

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)	23.08	13.00	Internal Goals	

Change Ideas

Change Idea #1 Decrease number of ED visits

Methods	Process measures	Target for process measure	Comments
Review stats with Registered Staff at regular staff meetings	Review with on call MD the residents status and medication may be added to avoid a transfer. Review findings with family as they may not want a transfer to the hospital. Education of the registered staff and families in order to reduce transfers to ED	Review the quarterly statistics from the SWLHIN. Target to have 13 or less ED visits	There are times when we believe that our Retirement Home transfers are included in the data based on our internal tracking which would increase the total ED visits overall.

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	Internal Goals	

Change Ideas

Change Idea #1 Development of DEI Policy from OMNI Head office

Methods	Process measures	Target for process measure	Comments
Policies to be reviewed on Surge learning by all Management prior to rolling down to staff.	Completion rate on surge learning.	100% Trained on Surge Learning	Total LTCH Beds: 60

Change Idea #2 Training of all Staff on Equity, Diversity, inclusion and anti-racisms

Methods	Process measures	Target for process measure	Comments
Surge learning courses to be assigned to each staff annually	Monitor surge completion rate annually	100% completion rate	

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	89.66	90.00	Internal Goals	

Change Ideas

Change Idea #1 Engage the Residents and have them participate giving input into routines ie likes and dislikes. Get them more involved with organizational practices and day to day operations

Methods	Process measures	Target for process measure	Comments
Residents to participate in quarterly Quality meetings with staff and will also be involved in the interview process for new hires. Time allocated during residents council for residents to express any concerns they may have. LEC to f/u with the appropriate actions to address concerns.	LEC coordinator to track number of concerns as well as Administrator tracks number of written complaints from residents and family	93% response rate	Total Surveys Initiated: 88 Total LTCH Beds: 60

Change Idea #2 Educate staff on approach and body language when caring for their residents

Methods	Process measures	Target for process measure	Comments
Meetings with Staff monthly in general staff meeting to discuss QI plans, initiatives, outcomes and follow-ups. Utilize surge learning for meeting minutes to reach those staff members who are not able to attend meetings. Time allocated during Residents council for Residents to raise any comments or concerns they may have, concerns documented and f/u from LEC.	LEC and Administrator track number of verbal and written complaints and what follow up has been completed.	93% response rate	

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	89.80	90.00	Internal Goals	

Change Ideas

Change Idea #1 Engage the Residents and have them participate giving input into routines ie likes and dislikes. Get them more involved with organizational practices and day to day operations

Methods	Process measures	Target for process measure	Comments
Residents to participate in quarterly Quality meetings with staff	LEC to follow up in Residents Council and relays any concerns to the rest of the management team	To have overall results at 93% or higher	Total Surveys Initiated: 49 Total LTCH Beds: 60

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 "How often do you feel you have sufficient time with morning care?"	C	% / LTC home residents	In-house survey / 2024	79.80	80.00	Internal Goals	

Change Ideas

Change Idea #1 PSW meeting held to discuss possible morning routine changes that could free up more time for them to spend with each resident in the am.

Methods	Process measures	Target for process measure	Comments
Gather ideas from PSW's, DOC and Management to review which ideas could be implemented that would assist in allowing more time per resident in the am.	Follow up each month at the PSW Meeting	To have overall results at 80% or higher	

Change Idea #2 Audit created to track that specific morning care items are being completed, to be used sporadically and on a random resident/staff member.

Methods	Process measures	Target for process measure	Comments
Focused Audit Tool	Review of completed audit tools. If concerns f/u discussion with resident if able as well as staff member who performed the care.	To have overall results at 80% or higher	

Change Idea #3 Individualize surveys created for residents to establish if any improvements have occurred.

Methods	Process measures	Target for process measure	Comments
In house survey presented to residents by staff. Results recorded as confidential and addressed as a home not as individual resident.	Number of concerning responses from surveys	To have overall results at 80% or higher	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement "Rate the level of satisfaction to which your missing clothing or laundry concerns were addressed."	C	% / LTC home residents	In-house survey / 2024	65.90	80.00	Internal Goals	

Change Ideas

Change Idea #1 Staff Education on admission process for labelling clothes

Methods	Process measures	Target for process measure	Comments
Step by Step directions created and presented at staff meetings and uploaded onto Surge	Surge Learning staff meetings to be reviewed by staff with 100% completion rate.	To have overall results at 80% or higher	

Change Idea #2 Family education on admission process with clothing and when new items are brought into the home.

Methods	Process measures	Target for process measure	Comments
Cliniconex utilized to notify family of these procedures	Compliance by family members as new admission arrive as well as when new clothing items come into the home.	To have overall results at 80% or higher	

Change Idea #3 Labelling of closet doors and dresser drawers with resident names to assist with ensuring clothing items are placed in the proper location.

Methods	Process measures	Target for process measure	Comments
Staff to create laminated labels that will be placed in the appropriate locations with the residents name.	Random clothing audits to be completed to ensure items are in the correct location.	To have overall results at 80% or higher	

Change Idea #4 Randomized focus audits to be completed to audit if the clothing cart, drawers and closets have the correct residents clothes

Methods	Process measures	Target for process measure	Comments
Focus audit created for staff to complete while doing audit.	Review the focus audit results to see amount of residents whos clothing is in the incorrect location.	To have overall results at 80% or higher	

Change Idea #5 Dedicated staff approximately 2-3 times per week assigned to ensure proper labeling of personal items, tidy rooms/closets and drawers.

Methods	Process measures	Target for process measure	Comments
Staff to complete checklist for this role	Checklists reviewed and staff notify DOC of any common concerns.	To have overall results at 80% or higher	

Safety

Measure - Dimension: Safe

Indicator #7	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	12.44	10.00	Internal Goals, PPC Data	

Change Ideas

Change Idea #1 Falls team to meet monthly to review falls, any patterns that are noticed and any further interventions that can be added to prevent further falls.

Methods	Process measures	Target for process measure	Comments
PT, DOC, and members of the fall team review each fall since last meeting and determine if any repeat fallers and what interventions are in place.	Continue to track number of falls each month, specifying how many for each resident, time of day, location	Compare percentage of falls within the home with Insights data. Goal to have falls as 10% or less	

Change Idea #2 Falls reviewed at PSW Meetings, Registered Staff Meetings, Quality Meetings as well as Profession Advisory Meeting.

Methods	Process measures	Target for process measure	Comments
Review of residents who have had multiple falls and gather any suggestions for further interventions from a multidisciplinary team.	MDS data, Falls reports from PCC as well as Physio	Compare percentage of falls within the home with Insights data. Goal to have falls at 10% or less	

Change Idea #3 Implementation of "Falls Prevention Medication Review" for Residents who staff feel require a review from a Pharmacist d/t frequent falls

Methods	Process measures	Target for process measure	Comments
Staff to Utilize "Falls Prevention Medication Review"	At Falls Committee Meeting, residents who could benefit from a Medication Review will have form completed and sent to Pharmacist.	Compare percentage of falls within the home with Insights data. Goal to have falls at 10% or less.	

Measure - Dimension: Safe

Indicator #8	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	32.18	25.00	Internal Goals, PPC Data	

Change Ideas

Change Idea #1 Quarterly Medication review of residents who are on antipsychotics and reason for use with possible reduction.

Methods	Process measures	Target for process measure	Comments
Antipsychotic Drug Use form to be completed by MD's quarterly.	Review medications and MDS to ensure accuracy of coding. Review any current medications for possible reduction. Also, review of PRN medication to see if any not being used that could be D/C'd	To decrease use of antipsychotics for residents without a diagnosis to 25% annually.	

Change Idea #2 Quarterly Medication review by Pharmacist and MD

Methods	Process measures	Target for process measure	Comments
Quarterly medication reviews printed and reviewed by MD. Pharmacist completes a med review quarterly and recommendations given to MD to review.	Quarterlies reviewed and orders changes made	To decrease use of antipsychotics for residents without a diagnosis to 25% annually	