

## 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)	35.18	30.00	Through implementation of our change ideas, the home expects an overall improvement over the next year.	NP; BSO; PRCs: RNAO BP Consultant; MD

### Change Ideas

**Change Idea #1** To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; NP stat program (if available) education to families; education to staff; Use of SBAR, Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer;

Methods	Process measures	Target for process measure	Comments
Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending NP/MD will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological;	The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours;	15% reduction of ED visits by December 31st 2025.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

Change Idea #2 During care conferences, discussion with resident and families, regarding advance care planning (Resident and Family focused centered care)

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner on site will provide education theoretically and at bedside.	Improved confidence and decision making from Registered staff related to clinical assessment	15% reduction of ED visits by December 31st 2025.	

Change Idea #3 DOC to review ED tracker, for the common reasons for transfer to ED - review in Nursing practice meetings, to develop strategies to prevent future ED visits

Methods	Process measures	Target for process measure	Comments
Utilization internal hospital tracking tool and analyze each transfer status. ED transfer audit will be completed and reviewed monthly by nursing leadership (DOC, ADOC). Reports will be reviewed at quarterly PAC meetings; and standing agenda in nursing practice meeting	# of education sessions with Registered staff	Goal to have weekly education sessions completed by nurse practitioner	

Change Idea #4 Development of IV program in the home

Methods	Process measures	Target for process measure	Comments
Education on IV therapy (initiating IV), IV antibiotic	Number of IV therapy/treatments completed with in the home	80% of IV Therapy/treatments completed in the home.	

## 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	100.00	100.00	The home will continue to maintain 100%.	Surge Education; BSO; Cultural based organization in the community

### Change Ideas

Change Idea #1 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events	Number of staff education on Culture and Diversity;	80-100% of staff educated on topics of Culture and Diversity	Total LTCH Beds: 160

Change Idea #2 To increase diversity training through Surge education or live events;

Methods	Process measures	Target for process measure	Comments
Introduce diversity and inclusion as part of the new employee onboarding process;	number of new employee trained of Culture and Diversity;	80-100% of staff educated on topics of Culture and Diversity	

Change Idea #3 To facilitate ongoing feedback or open door policy with the management team;

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities	Number of staff education on Culture and Diversity; number of new employee trained of Culture and Diversity;	80-100% of staff educated on topics of Culture and Diversity	

Change Idea #4 To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
Add Cultural and Diversity as a standing agenda item to the CQI meetings	Culture and Diversity discussed at CQI meetings	100% of CQI meetings that are held during the year have Cultural and Diversity discussed.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	91.25	92.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	External Stakeholders such as Medline, care rx,

### Change Ideas

**Change Idea #1** To increase our goal from 91.07% to 96.00%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else";

Methods	Process measures	Target for process measure	Comments
Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting	100% of resident Council meeting will have Residents' Bill of Right #29, added at each monthly review by May 1, 2025	100% of all staff will have completed the education on resident Bill of Rights #29	Total Surveys Initiated: 160 Total LTCH Beds: 160

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Methods	Process measures	Target for process measure	Comments
Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers;	100% of all staff will have education via department meetings on Resident Bill of Rights #29 by December 31, 2025. 100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by April 1, 2025.	100% of all staff will have completed the education on resident Bill of Rights #29	

**Change Idea #3** Review the Concern process in the home on admission and during annual care conference, Social worker, completing wellness checks with residents

Methods	Process measures	Target for process measure	Comments
Review of policy with resident and family with admission and care conferences	Number of families and residents will be educated on the home's concern process	100% of families and residents will be educated on the home's concern process	

## 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	23.09	20.00	We will aim to meet or exceed our performance for next year.	Physio and NP.

### Change Ideas

Change Idea #1 Establish/re-establish the restorative care program in the home (provide education on how residents qualify for the program)

Methods	Process measures	Target for process measure	Comments
Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls;	Number of weekly meeting in each unit	3-5 huddles to be held per week, 1 per home area.	

Change Idea #2 Comprehensive post fall analysis, in the development of resident plan of care

Methods	Process measures	Target for process measure	Comments
To increase training and/or education of Falls program;	Number of staff participants on the weekly falls meeting;	100% of staff participation on Falls Weekly huddle in each unit	

## Change Idea #3 Purposeful rounding, for resident at high risk for falls

Methods	Process measures	Target for process measure	Comments
QLM is to provide analysis of falls (timing, shift, days of the week, etc) to the monthly staff meetings as a standing agenda item	Number of residents on restorative care program	100% of staff participation on Falls Weekly huddle in each uni	

## Change Idea #4 During admission process, review with resident and history of falls, and interventions implemented

Methods	Process measures	Target for process measure	Comments
Education and re-education provided to registered staff on the completion of post fall analysis	Number of residents on restorative care program	100% of new admissions to the home will have their fall history discussed and interventions implemented as necessary.	

**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	24.03	22.00	Through implementation of our change ideas, the home expects an overall improvement over the next year.	MD, NP, BSO internal and external.

**Change Ideas**

Change Idea #1 Development of plans of care, with non pharmacological approach - identification of triggers and interventions

Methods	Process measures	Target for process measure	Comments
Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics;	Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	100% of newly admitted residents and current residents will have been reviewed for the appropriateness of antipsychotics use	

Change Idea #2 During admission conference, review with families, reason for the prescribing of antipsychotic medication, interventions effective in management of responsive expressions (if admission from another LTC home, inquire if care plan can be sent for review, review of Behavioural assessment provided by Ontario Home at Health)

Methods	Process measures	Target for process measure	Comments
Review of plan of care for non-pharmacological approaches, in the plan of care	Number of resident who plan of care has been reviewed	100% of residents who have antipsychotics prescribed to have their care plan reviewed	

Change Idea #3 Gentle Persuasive approaches (GPA) training/education -establish GPA trainers, educators in the home. BSO admission process, responsive expressions, the initiating of the DOS to establish baseline, (review the Behavioural assessment, completed team huddle prior to admission) BSO team to co-ordinate related antipsychotic medication

Methods	Process measures	Target for process measure	Comments
GPA training to be held in the home	100% of full time staff, receive education GPA	100% of full time, care staff receive GPA training	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / Residents	CIHI CCRS / Quarter	2.82	2.00	Through education and new programs, we aim to improve our overall outcomes for the next year.	NSWOC, NP, MD, Medline Consultants

**Change Ideas**

**Change Idea #1** Provide education and re-education on wound care assessment and management. Education provided by NSWOC (during wound care rounds), Medline consultant in regarding Remedy skin products.

Methods	Process measures	Target for process measure	Comments
Arrange education for Registered staff and PSW, with NSWOC	Number of Registered staff and PSW educated.	100% of Registered and PSW staff to be educated on prevention and care of pressure injuries	

**Change Idea #2** Monthly review in Quality meeting of resident with Pressure related injuries, review of care plan, progression/lack of healing of pressure injury

Methods	Process measures	Target for process measure	Comments
Utilization of skin and wound tracking tool, to analysis the pressure related injuries in the home - and the development of plan of care	Number of pressure related injuries which have resolved	100% of resident with stage 3 or greater will have routine assessment completed by NSWOC	

## Change Idea #3 ROHO education, implement ROHO champion

Methods	Process measures	Target for process measure	Comments
Develop a list of resident who PURS is 3 or greater, review plan of care, for the appropriate pressure relieving devices, review of surfaces in place	Number of Registered staff and PSW educated.	100% of Registered and PSW staff will complete ROHO education.	