

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)	25.74	20.00	Our target is to decrease ED visit by 22.30% within 2025 statistics retrieved from CIHI.	Southlake Regional Hospital NLOT Team

Change Ideas

Change Idea #1 Willows Estate will decrease ED visits by 22.30% in the 2025 period.

Methods	Process measures	Target for process measure	Comments
The plan is to create a high-risk committee to monitor residents at risk for ED visits based on their diagnoses and co-morbidities. This committee will include the Southlake Regional Hospital NLOT team and our nursing team. It will help us track caseloads and develop proactive action plans for high-risk residents. We will also explore the possibility of assigning a designated NP to help manage resident care and reduce ED visits. Additionally, we will inform families during care conferences and after specific incidents about the external resources available through our NLOT team, aiming to reduce unnecessary requests for hospital transfers.	This will be measured quarterly during the QI and PAC meetings to review and track trends. A High-Risk Committee will be established, meeting quarterly in collaboration with the NLOT Team at Southlake Regional Hospital to update strategies tailored to individual residents.	To decrease the current rate by 22.30% in the 2025 period	

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	Continue to maintain current performance of 100% amongst all staff education.	

Change Ideas

Change Idea #1 Willows Estate staff, residents and families will have increased education on Diversity, Equality, and Inclusion in the home.

Methods	Process measures	Target for process measure	Comments
The plan is to ensure the target goal of 100% completion for DEI (Diversity, Equity, and Inclusion) education across all staff through Surge Learning. In addition, we will consistently provide relevant DEI information to both staff and residents by utilizing our monthly diversity calendar. This calendar will highlight and reflect key DEI topics, offering ongoing education and awareness to foster an inclusive environment for everyone. Regular updates and resources will be shared to ensure continuous engagement and learning. As well as create a DEI Committee in home involving all interdisciplinary personals, family and residents.	This will be measure through Surge Learning complete, in home surveys, and feedback from monthly practice meetings and resident council meetings.	Corporate Development with DEI committee with partners from all OMNI homes will assist our home in developing and implementing strong tools and knowledge to engage our staff, residents, caregivers, volunteers and visitors.	Total LTCH Beds: 84

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	92.68	95.00	This percentage increased from last year, but we will continue to improve stats by 2.5% satisfaction.	BSO Mobile Team, LOFT, NLOT South Regional Hospital

Change Ideas

Change Idea #1 Willows Estate will increase the rate by 2.5% by enhancing education initiatives tailored to the specific needs, conditions, and diagnoses of residents in the home.

Methods	Process measures	Target for process measure	Comments
The goal is to provide staff with education on resident-specific diagnoses and conditions to enhance their understanding of each resident's unique needs. This will enable staff to communicate more effectively and deliver individualized care, ensuring that care plans are accurately updated and reflect each resident's specific requirements. Education scheduled for brain injury, de-escalation measures, validation and redirection, responsive behaviour, Parkinson, palliative care, down syndrome etc.)	This will be measured using the Metrics@Work survey for 2025, along with feedback from residents gathered through the Life Enrichment Department's resident council meetings.	Our goal is to increase our response satisfaction rate by 2.5% in the 2025 QIPs.	Total Surveys Initiated: 82 Total LTCH Beds: 84

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	91.46	95.00	Our target is to increase our satisfaction rate by 3.87% in 2025 QIPs report from Resident Survey statistics.	

Change Ideas

Change Idea #1 Willows Estate improvement plan is to increase the satisfaction rate by 3.87% in 2025 Resident Satisfaction Survey.

Methods	Process measures	Target for process measure	Comments
The goal is to educate staff on resident-specific diagnoses and behaviors to improve understanding and communication. This will enable staff to provide more effective, individualized care, ensuring that care plans are accurately updated to meet each resident's specific needs. The scheduled education topics will include brain injury, de-escalation techniques, validation and redirection strategies, responsive behaviors, Parkinson's disease, palliative care, Down syndrome, and other relevant conditions.	This will be measured through feedback collected from monthly resident council meetings, input from family members, and the Resident Satisfaction Survey 2025.	Our target to ensure we meet the home's goal is to increase the satisfaction rate by 3.87% in 2025 Resident Satisfaction Survey.	Total Surveys Initiated: 82 Total LTCH Beds: 84

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
resident expressed level of satisfaction to which your missing clothing, personal property, or laundry concerns were addressed were below 80% satisfaction rate.	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	73.30	80.00	Our target is to improve the resident satisfaction of missing clothing, personal property, or laundry concerns were addressed by 6.7%.	

Change Ideas

Change Idea #1 To increase the satisfaction rate from all residents for laundry concerns by 6.7%.

Methods	Process measures	Target for process measure	Comments
<p>The improvement plan is to enhance communication regarding lost and found items by frequently reminding family and friends to follow the home's process for labeling new resident belongings. This includes increasing audits of unlabeled clothing and tagging items in the laundry department with the time and unit from which they originated, ensuring proper inventory returns. Article of clothing/items can be easily verified by camera, or staff members.</p>	<p>This will be measured by an in-home survey completed by June 2025, feedback from resident council and family communication.</p>	<p>The target is to increase the satisfaction rate by 2025 Resident Satisfaction Survey by 6.7%</p>	

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	10.17	9.17	The target is to increase the fall rate in 30 days leading up to their assessment by 9.83% in 2025.	

Change Ideas

Change Idea #1 Willows Estate will decrease fall rate by 9.83% and to increase the risk for high-risk fallers in the home.

Methods	Process measures	Target for process measure	Comments
Our target justification is to optimize the use of the risk management tab in PCC and utilize identifiers for high-risk fall residents in PSW assignments. This will allow for quick identification of high-risk residents, enabling the initiation and ongoing maintenance of individualized care plans to minimize falls.	This will be measured monthly by the fall committee to track and analyze fall trends and improvement statistics. Additionally, it will be evaluated through quarterly reviews and Quality Improvement (QI) data.	Our target goal is to improve fall rate in 30 days leading up to their assessment by 9.83%.	

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	14.98	12.00	The Target is to improve the number of residents taken antipsychotic medication without psychosis in the 7 days preceding their resident assessment.	

Change Ideas

Change Idea #1 Willows Estate will decrease the number of residents taken antipsychotic medication without psychosis in the 7 days preceding their resident assessment by 19.89%.

Methods	Process measures	Target for process measure	Comments
The home will focus on more frequent meetings with the MD and Pharmacy to review medication alternatives more appropriate to use or cause and review medication management with new residents.	This will be measured during quarterly PAC meetings to ensure continuous improvement. Strategies will be reviewed, revisited, and discussed to assess their effectiveness and make necessary adjustments.	The target goal is to decrease the rate of residents taken antipsychotic medication without psychosis in the 7 days preceding their resident assessment by 19.89% in 2025 period.	