

## 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)	16.13	13.00	The target justification has been set at 13% at Springdale Country Manor. Avoidable ER transfers reviewed quarterly with a focus on the actions that can prevent ER transfers.	

**Change Ideas**

**Change Idea #1** Review all resident transfers to ED quarterly with a focus on before the acute event, were there actions that could have prevented the transfer and during the acute event were there actions that could have prevented the transfer.

Methods	Process measures	Target for process measure	Comments
QI Committe will review avoidable ED transfers at quarterly meetings.	Number of ED visits that will be reviewed by the QI Committee quarterly.	100% of ED transfers reviewed quarterly by QI Committee.	Continue to have transfers requested by families/residents; it is unclear if families/residents are being informed of risks/benefits of transfers or if the resident could have been treated in the home.

**Change Idea #2** Supporting the early recognition of residents at high risk for transfers to ED.

Methods	Process measures	Target for process measure	Comments
Upon admission and change in health status a review of health records for identification of residents at high risk for transfer to ED will be determined.	100% percentage of residents at high risk for transfers to ED or with a change in health status reviewed by physician. Advanced Care Directives will promote the best outcome for residents based on their choices.	100% of residents at high risk for ED transfer or with a change in health status will have their Advanced Care Directives reviewed and documented.	

## 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	Springdale aims to build a shared understanding of diversity, equity and inclusion to increase awareness and address biases through annual training of all staff, and recognition of cultural events.	

### Change Ideas

Change Idea #1 Promote Diversity, Equity and Inclusiveness in the home amongst residents, families and residents.

Methods	Process measures	Target for process measure	Comments
Springdale Country Manor will celebrate cultural and diversity events using the DEI calendar throughout the year.	The number of cultural and diversity events that occur at Springdale Country Manor.	Springdale Country Manor will celebrate 4 cultural and diversity events by the end of December 2025.	Total LTCH Beds: 68

Change Idea #2 Foster inclusive leadership by prioritizing professional development in the area of Diversion, Equity, and Inclusion with management staff.

Methods	Process measures	Target for process measure	Comments
Provide all managers with in-person Diversity, Equity and Inclusion training.	Number of managers that participate professional development activities in Diversity, Equity and Inclusion.	100% of managers to complete in-person Diversity, Equity and Inclusion training	

## 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	94.12	95.00	Springdale recognizes that acting on the feedback from residents about their care expectations, and services they receive is vital to improving their quality of living.	

### Change Ideas

Change Idea #1 Promote residents' attendance and participation at 6-week and annual care conferences to promote open communication.

Methods	Process measures	Target for process measure	Comments
Reinforce with families the importance of residents attending care conferences to have their voices heard. If families are hesitant to discuss certain issues with the resident in attendance, the team can meet with the family after the care conference meeting.	The number of residents that attend and participate in scheduled 6-week and annual care conferences.	40% of residents are able to attend and participate in scheduled 6-week and annual care conferences.	Total Surveys Initiated: 68 Total LTCH Beds:68

**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	86.54	90.00	Springdale Country Manor recognizes that 100% is not an accurate goal. We will strive to have 95% of residents feel they can express their opinion without fear of consequences.	

**Change Ideas**

Change Idea #1 Engage residents and support them in leading the direction of their care.

Methods	Process measures	Target for process measure	Comments
Encourage residents to participate in Residents Council Meetings, and care conferences.	Implementation of Resident Services Coordinator position to support residents and their families maintain open communication and a collaborative relationship with the home. Use of Resident Satisfaction Survey results to monitor changes from year-to-year.	Resident Satisfaction Survey results from Metric at Works are provided to the home and accurately reflect the residents experience at Springdale Country Manor.	Total Surveys Initiated: 52 Total LTCH Beds:68

## 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	20.08	17.00	Springdale Country Manor remains passionate about the fall's prevention program in the home.	

### Change Ideas

Change Idea #1 To reduce the number of falls in the home working towards meeting the provincial standard.

Methods	Process measures	Target for process measure	Comments
Implementation of falls prevention strategies when reviewing residents with frequent falls. target specific interventions to reduce falls.	Review compliance with falls prevention strategies for residents at high risk for falls/injuries.	Monitor number of falls at monthly falls meeting and review effectiveness of falls prevention strategies.	LTC home population affects the falls rates, the home's goal is to continue to decrease the number and risk of falls.

**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	27.23	23.00	Springdale Country Manor aims to reduce usage of anti-psychotic medications without an appropriate diagnosis to meet the provincial average.	

**Change Ideas**

**Change Idea #1** Physicians and QI Nurse are working to review antipsychotic use in the home. They are working towards deprescribing and monitoring for adverse reactions to residents.

Methods	Process measures	Target for process measure	Comments
Review the use of antipsychotic medications that are used regularly and prn to manage responsive behaviors with the physicians, pharmacist, Registered Staff, Psychogeriatric Outreach Team, QI Committee, and the BSO Team.	Number of residents' receiving antipsychotic medication who do not have a diagnosis of psychosis but do have a history of responsive behaviors.	10% decrease in the use of antipsychotic medication to manage responsive behaviors. Reduction in staff requests for residents to have unnecessary anti-psychotic medication use.	A challenge we have faced is the number of residents prescribed anti-psychotics without a supporting diagnosis.