

## 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)	16.00	12.00	Frost Manor's current performance is 16 per 100 residents. We endeavor to decrease this metric by 4 or 25%, with an absolute target of 12.00 per 100 residents	Ross Memorial Hospital

### Change Ideas

Change Idea #1 Frost Manor endeavors to work closer with the NPSTAT team over the next year.

Methods	Process measures	Target for process measure	Comments
Frost Manor has implemented a stronger focus on this in the past year, however, it can be further utilized in a more proficient manner. The NP Stat team can assist a resident's MRP with individualized care, specifically for the purpose of mitigating unnecessary Emergency Department visits. The focus for next year will be to provide further education for our current registered staff on communicating with the NPSTAT team and competently using their knowledge to assist in preventing ED visits.	The Home will utilize the amount of ED visits as a process measure as we move through the year to determine if there is a positive change related to this change idea. Increased communication with MRP and MD from Registered Staff within the Home. Work with any agency Registered staff to ensure that they also understand the importance of communication and the use of the NPSTAT team to decrease ED visits.	We plan to have an increased percentage of interaction with the NPSTAT team for this change idea. Also endeavor to have any Agency and new staff orientated to this process so that there are no deviations or potential increases to this metric.	The Home is generally successful in this endeavor, however it can be a renewed focus for this year.

Change Idea #2 Increased focus on using mobile teams within the community such as x-ray and ultrasound.

Methods	Process measures	Target for process measure	Comments
These teams are already used within Frost Manor, however a renewed focus from a Managerial and Registered staff perspective regarding competent utilization of same could theoretically decrease the time for a diagnosis that can then be treated within the Home instead of transferring a resident to the hospital.	The Home will look at the number of times that an issue arises that can be competently satisfied by using a mobile team.	The Home will continue to attempt to use mobile teams instead of sending residents to the hospital when it comes to activities that they can complete, such as x-ray and ultrasound. We would like to endeavor to have a metric of above 85% use of mobile teams, taking into consideration variables that could decrease this number (POA request, nature/urgency of the need etc.)	The Home has a good record of using our mobile response teams, however this change idea can be refined over the next year. We can monitor when a resident was sent to the Hospital, if we could have utilized one of our mobile teams instead.

Change Idea #3 Promote health teaching to newly hired Registered Staff and agency staff, specifically to this measure.

Methods	Process measures	Target for process measure	Comments
Each newly hired registered staff and/or agency registered staff complete orientation with the Homes registered staff prior to working on their own. During this orientation process we will have a focus on communication with the MRP's and NPSTAT teams within the Home with the goal of decreasing ED visits.	The main process measure will be an overall decrease in ED visits from the Home. With a caveat of a 100% rate of communication with either the MRP, NPSTAT or both	100% rate of communication with MRP and/or NP to deviate from an ER visit by the end of the year.	

Change Idea #4 Potential to have increased support from dedicated Nurse Practitioners through the Nurse Practitioner Initiative - Hiring More Nurse Practitioners for LTC (HMNP for LTC)

Methods	Process measures	Target for process measure	Comments
Work through the policy surrounding the aforementioned program offered by the MOLTC to have interviews and potentially hire a NP to assist at Frost Manor, with the secondary goal of decreasing ED visits.	Apply for the program and set up interviews for potential NPs that want to fill this role.	Hire a new NP for this role with the secondary target of decreasing ED visits	

## Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Sufficient Life Enrichment programs / activities are offered in the evenings	C	% / LTC home residents	Other / 2024	77.10	90.00	Frost Manor endeavors to increase the satisfaction rate of residents/POA's in relation to the amount of programs that are offered in our Home, specifically in the evenings.	Metrics@work

## Change Ideas

### Change Idea #1 New activities to be developed over the course of the next year

Methods	Process measures	Target for process measure	Comments
Life Enrichment Coordinator will come up with a variety of ideas for activities / games that can be played and explain same to Life Enrichment Aides. The Life Enrichment Program as a whole will increase activities offered in the evening hours.	Family and resident satisfaction will be measured. Audits can be completed to determine if residents are satisfied with the changes	in relation to this indicator Frost Manor is looking to increase this metric by 12.9% to reach 90% by the end of the year. In relation to this improvement initiative we are looking at increasing both the quantity and quality of programs offered in the evening.	Frost Manor has a diverse suite of programs currently available. Survey results indicate that evening activities / programs during the evening should be a focus for the Home for this next year.

Change Idea #2 Resident feedback on various games / activities / entertainment that would be beneficial in the evening.

Methods	Process measures	Target for process measure	Comments
Discuss with residents of the Home at Resident Council meetings the current evening programs that are offered and inquire if there are specific things that the residents would like to see happen in relation to same. Life Enrichment Coordinator can also come up with some ideas and present them at Residents council meetings and see if these ideas would be welcome or not by the residents	Increased communication with residents and getting the residents input into the specific activities that they would like in the evening	in relation to this indicator Frost Manor is looking to increase this metric by 12.9% to reach 90% by the end of the year. In relation to this improvement initiative we are looking at having increased interaction and feedback from the Residents of the Home and then attempting to implement these ideas.	Frost Manor has a very positive relationship with our residents and a high participation in resident council meetings. Asking these specific questions and/or presenting ideas at these meetings could increase the quality of ideas that the Home has for entertainment in the evening.

Change Idea #3 Staff Recruitment and Retention

Methods	Process measures	Target for process measure	Comments
Ensuring that there are enough staff in the Life Enrichment department to facilitate potential changes to the evening programs.	Staffing levels should represent the methodology of this change idea, in the fact that all available staff lines are filled.	100% of available lines in this department are filled	Frost Manor has a very high rate of recruitment and retention. It was noted that shortly before the survey was completed two part lines were vacant for a relatively short duration. The endeavor going forward is to not have a line that is not filled.

## Change Idea #4 Increased Obie Projector Usage

Methods	Process measures	Target for process measure	Comments
Utilize this apparatus more, specifically in the evening times. Have all new staff trained on the utilization of this device	With the usage of the projector we could have more interaction in the evenings with activities	Frost Manor aims to have an increase of 25% of this device over the next year	Frost Manor is currently working in conjunction with a program where we received this Obie Projector to use for resident activities, we then attempt to ascertain if the projector has increased the quality of lives of our residents. This program has been working very well so far and we endeavor to use it more in the evenings to achieve an increase in this metric, specifically in the evening.

## Equity

### Measure - Dimension: Equitable

Indicator #3	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	Frost Manor's current performance is 100% completion of the courses offered on Surge Learning related to diversity, inclusion and anti-racism education.	Surge Learning

### Change Ideas

**Change Idea #1** Frost Manor has been utilizing Surge Learning as an external education partner. There are courses related to EDI that are being added to this platform through head office which then go out to all staff members to complete.

Methods	Process measures	Target for process measure	Comments
Frost Manor endeavors to remain at 100% compliance with completed education, specifically Surge education within the Home.	Monitor the percentage completion of these courses within Surge Learning.	Remain with 100% completion rate for Frost Manor	Total LTCH Beds: 44 Frost Manor which is a subsidiary of Omni Quality Living wants to continue to ensure that all staff and managers alike have completed education annually surrounding EDI.

**Change Idea #2** Managers continue to build on their knowledge base RE: EDI through guest speakers at the annual Forum.

Methods	Process measures	Target for process measure	Comments
Managers from Frost Manor will continue to attend the Forum and learn from the guest speakers and/or new initiatives identified through same.	Continue to have managers attend the Forum and observe feedback from same.	In order to continue with our current 100% completion/compliance rate, we will continue to have managers attend the Forum that Omni Quality Living sets up.	The Forum is a great place to learn about various education initiatives including DEI.

Change Idea #3 Continue to promote EDI within the Home via the Homes Resident Council and Family Council meetings.

Methods	Process measures	Target for process measure	Comments
During monthly meetings with the Family Council and our Resident Council, we touch base with them about EDI initiatives.	Continue to provide education to these groups. The Home is looking for increased engagement within the Family Council and Resident Council meetings.	Speak to EDI at each Resident Council and Family Council meeting.	Frost Manor has many EDI based initiatives. It would continue to be beneficial to our Family Council and Residents Council to be aware and promote these initiatives as well.

Change Idea #4 Frost Manor endeavors to continue to promote EDI within our Home. To that end the inclusion of specific informative calendars and other educational based tools will continue to be utilized within the Home.

Methods	Process measures	Target for process measure	Comments
We have a Diversity Calendar that is presented monthly to the Home from Head Office. Frost Manor's Life Enrichment Coordinator utilizes this tool to assist in education and/or promoting same throughout the Home	With the usage of the Calendars within the Home, we can measure how well staff members and residents are participating. This can also open up communication and subsequent education surrounding various events.	It is the endeavor of the Home to see this process implemented fully and interacted with by more staff and residents over the next year.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #4	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	97.14	99.00	Frost Manor endeavors to keep our rating of this metric high, with the hope of hitting 100%, if possible, over the next year.	Metrics@work

### Change Ideas

Change Idea #1 Staff education has been a focus for the Home, however increased education, specifically pertaining to disease diagnosis such as dementia can assist in ensuring that residents feel heard.

Methods	Process measures	Target for process measure	Comments
Use our BSO board to highlight various forms of Dementia and/or other disease diagnosis. Go over same at staff meetings. Frost Manor already completes these tasks, however a refocus on this could prove beneficial for increasing this metric and subsequently resident quality of life.	Have increased staff attendance and participation in staff meetings. Utilize the BSO board to provide further opportunities for education.	Have an increase of 20% of staff members attending staff meetings over the next year. Implement a further focus on BSO education.	Total Surveys Initiated: 44 Total LTCH Beds: 44 Frost Manor currently has a 97.14% rating on this metric. We endeavor to stay at this mark and potentially increase same to 99% over the next year. This change could prove useful in that goal.

**Change Idea #2** Continue to promote communication between staff and residents as well as promote the Home's open-door policy for residents and POAs to communicate with managers.

Methods	Process measures	Target for process measure	Comments
Promote this change idea at Resident Council and Family Council meetings. This should prove beneficial, however if needed this message can also be communicated via the Homes monthly newsletter	Observe to see if we can have an increase in attendance at both of these meetings, as well observe to see if we have increased interaction with staff, residents and managers alike.	Frost Manor is currently at a 97.14% for this metric, however if we can increase this number over the next year via this change idea, that would be beneficial and subsequently shown in the percentage for the next annual survey.	Frost Manor generally has a very good rapport with residents, POAs and staff. We do strive for ensuring that we are doing our best for the residents of our Home and making sure that they are feeling heard in a large aspect of same. With this change idea, the hypothesis is that we can increase this feeling by reminding residents and family members alike that they can come and visit, gather information or ask questions with our team.

**Change Idea #3** Continue to work with Metrics at work and the annual survey to ensure that objective data is collected to assist in determining if these change ideas, once implemented are in fact, working.

Methods	Process measures	Target for process measure	Comments
Frost Manor endeavors to make sure that residents and family members alike understand the survey and have assistance from staff in completing same. We take time to answer any questions should these arise. Frost Manor also remains with an open door policy - in case family members or residents have questions.	We use the percentage that is produced with Metrics at work to assist in making changes within the Home. We want to make sure that all residents feel listened to.	Our target is to get to 99% for this metric from our current percentage.	

**Change Idea #4** Frost Manor will also focus on having more information given to residents and family members RE: completing the survey. There were a few instances where answers were not provided and we would like to increase the amount of answers so that we can have a more accurate indicator of same.

Methods	Process measures	Target for process measure	Comments
In conjunction with other change ideas for this indicator, we want to ensure that open communication is prevalent and understood, meaning that residents as well as family members feel free to approach staff to find the answers to their questions. Frost Manor endeavors to provide non biased clarification of questions that are asked by residents and/or family members so that they can make an informed selection based on their lived experience in the Home.	We would like to increase our number of surveys completed in the year, also increasing the amount of questions that we can answer for clarification. Decreasing the amount of "unknown" answers that are submitted.	For this indicator we aim for 99% by the end of the year - that residents feel listened to.	

### Measure - Dimension: Patient-centred

Indicator #5	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	90.91	95.00	Frost Manor endeavors to increase this metric by approximately 4.5%, with the potential to reach even higher.	Metrics@work

### Change Ideas

Change Idea #1 Have an increase in surveys that are completed by residents and/or family members assisting.

Methods	Process measures	Target for process measure	Comments
In order to meet this change Idea Frost Manor endeavors to increase the amount of staff interaction with residents, specifically during the survey administration time. Frost Manor also will provide more methods of completing the survey via laptops and ipads.	Overall for this initiative we want to increase our overall participation with the Survey so that we can have more data to make design decisions on.	The target for this process measure is 95% and the goal of this change method is to increase the overall participation and decrease the amount of "unknown" answers	Total Surveys Initiated: 44 Total LTCH Beds: 44

Change Idea #2 Renewed focus RE: residents opinions and thoughts are competently understood and that our residents themselves feel empowered to speak or bring up concerns.

Methods	Process measures	Target for process measure	Comments
We will have a renewed focus on resident council meetings where this topic is discussed and residents feel that the Home really wants to know what concerns they have. This will theoretically increase the conversation and communication from residents even more then it is and can show that residents opinions are a big factor for the Home as we look into the concerns	We would like to have an increase in communication from residents, specifically at resident council meetings. This is in effort to make residents feel that there are no consequences to same.	The target for this process measure/indicator is 95% and the goal of this change method is to increase resident, staff and management relationships even further then they are now.	Overall, we have a relative high percentage for this indicator and we have a very strong relationship between staff, management and residents. However, we do endeavor to increase this even further and this change indicator may be able to assist with same.

Change Idea #3 Increased communication with Family members/POAs, so that they also feel free to express their opinions without fear of consequence.

Methods	Process measures	Target for process measure	Comments
Frost Manor will bring this forward at Family Council meetings to discuss with same. Further we can communicate with family members at care conferences and via the telephone to increase communication and this endeavor.	We are looking to increase our overall rating of the metric - "I can express my opinion without fear of consequences". This is a multifaceted endeavor as we discussed in a previous change idea RE: increased communication with residents.	The target for this process measure is 95% and the goal of this change method is to increase communication with family members and/or POAs to ensure that they also feel comfortable expressing their opinions to staff and/or management	Frost Manor has a very positive rapport with our family members and POA's. We feel that we can fine tune it to be even better with a focus on increased communication within the Home. Including making sure that families are aware of our open door policy so that they can come directly to a specific manager about any questions.

Change Idea #4 Continue to work with Metrics at work by completing annual surveys to ascertain if the change ideas are working proficiently

Methods	Process measures	Target for process measure	Comments
Continue to have yearly surveys completed and analyze the results of same. Compare and contrast the results / percentages with the previous years to see if changes are working.	Using the results gathered from the yearly survey to see if there is a positive correlation with specific change ideas.	The target for this process measure is 95% and the goal of this change method is to maintain our usage of the survey and to analyze the results to ensure we are making positive changes.	

## 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	17.47	10.00	Frost Manor endeavors to get below the provincial average of 16.5% and even further down to 10%. Overall we believe that we can decrease the number by 7.47% by the end of the year.	Ross Memorial Hospital, Achieva Healthcare

### Change Ideas

Change Idea #1 Frost Manor will continue to utilize our in house, interprofessional falls team to provide education and interventions when needed for residents with increased falls risk.

Methods	Process measures	Target for process measure	Comments
Frost Manor already has a falls team in place, however we endeavor to increase the efficiency of same.	Find ways to better utilize the team, specifically from a preventative / upstream approach	Our target for this process measure is to decrease the percentage of falls related to this metric to 13.5% or better. In regards to this planned initiative we would like to see less falls overall within the Home.	Frost Manor has a relatively large, interprofessional healthcare team that attends the falls program and/or team meetings. We endeavor to increase this and find ways, opinions etc to further the goals of the falls team.

Change Idea #2 Frost Manor would like to increase the size of the Falls Team, specifically by attempting to introduce more PSW / Frontline staff members to same.

Methods	Process measures	Target for process measure	Comments
Let the PSW's, Registered staff members and other members of the front line staff - environmental, dietary etc. know that the falls team is looking to expand. If applicable, attempt to find a falls team champion for the front line staff.	Increase the amount of individuals that attend the interdisciplinary falls team meetings by one.	Our target for this process measure is to decrease the percentage of falls related to this metric to 13.5% or better. In regards to this planned initiative we would like to see more PSW staff attend these meetings and find ways to improve the overall efficiency of these meetings.	Frost Manor has a relatively large, interprofessional healthcare team that attends the falls program and/or team meetings. We endeavor to increase this and find ways, opinions etc to further the goals of the falls team.

Change Idea #3 Utilization of falls prevention funding for equipment

Methods	Process measures	Target for process measure	Comments
Falls reports reviewed monthly and PRN. PT will assess interventions/ equipment in place for resident falls prevention. DOC will review falls prevention budget and equipment allowance and ensure the home has a variety of equipment to promote safety	DOC will submit invoices and review budget monthly. DOC will review falls rates monthly. Falls team will discuss all of these changes during their monthly meetings.	Increased utilization of falls prevention equipment will decrease falls by 7.5% (17.5% to 10%) over the next quarter	Frost Manor will fully utilize falls prevention funding each year to increase our inventory, theoretically improving resident safety.

Change Idea #4 PCC utilization has been initiated and includes a more streamlined assessment tool which provides risk management analysis on all falls.

Methods	Process measures	Target for process measure	Comments
All Registered and PSW staff training on PCC assessments, Surge education for all staff around falls prevention and Post fall Policy	DOC and ED will review Surge learning stats and orientation package completion. Health teaching provided as needed for staff related to PCC and falls.	100% staff trained on orientation and as required on Post falls Policy 100% compliance with falls prevention education on surge learning completed annually	LTC population affects the rate of falls, the home's goal is to decrease this risk.

**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	18.75	15.00	Frost Manor endeavors to continue to be below the provincial average for this metric and decrease the percentage by 3.75% from 18.75% to 15.00%.	CareRx, Ontario Shores Centre For Mental Health Sciences

**Change Ideas****Change Idea #1** Increased education and subsequent efficiency of DOS tracking systems utilized by Frost Manor

Methods	Process measures	Target for process measure	Comments
Increase in competently completed Dementia Observation Systems within the Home. Reminders to front line staff RE: DOS and how to complete.	increased rate of fully completed DOS's.	Frost Manor endeavors to achieve 100% DOS completion rate, in a competent presentable manner.	Frost Manor has been increasing education surrounding DOS's and getting them completed over the last year. We can make sure that we continue with this process as we have seen a relatively positive increase in same. Hypothesis is that over the next year we can get closer or achieve 100% overall.

**Change Idea #2** Reminders / education as needed for registered staff, including registered agency staff to review medication orders to evaluate effectiveness of same and if the order needs to be reassessed.

Methods	Process measures	Target for process measure	Comments
Go over the importance of medication understanding and advocacy during staff meetings Provide PRN guidance as requested / required Set up effective communication with Agency staff so that they are also aware of changes as they present themselves.	Overall decrease in antipsychotic administration, specifically without a diagnosis of psychosis.	we are currently at 18.75% and we would like to decrease to 15.00% overall. This means that this planned initiative would be put in place to contribute to that 3.75% differential.	Frost Manor has a very responsible and competent team of staff, including registered staff. We pride ourselves on increased communication with POA's/family members and advocating for our residents. With this focus we could further this effort.

**Change Idea #3** Increased communication as a whole within the Home. This includes communicating changes that residents may be experiencing and care plan updates.

Methods	Process measures	Target for process measure	Comments
Promote education related to increased communication through huddles and team meetings. This can also be attained through 1:1 education coaching when needed. Care plan completion assistance can also be provided via team meetings, huddles and coaching.	Increased attention to care plans, specifically behavioral related instances / situations. Increased communication as a whole within our staff / interprofessional healthcare team.	Overall an increase in communication related to the above topics. 100% completion of care plans and communication of same. This planned initiative will assist in the overall measure that we want to decrease the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Overall Frost Manor has a very positive correlation of care plan completion and communication of updates. However there is always room for improvement, specifically when we have new staff joining the Home. With these changes we hope to mitigate any concerns and ensure that we are providing the best quality of life we can for our residents

**Change Idea #4** A renewed focus on having staff engage with the BSO whiteboard.

Methods	Process measures	Target for process measure	Comments
Frost Manor has a BSO whiteboard and education board. We would like to see an increase in the usage of this tool RE: communication. Reminder to staff to look at same during meetings to increase the amount of staff that do interact with the board.	Monitor how many staff read the information / health teaching provided. Increase the information available to read.	Increase the amount of staff that look at the board by 1-5 per week. Increase the amount of information that is included on the board for staff to read.	