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	Our aim at Almonte Country Haven is to reduce number of ED visits from 25% down to 22% over the next year.	

Change Ideas

Change Idea #1	Home reports quarterly to corporate office the number of ED visits that occurred. ED visits discussed and reviewed at PAC meeting on a Quarterly basis.

Methods	Process measures	Target for process measure	Comments
Data is collected and provided from Ontario Health via the LHIN. The data is shared with the home.	Home to compare average of ED visits with Omni corporate percentages as well as provincial reporting	Our aim at Almonte Country Haven is to reduce number of ED visits from 25% to 22%.	

Change Idea #2 Multidisciplinary team to discuss ED visits and review legitimacy of the visit			
Methods	Process measures	Target for process measure	Comments
Home to communicate and educate Registered staff regarding questions to ask the Resident and physician to gain patterns on factors that lead to sending a Resident to the ED. Multi-disciplinary team to review Resident specific goals of care.	Data is collected and provided from Ontario Health via the LHIN. The data is shared with the home.	Our aim at Almonte Country Haven is to reduce number of ED visits from 22% to 22% over the next year.	

Change Idea #3 Communicating and educating registered staff regarding questions to ask the patient and physician to gain patterns on factors that lead to sending a resident to the ED.			
Methods	Process measures	Target for process measure	Comments
Home to provide education and information to Residents (when appropriate) and family members regarding Resident specific goals of care upon admission, 6-week post admission/annual care conference and when a Resident experiences a change of status.	Data is collected and provided from Ontario Health via the LHIN. The data is shared with the home.	Our aim at Almonte Country Haven is to reduce number of ED visits from 25% to 22% over the next year	

Change Idea #4 Home to review with Residents (when appropriate) and family members Resident specific goals of care surrounding ED visits.			
Methods	Process measures	Target for process measure	Comments
Home to liaise, communicate and educate residents and family members regarding questions surrounding specific goals of care and supportive measures provide from our home, that could potentially avoid ED visits	Data is collected and provided from Ontario Health via the LHIN. The data is shared with the home.	Our aim at Almonte Country Haven is to reduce number of ED visits from 25% to 22% over the next year.	

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	90.00	100.00	Our aim at Almonte Country Haven is to maintain/improve our percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education at 90%, with the hopeful increase of 10% (100%) over the next year.	

Change Ideas

Change Idea #1 All home personnel to receive focused EDI education annually.

Methods	Process measures	Target for process measure	Comments
* Training will be provided through Surge Learning Education focused modules, material provided by the CLRI as well as the annual OMNI Quality Living - Quality Forum. * OMNI Quality Living mission, vision and values are read at all departmental meetings as a reminder to all home care/support team members of our Home's commitment to DEI	* Staff completion of required Surge DEI education modules is tracked through the Surge Learning platform Reports. * Maintenance/decrease in number of incident reports over the year containing infractions of DEI incidents	Annual completion of 95% for all DEI education.	Total LTCH Beds: 96 Number of LTCH beds=96

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	85.42	90.00	Our aim at Almonte Country Haven is to maintain/improve our percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" at 85.1%, with the hopeful increase of 5% (90.1%) over the next year.	

Change Ideas

Change Idea #1 The home will continue to support the completion of the annual Resident Experience Survey by providing the support of team members to assist Residents, the provision of iPads/laptops for survey completion as well as consistent open communication with families for those Residents unable to complete.

Methods	Process measures	Target for process measure	Comments
Omni Quality Living partners with Metrics at Work for the completion of our annual Resident Experience Survey. The survey questions are provided to the home's Resident's Council in advance and the home provides the opportunity for Resident feedback regarding the survey content as well as additional questions.	The annual Resident Experience Survey was completed by Residents (when able) with the support of our Life Enrichment Staff. When it was determined that a Resident was not capable of completing the survey, the POA family member for those Residents was provided the survey and the home requested they complete the survey on their loved ones' behalf.	The home would like to achieve a 95.1% positive response from all Residents and/or family members that complete the annual Resident Experience Survey.	Total Surveys Initiated: 96 Total LTCH Beds: 96 Total Survey Initiated = 85.1% with the number of LTCH beds = 96. The completion rate is directly related to resident ability to understand the survey questions in order to obtain accurate data and an accurate reflection of our populations experience.

Measure - Dimension: Patient-centred

Indicator #4	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	87.50	92.50	Our aim at Almonte Country Haven is to maintain/improve our percentage of residents positively to the statement: "I can express my opinion without fear of consequences" at 87.5%, with the hopeful increase of 5% (92.5%) over the next year.	

Change Ideas

Change Idea #1	Utilization of active listening skills, validation when actively listening to resident's and their concerns/worries. Re-education with staff regarding, but not limited to, OMNI Quality Living's Mission, Vision and Values, Code of Conduct, fostering positive home culture, Power Imbalance, Responsive Behaviours, Whistleblowing Policy. The home will provide additional staff training on reassuring Residents, demonstrating empathy and understanding while listening and responding to them as well as when providing care.

Methods	Process measures	Target for process measure	Comments
Omni Quality Living partners with Metrics at Work for the completion of our annual Resident Experience Survey. The survey questions are provided to the home's Resident's Council in advance and the home provides the opportunity for Resident feedback regarding the survey content as well as additional questions. The home will seek feedback from Residents and family members on a regular basis through face-to-face contact, the 6-week post admission and annual care conferences. The home will closely review all concerns/complaints received, seek further information when required and ensure that all concerns are addressed and follow-up communication is provided to Resident/family members.	The annual Resident Experience Survey was completed by Residents (when able) with the support of our Life Enrichment Staff. When it was determined that a Resident was not capable of completing the survey, the POA family member for those Residents was provided the survey and the home requested they complete the survey on their loved ones' behalf. The home will closely review all concerns/complaints received and track for common issues.	The home would like to achieve a 92.5% positive response from all Residents and/or family members that complete the annual Resident Experience Survey.	Total Surveys Initiated: 96 Total LTCH Beds: 96 Total Survey Initiated= # of LTCH beds=96

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	11.27	6.27	Our aim at Almonte Country Haven is to maintain/improve our percentage of LTC home residents who fell in the 30 days leading up to their assessment at 11.27%, with the hopeful decrease of 5% (6.27%) over the next year.	

Change Ideas

Change Idea #1 The home will continue with our Falls Prevention Program to reduce percentage of falls that occur. Increase capacity building through utilization of best practice initiatives, staff education and the home's partnership with Achieva Health for the provision of Physiotherapy services in the home.

Methods	Process measures	Target for process measure	Comments
Falls risk assessment (RAI), PT assessment, documentation (Post-Fall Assessment, Incident Report, RAI-MDS data) Use of fall risk prevention items for example fall mats, hip protectors, bed and chair alarms, all interventions in which are initiated on an individual risk assessment basis.	Post Fall assessments, MDS data, Internal Quality indicator reports, 100% completion for annual staff education regarding Fall Prevention through the Surge Learning platform as well as Achieva Health's Education modules	100% completion rate for Falls Prevention education for all home staff. 100% of Residents who fall will have a comprehensive post fall assessment completed. 100% of Residents will have a Fall Risk Assessment completed on admission, quarterly and PRN	

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	11.33	9.66	Our current performance is 11.33%. Since our last submission, the home has had an improvement in this indicator. The home will strive to remain at/or below the provincial average for this indicator.	

Change Ideas

Change Idea #1 Home to improve opportunities to provide appropriate education for all home staff and family members regarding appropriate non-pharmacological interventions.

Methods	Process measures	Target for process measure	Comments
Quarterly drug reviews completed and assessment of medications and use, discontinuing medications as needed. Education for frontline staff to complete accurate DOS documentation and review with Registered Staff. Review BEERS list, BSO documentation and assessment to ensure the treatment and plan be left in place for 3-4 months for effective progress or discontinuation.	Many residents who are admitted to our home are already prescribed anti-psychotics therefore assessment and outreach to the BSO program is vital to change or discontinuation of medication to increase and enhance their quality of life at Almonte Country Haven. Monthly statistics from our CareRx Pharmacy.	Our current performance is 16.05%. Since our last submission, the home has had a 5.93% improvement in this indicator. The home will strive to remain at/or below the provincial average for this indicator.	

Change Idea #2	Home to continue to take full advantage of community partnership and support with the Royal Ottawa Hospital Geriatric-Phychiatry Outreach Program.		
Methods	Process measures	Target for process measure	Comments
BSO home leads to meet as scheduled with the Program's Outreach RN, Behavioural Specialist and Psychiatrist. Home to review recommendations and implement as required.	Home to continue to track anti-psychotic use in home. Home to review new Resident's prescribed medication vs. Resident diagnosis to determine inappropriate use.	Our current performance is 16.05%. Since our last submission, the home has had a 5.93% improvement in this indicator. The home will strive to remain at/or below the provincial average for this indicator.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To increase the number of Direct Care Staff providing care to Residents	C	Number / People	In house data collection / January 2025-January 2026	CB	15.00	Our aim at Almonte Country Haven is to fill vacant lines with Almonte Country Haven staff and reduce agency use over the next year	

Change Ideas

Change Idea #1	To successfully hire Registered staff, Personal Support Workers, and other support staff(cooks, dietary aides). To fill RPN and PSW lines with Almonte Country Haven staff to minimize/eliminate agency use.		
Methods	Process measures	Target for process measure	Comments
Recruit Registered Staff, PSW, Cooks, through PREP initiatives, increased Indeed presence, newsletters and community partnering	Staffing reports. Collect staff shortage data for our Quarterly QI reports. Tracking Staff Retention Staff Satisfaction surveys	The process measure will be achieved by March 2024	