

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)	13.11	5.90	Our current performance is 13.11% and the SE LHIN average is 20.1%. We want to continue to provide quality care within our home to reduce stress for residents, families, and the health care system.	Lennox And Addington County General Hospital, South East Local Health Integration Network

Change Ideas

Change Idea #1 Provide skills education for Nurses to provide in house services that might otherwise be reason to transfer a resident to the ED.

Methods	Process measures	Target for process measure	Comments
The Executive Director and the DOC review monthly stats, the data is shared and discussed at monthly QI meetings and quarterly MAC/PAC meetings to explore what in home skills could have avoided the resident transfer to the ED.	Number of residents transferred to the ED per quarter	The goal/target is to reduce the number of ED visits to 5.9	Overall, the home has done well in avoiding unnecessary ED visits with a reduction from last year. A contributing factor to avoidable ED visits is post pandemic staffing crisis which impacted the homes contracted partners such as mobile x-ray and ultrasound technicians. This crucial service ceased during the pandemic and has been difficult to reinstate.

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	98.41	100.00	The goal is 100% of current employees will have completed DEI education annually.	Ontario Health Team East

Change Ideas

Change Idea #1 Achieve 100% completion of DEI education with mandatory Surge Learning.

Methods	Process measures	Target for process measure	Comments
All staff to complete mandatory education on hire and annually thereafter. Huddles to communicate DEI and promote discussion and inclusivity in the home	All managers to monitor Surge stats and completion rates. For any employee that has not completed required monthly education within the timeline letters are sent out with the expectation of completion and further action will be taken if there is continued non-compliance	100% compliance with Surge regarding DEI education.	Total LTCH Beds: 48 Total LTC beds 44. We continue to work with our resident's council, families, and staff to promote all aspects regarding DEI and share programs as they become available. DEI is in the Omni Quality Living Strategic Plan; our Corporate Office has developed a committee with partners from homes to assist and develop tools and knowledge to engage staff in DEI education

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	91.43	100.00	Our current performance is 91%. This is an increase of 5.5% from last year. At Village Green we strive to make all of our residents feel like staff listen to their needs and wants	Metrics@Work

Change Ideas

Change Idea #1 Each month through resident's council bring concerns forward to the Quality Improvement meeting for the team to review and respond.

Methods	Process measures	Target for process measure	Comments
The home uses a concern tool for resident/family use and each concern is responded to and recorded on a tracking toll for data collection. The residents receive a written communication at Resident's Council from the Executive Director who reviews all concerns.	Number of residents' concerns and the satisfaction rating on the annual Metrics@Work Resident Experience Survey.	Our target is 100% satisfaction rating on the annual Metrics@Work Resident Experience Survey	Total Surveys Initiated: 46 Total LTCH Beds: 48 Total Surveys Initiated: 35 Total LTCH Beds: 48

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	82.86	100.00	Our current performance is 82%, this is an increase of 10% from last year. At Village Green we want all of our residents to feel they can express their opinions without fear of consequences.	Metrics@Work

Change Ideas

Change Idea #1 Enhance the understanding of the Resident Bill of Rights

Methods	Process measures	Target for process measure	Comments
Provide ongoing education on the Resident Bill of Rights with residents, staff and families. Utilize monthly communication tools to share information to all parties. Utilize monthly residents and family councils to collect input/comments/ideas for the purpose of improving outcomes.	Track the number of resident concerns/complaints monthly. Track satisfaction rating with the annual Metrics@Work Resident Experience Survey.	Our target is 100% satisfaction rating on the annual Metrics@Work Resident Experience Survey.	Total Surveys Initiated: 35 Total LTCH Beds: 48 Total Surveys Initiated: 35 Total LTCH Beds: 48

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	8.19	4.00	Our current performance has improved from last year by 2.95% and continues to be better than the provincial benchmark of 15.40%. Our goal is to always improve on our current performance and to improve the safety for our residents.	Acheiva Health Care Physiotherapy Services, SE LHIN, CIHI CCRS

Change Ideas

Change Idea #1 Conduct post fall huddles to debrief and discuss contributing factors, follow up care, fall prevention measures and lessons learned. Assess residents for Fall Risk on admission, quarterly and post fall.

Methods	Process measures	Target for process measure	Comments
Falls will be discussed post fall huddles and then in shift-to-shift reports, daily multidisciplinary meetings, monthly and quarterly QI meetings, and quarterly MAC/PAC meetings to increase supports and initiate interventions as appropriate	Collect data in the home monthly and report to CIHI CCRS and home office.	Decrease the percentage of residents who fall	

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	16.00	5.90	Target planned in 2024 and continues to be our aim	Behavioural Support Ontario, Providence Care Mobile Response Team

Change Ideas

Change Idea #1 Attempt to either remove antipsychotic medication or make a diagnosis.

Methods	Process measures	Target for process measure	Comments
Residents prescribed antipsychotic medication are reviewed and discussed with the multidisciplinary team at monthly QI meetings, quarterly PAC meeting and Collaborative Care meetings with our internal BSO, and Providence Care MRT to assess and evaluate the need for the resident to be prescribed antipsychotic medication and/or if they meet the criteria for a diagnosis to support the use of antipsychotic medication. Data is collected from MLTC, at quarterly PAC/MAC meetings and monthly QI meetings.	# of residents prescribed antipsychotic medications without a diagnosis	our target continues to be 5.9 as set in 2024	We have increased the number of residents in our home prescribed antipsychotics without a diagnosis. We have seen an increased number of residents entering our home with more advanced dementia and behaviours. We continue to work closely with our in house BSO team, Social Services Manager all in collaboration with Providence Care MRT