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)	19.17	15.00	Forest Hill is committed to improving health care efficiency, and to provide the best service, care and outcomes for the residents in this home.	

Change Ideas

Change Idea #1	We will continue to strive to improve our current performance by identifying and monitoring each resident with an ER transfer and work collaboratively with external resources- lab, xray, ultrasound etc., attending physicians and Nurse Practitioner to avoid ER transfers

Methods	Process measures	Target for process measure	Comments
1)Analyze data quarterly to identify trends related to various clinical conditions. 2)Ensure optimal utilization of services and resources available in house or through contracted services prior to transferring residents to hospital.	Total # of admissions to acute care from ED, Total # of transfers to ED	ER transfers will be decreased from current performance of 19.17% to 15% by March 31, 2026	

Change Idea #2	Educate staff on reasons for preventable ED transfers

Methods	Process measures	Target for process measure	Comments
Arrange education sessions for staff by NP/Pharmacist on reducing ED visits	# of staff educated on preventable ED visits	There will be a reduction in preventable ED visits by March 31, 2026	

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	96.95	100.00	Goal is to have 100% of staff completion	

Change Ideas

Change Idea #1   Annual DEI Education for all staff to increase awareness

Methods	Process measures	Target for process measure	Comments
All staff will complete assigned education on Surge Learning platform	# of staff to complete annual education/training by December 31, 2025	100% completion rate	Total LTCH Beds: 160

Change Idea #2   Recognize cultural/diversity events/occasions each month of the year

Methods	Process measures	Target for process measure	Comments
Post Cultural Diversity calendar of events/occasions monthly on designated bulleting board	number of months there is information related to equity, diversity, inclusion and antiracism posted	100%- calendar to be posted each month	

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	93.94	100.00	goal is for 100% of residents to respond positively	

Change Ideas

Change Idea #1   Respect and promote resident values, preferences and expressed needs

Methods	Process measures	Target for process measure	Comments
Annual education for staff regarding the essentials of therapeutic communication, Resident's Bill of Rights, Abuse Prevention Program, Resident Bill Of Rights reviewed at each monthly Resident Council meeting.	100% of staff will complete Resident Bill of Rights Training in 2025	100% of staff will complete annual bill of Rights Education in 2025	Total Surveys Initiated: 68 Total LTCH Beds: 160

Change Idea #2 All residents living in the LTC home will be encouraged to attend to their care conferences			
Methods	**Process measures**	**Target for process measure**	**Comments**
1)Communicate to residents when their annual care conference is scheduled in advance of the meeting 2)Remind resident the morning of the meeting and provide assistance of needed to attend 3)allow timer for discussion and feedback on areas that could be improved	# of annual care conferences where residents attend	100% of residents will be invited to their care conference with advanced notice	

Change Idea #3 Careplan development and reviews will be completed with each resident/POA input			
Methods	**Process measures**	**Target for process measure**	**Comments**
On admission and quarterly when plan of care is reviewed , meet with resident/POA to discuss goals, wishes	# of plan of care meetings held with resident/POA present	Plan of care reviews will be held with resident in attendance	

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	92.98	100.00	goal is for 100% of residents to respond positively	

Change Ideas

Change Idea #1   To improve the resident participation in the annual survey.

Methods	Process measures	Target for process measure	Comments
Conduct the Resident Care Survey annually encouraging all residents POA's to participate when resident is unable.	Total # of residents/POA's that participate in the annual survey	80% of resident's/POA's will participate in the 2025 annual Resident Experience survey	Total Surveys Initiated: 114 Total LTCH Beds: 160

Change Idea #2   To improve Resident Experience and encourage freedom of expression by providing education on Resident's Rights

Methods	Process measures	Target for process measure	Comments
1)Annual education for staff regarding the essentials of therapeutic communication Resident's Bill of Rights, Abuse Prevention Program, Whistleblower protection, GPA	100% of staff that complete annual training	100% of staff will complete annual education of Resident Bill of Rights by December 31, 2025	

Change Idea #3   Address concerns as they are identified following the process developed in our policy and procedure

Methods	Process measures	Target for process measure	Comments
1)Information on complaints concern process will be provided to resident's and POA on admission. 2)Annual education to staff on procedure/process to follow when addressing complaints and concerns	# of Concerns to addressed within the timeline of the homes concerns and complaints policy	100% of concerns will be responded to within 10 days of the initial complaint by March 31, 2026	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff vacancies in the Master Staffing Schedule	C	% / Staff	In house data collection / April 1- March 31	CB	100.00	all vacancies in master rotation to be filled	

Change Ideas

Change Idea #1   To fill all vacant positions in the master staffing schedule and reduce the need for temporary agency staff

Methods	Process measures	Target for process measure	Comments
1. Timely posting of available positions 2. On-going active recruitment of staff 3. Maintain strong relationship with educational institutions to grow PREP LTC student placement program. 4. Maximize use of funding resources and initiatives to attract new hires and/or students. 5. Strengthen Preceptorship program to facilitate quality student placement opportunities.	# of positions not filled, # of days working short/month, # of shifts worked by temporary(agency) staff/month	100% of staff vacancies to be filled by March 31, 2026	

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	15.36	12.00	Goal to improve Falls below the Provincial average	

Change Ideas

Change Idea #1 Review "Falling Star" program to ensure full implementation on all units.			
Methods	Process measures	Target for process measure	Comments
Provide refresher education sessions on Falls Prevention Program- "Falling Star" program and Post fall Huddles.	# of staff educated on Falls prevention program ("Falling Star"), # audits completed on falling star program	Education sessions will be completed by June 30, 2025	

Change Idea #2 Routine review of fall statistics to occur with interdisciplinary team to look for trends- location, time of day etc.			
Methods	Process measures	Target for process measure	Comments
All falls are reviewed post fall, daily at managers' report, weekly at interdisciplinary rehab meetings at unit level and monthly at quality improvement meetings.	# resident falls reviewed by the interdisciplinary team.	100% of resident falls reviewed by the interdisciplinary team.	

Change Idea #3	Implement 4 P's rounding- Pain, Position, Placement & Personal Needs		
Methods	**Process measures**	**Target for process measure**	**Comments**
Educate staff on 4 P's process,	# of staff educated on 4 P's process	100% of front-line staff will be educated on the 4 P's process by June 30, 2025	

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	36.78	25.00	goal is to reduce current level to achieve the Provincial level	

Change Ideas

Change Idea #1	Implement Antipsychotic Reduction Program		
Methods	**Process measures**	**Target for process measure**	**Comments**
Each quarter our pharmacy partner will complete a medication review on all referred residents. DOC/ADOC/Physician/Pharmacist collaborate quarterly to review prescribed antipsychotics with goal to deprescribe where appropriate. Monthly BSO team meeting	# residents receiving antipsychotics with reduction program utilized, # of Medication reviews completed monthly	Decrease in the use of residents on antipsychotics from our current status of 36.31% to 25.0% by March 31, 2026	

Report Access Date: March 25, 2025

Change Idea #2   Utilization of BSO resources and staff to assist in identifying non pharmacological approaches to managing responsive behaviours

Methods	Process measures	Target for process measure	Comments
BSO program collaboration team to meet monthly. Staff to receive education in managing responsive behaviors- GPA, Pieces, Teepa Snow	Number of antipsychotic medications without a diagnosis of psychosis	# of staff that attended education sessions	