

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) | 26.83 | 15.00 | To decrease our current performance below the provincial average of 21.6%. We currently do not have a mobile x-ray or ultrasound at this time which represents some of this data. | SE LHIN |

Change Ideas

Change Idea #1 In order for West Lake Terrace to reduce our performance to 15%, we plan to complete the following change ideas; 1. Continue to provide education to registered staff to ensure full assessment is completed and discussion with physician or NP before any resident is sent to ER. 2. Continue to have discussions with POA at time of admission, annual care conference and as required regarding transfers to hospital. 3. Review of ER transfers at the multidisciplinary meetings, quality meetings and Professional advisory committee meetings.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| The Director of Care will discuss all ER transfers at departmental meetings to determine the factors that led to the transfer and what interventions can be put in place to decrease future visits, Registered staff will continue to complete full assessments within their scope of practice and utilize the assistance from our physician and nurse practitioner. | The number of ER transfers are collected each month and analyzed by the DOC who then brings the data to the departmental meetings. As a group the ER meetings are reviewed and discussions on factors that lead to ER visits, assessments that were completed before visit and discussions with POA. Discussions with POA and resident on admission/annual care conference and as required to make them aware of physician and NP availability to assess all injuries and health concerns before ER visits. Further the ER visits are reviewed with the multidisciplinary meetings including the professional advisory committee and quality committee. | Our aim at West Lake Terrace is to reduce our ER visits by 11.83% reaching 15% for 2025/2026. | |

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 | 95.83 | 100.00 | Our aim at West Lake Terrace have 100% of staff complete equity, diversity and inclusion training in 2025. | |

Change Ideas

Change Idea #1 All staff at West Lake Terrace will be educated in Diversity, Equity, and Inclusion in 2025 through review of new policies and procedures, implementation of DEI committee.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|---------------------|
| All staff will review new policies and document on a confirmation of directive once completed, our Social Service Worker will facilitate the implementation of a DEI committee. | Each department manager will have all responsible employees review policies and sign off for accuracy of data, these numbers will be reviewed at our quality meeting. | 100% of staff will review new policies and procedures and a new DEI committee will be implemented by Q3. | Total LTCH Beds: 33 |

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 | 82.76 | 100.00 | Based on the 2024 resident satisfaction survey with Metrics @ work our current performance is 95.7%. | |

Change Ideas

Change Idea #1 Our target at West Lake Terrace is 100% and in order to reach that target we will complete the following change ideas. 1. The managers of the home will continue to complete walkabouts and have conversations with residents to ensure their needs are being met, these will be completed with resident care audits. These audits will be reviewed, and interventions will be put into place. 2. Further they will be reviewed as a group at the departmental meetings for each department to provide insight and add new interventions. 3. Gentle persuasive education will be offered to all staff aiming for 50% staff completion. 4. Engage residents and have them participate in quality meetings to allow for their input in organizational practices i

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|---|
| Each manager has assigned resident care audits to complete weekly, during these audits each manager will have brief discussions with residents to ensure all needs are being met. Our new Quality nurse will set up gentle persuasive education for the staff of our home, and we will continue to make action plans for any resident concerns brought forward through discussions and through resident council. We will invite a resident to join our quarterly quality meeting. | We will continue to utilize Metrics @ Work survey for 2025. Once completed the survey is reviewed and new action plans will be put in place. | Our aim at West Lake Terrace is to improve our percentage from 95.7% to 100% in 2025. | Total Surveys Initiated: 30 Total LTCH Beds: 33 Total surveys initiated: 30 Total LTCH Beds: 33 30 of 33 residents answered the survey. |

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 | 87.88 | 100.00 | Based on our 2024 Metrics @ Work survey our current performance is 96.6% from 2024 of 91.3%. | |

Change Ideas

Change Idea #1 In order to improve this measure at West Lake Terrace, we plan to complete the following change ideas. 1. Resident rights will be reviewed at every resident council meeting with discussions and examples of how they apply. 2. A resident will be invited to attend our quarterly quality meeting to provide insight of their needs and day to day routines and become more involved in the organizational practices in the home. 3. Provide education to staff on positive approach, body language and tone of voice while providing care to each resident in the home. 3. Abuse policy will be shared with all residents and POA at resident council meeting and during admission to our home.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|---|
| The multidisciplinary team will track the number of verbal and written resident and family concerns and complaints. Follow up will be documented. The CCC will facilitate education to all staff through providence care regarding the importance of a positive approach to care with positive body language and tone of voice. | We will continue to utilize Metrics @ Work as per Omni Quality Living in 2025 and continue to work with our multidisciplinary team to further improve our numbers. | Our aim for 2025 at West Lake Terrace is to improve from 96.6%. | Total Surveys Initiated: 33 Total LTCH Beds: 33 Total Surveys Initiated: 30 Total LTCH Beds: 33 Total Surveys Completed: 30 |

Measure - Dimension: Patient-centred

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|--|---------------------|--------|----------------------|------------------------|
| Section 7: Respect and Relationships 7.8 If I raised a concern, I was contacted with regard to the outcome. Rating 66.7% lower than OMNI's overall response by 6.9% | C | % / LTC home residents | Other / The most recent consecutive 12 month period. | 66.70 | 100.00 | Internal Goals | |

Change Ideas

Change Idea #1 Our target at West Lake Terrace is 100% and in order to reach this goal we will complete the following change ideas: 1. Resident concern sheets will be utilized for all concerns. 2. Concerns will go to the department manager for a resolution. 3. The department manager will be responsible for meeting with the residents to acknowledge the concern as well as discuss the plan/outcome.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| At every resident council meeting each resident is given the opportunity to express any concerns in the home, once the concern is received it is documented on a resident concern form and sent to the department manager, the department manager will then meet with the resident to discuss the concern and come up with interventions to fix the concern. The department manager will then follow up in 2 weeks to discuss if concerns have been resolved. | We will continue to utilize Metrics @ Work Survey for 2025. Once completed the survey is reviewed and an action plan is put in place. | Our aim at West Lake Terrace is to improve our percentage from 66.7% to 100% in 2025. | |

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 | 15.38 | 10.00 | To decrease our current performance by 5.38% to 10% by end of Q2 September 30, 2025. | |

Change Ideas

Change Idea #1 In order to reduce our falls at West Lake Terrace to 10% we plan to complete the following change ideas, 1. Managers will circulate the floor at 2pm and 3pm when less staff are on the floor from Monday to Friday. We will continue to offer hip protectors for residents that are able to wear. 3. Continue to have our pharmacist consultant review all medications of any resident that falls twice in one month. 3. Registered staff will voice at report which residents are high risk for falls to bring awareness to staff for resident safety.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| Review of time of falls indicated most falls occurred between 2-4pm therefore, Managers will complete daily rounds at 2pm and 3pm Monday to Friday when less staff are on the floor. After each fall the registered staff will notify the consultant pharmacist to review current medications, we will continue to utilize hip protectors, and DOC will review all falls with staff at departmental meetings. | After each fall Registered staff will complete full assessment and a post fall huddle, care plans are reviewed to include any new interventions as required. Referrals will be sent to the consultant pharmacist for a medication review and implement use of hip protectors if resident able to wear. All falls will be reviewed by the DOC and at all multidisciplinary meetings including PAC and quality. | Falls at West Lake Terrace will be reduced by 10% by Q3. | |

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 | 14.13 | 10.00 | We currently have improved this indicator from 2024. Our goal at West Lake Terrace is to continue to improve and decrease from 14.13% to 10% in 2025. | Care Rx Pharmacy |

Change Ideas

Change Idea #1 West Lake Terrace is currently below provincial standard and have improved from our 2024 performance of 18.75%. Our goal for 2025 is to decrease from 14.13% to 10% through the following interventions: 1. Our new BSO lead will ensure appropriate documentation and interventions are put in place with any new or worsening behaviors. 2. Any new antipsychotics that are ordered will continue to be reviewed for symptom improvement utilizing the DOS tool and the antipsychotic monitoring form. 3. Continue to complete quarterly medication reviews with the pharmacy and physician to ensure current antipsychotic usage reflects current resident diagnosis. 3. Social Service Worker and Clinical Care Coordinator will facilitate education on non pharmacological interventions.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| BSO Lead will review documentation and CarePlan to ensure accurate reflection of current interventions for antipsychotic usage. Data is further reviewed at quality meetings, Professional Advisory Committee meeting, and multidisciplinary meetings, medications will continue to be reviewed by the consultant pharmacist with recommendations and then by the physician. quarterly by the physician. | Monthly quality indicators are reviewed at our quality meetings. We aim to reduce below provincial average. We continue to have 3 residents that have been on long term antipsychotics with no diagnosis, we review with the consultant pharmacist and physician if they can be safely decreased and discontinued. | West Lake Terrace will reduce this indicator by 14.13% to 10%. | |