feedback will be provided to improve documentation.

Process Measures

% of SBAR audits completed for ED transfers

Target for Process Measure

100% of SBAR audits completed for ED transfers

Comments

Change Idea #4

Care conferences are held with the residents/and or families of residents who frequently request transfers to the ED

Methods

NLOT/NPs, in collaboration with the care team, to schedule care conferences with the residents and/or families who frequently request transfers to the ED to determine their rationale for decision making and collaborate for effective interventions, provide education, etc. 100% of residents identified as having frequent transfers to the ED based on request will have a care conference completed.

Process Measures

% of care conferences scheduled for residents with frequent transfers

Target for Process Measure

100% of residents with frequent transfers have a care conference completed.

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	69.54	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: 302

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Residents are able to communicate openly and freely regarding care and service	C	% / Residents	In-house survey / Most recent consecutive 12-month period	86.00	89.00	Home specific target - Your Opinion Counts Survey	

Change Ideas

Change Idea #1

Ensure residents are present and actively engaged in discussions regarding their care and service at their annual care conferences

Methods

Registered Staff and Counsellors are to ensure that all residents who can do so, attend their annual care conference.

Process Measures

% of residents attending their annual care conference

Target for Process Measure

100% of residents who can do so have attended their annual care conference

Comments

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Residents feel that their issues, concerns or requests for information are addressed	C	% / Residents	In-house survey / Most recent consecutive 12-month period	81.00	85.00	Home specific target - Your Opinion Counts Survey	

Change Ideas**Change Idea #1**

Installation of TV monitors in each home area for communication of general resident-specific information

Methods

Management will collaborate with the Residents' Council to determine the content preference for the resident- specific communication

Process Measures

% of TV monitors installed and operating by the end of April 2025

Target for Process Measure

100% of TV monitors installed and operating by the end of April 2025

Comments

This was unmet in 2024 and being carried over

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The home provides an enjoyable dining experience	C	% / Residents	In-house survey / Most recent consecutive 12-month period	68.00	80.00	Home specific target - Your Opinion Counts Survey	

Change Ideas**Change Idea #1**

To gather feedback from residents, families, employees and volunteers on the opportunities for improvement in the dining experience

Methods

CareTO engagement session feedback is to be reviewed by the site Quality Committee, and an action plan will be developed by the end of February 2025

Process Measures

Completion of the review of dining experience feedback from the CareTO engagement sessions and the action plan developed by the end of February 2025

Target for Process Measure

100% completion of an action plan by the end of February 2025

Comments

Change Idea #2

Form a Dining Experience Team to lead the action plan

Methods

Post an internal expression of interest for residents, families, volunteers and employees interested in joining the Dining Experience Team

Process Measures

Dining Experience Team finalized by the end of April 2025

Target for Process Measure

100% finalization of the Dining Experience Team by end of April 2025

Comments

Change Idea #3

Dining Experience Team to complete the Project Charter

Methods

Project Charter to be presented to the site Quality Committee in April 2025

Process Measures

Project Charter approved by Quality Committee at the April 2025 meeting

Target for Process Measure

100% approval of the project charter

Comments

Change Idea #4

Dining Experience Team to meet weekly to action the project goals and objectives

Methods

Weekly meetings are held with the Dining Experience Team

Process Measures

% of weekly meetings held

Target for Process Measure

100% of the weekly meetings scheduled are held

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	10.64	10.16	Home specific target - provincial average is 15.29.	

Change Ideas

Change Idea #1

Screen all new residents within 24 hours to identify those at risk for falls and their fall risk category; determine appropriate interventions

Methods

Registered staff to screen all new residents within 24 hours of move in to identify those at risk for falls and their category and determine immediate appropriate intervention

Process Measures

% of new residents who have been screened within 24 hours of move in for falls risk

Target for Process Measure

100% of new residents screened within 24 hours

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

Ensure each resident has an individualized plan of care for fall prevention; reassess residents after any major health change

Methods

Registered Staff to ensure each resident has an individualized plan of care for falls

Process Measures

% of resident with a falls prevention care plan

Target for Process Measure

100% of residents with an individualized falls prevention care plan

Comments

Change Idea #3

Educate staff on fall prevention

Methods

Managers to ensure that all employees have completed annual education on falls prevention via ELI

Process Measures

% of employees who have completed the annual falls prevention education in ELI

Target for Process Measure

100% falls prevention education completion rate for employees

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	9.22	9.20	Home specific target – provincial average is 21.69.	

Change Ideas**Change Idea #1**

Review medication use data from Bendale and pharmacy provider (e.g., indications, new starts, PRNs, administration rates, summary of responsive behaviours, interventions)

Methods

Nurse Practitioners, BSO Lead, Nurse Manager Lead and Pharmacy Rep to review medication use data quarterly and present to the Site Quality Committee for recommendations

Process Measures

% of quarterly reviews completed and presentations at Site CQI Committee

Target for Process Measure

100% of quarterly reviews completed and presented at the Site CQI committee

Comments

High percentage of residents admitted on antipsychotics.

Change Idea #2

Engage residents, families and care partners in discussions about anti-psychotic medications, responsive behaviours, and care with nonpharmacological interventions

Methods

Physicians to review anti-psychotic medications with residents and/or SDMs at all care conferences

Process Measures

% of residents on antipsychotic medications that were reviewed at the care conference

Target for Process Measure

100% of residents on antipsychotic medications reviewed at care conference

Comments

Change Idea #3

Train staff to use a person-centred approach to responsive behaviours

Methods

All employees to receive CareTO, person-centred approach to care training

Process Measures

% of employees trained on the CareTO, person-centered approach to care training

Target for Process Measure

100% of employees trained

Comments

Change Idea #4

Incorporate nonpharmacological interventions into care plans for residents who are being treated with anti-psychotics or displaying responsive behaviours

Methods

The Care Team, including the BSO team to discuss non-pharmacological interventions for residents who are being treated with anti-psychotics or displaying responsive behaviours

Process Measures

% of residents being treated with anti- psychotics with non-pharmacological interventions in the care plan

Target for Process Measure

100% of residents being treated with anti-psychotics will have non- pharmacological interventions in the care plan

Comments