

## 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)	20.50	15.00	To be below the provincial average for avoidable ED visits.	

### Change Ideas

Change Idea #1 Continue to work with in house physicians and other community resources to decrease avoidable ED visits. Advanced Directive discussions and care planning.

Methods	Process measures	Target for process measure	Comments
Admission, annually and change of health status, advanced directive care planning is discussed with Residents, families, nursing team and primary physician to ensure accurate goals of care are being followed.	Number of potentially avoidable ED visits will decrease.	All Residents and families have opportunities to discuss goals of care with members of the nursing team and physician.	

**Measure - Dimension: Efficient**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Recruitment and Retention	C	Number / Staff	In-home audit / 2025/2026	CB	100.00	Vacant Postings	

**Change Ideas**

Change Idea #1 Establish a recruitment team and standard orientation process in the Home for new employees.

Methods	Process measures	Target for process measure	Comments
Prioritize hiring, standard orientation agenda to include all disciplines, onboarding of all mandatory Surge Learning courses, follow up with staff during probationary period.	Number of staff hired in the home, number of vacant postings.	100% of postings will be filled in each department.	

## Equity

### Measure - Dimension: Equitable

Indicator #3	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	73.94	100.00	Surge Learning Platform for Diversity, Equity and Inclusion and also education courses offered through CLRI to compliment this education will assist in having multiple avenues for training opportunities.	Centre for Learning Research and Innovation

### Change Ideas

Change Idea #1 Omni Quality Living Strategic Plan includes a multifaceted plan to engage employees with strategies, tools, and ideas to address equity in the Home.

Methods	Process measures	Target for process measure	Comments
Education needs through Surge Learning as well as other interactive and in person sessions. Development of policies and procedures to address Diversity, Equity and Inclusion.	DEI surveys in the Home to collect data regarding staff and their thoughts on equity in the Home and workplace.	All staff in the Home will have education on DEI in 2025 and survey results will show positive results based on outcomes in the Home.	Total LTCH Beds:128 Woodland Villa has a strong and diverse culture for both Resident and Staff populations. We strive and work towards equity and inclusivity for all individuals in the Home.

## Experience

### Measure - Dimension: Patient-centred

Indicator #4	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	92.97	96.00	Bring more positive Resident experiences and evaluate through Resident Satisfaction Survey	

### Change Ideas

Change Idea #1 Continue to work to achieve a high average on the Resident Satisfaction Survey in this area but also strive to achieve at least 80% in all areas on the survey. Action plans to address areas where our average is less than 80%.

Methods	Process measures	Target for process measure	Comments
Metrix @ Work Survey was completed in November 2024 and will continue on an annual basis.	Survey was completed electronically by Residents, families and assistance from Life Enrichment Staff where use of an iPad was difficult.	Response rate was 71% this year which was lower than last year. We aim to have 100% response rate in 2025.	Total Surveys Initiated: 128 Total LTCH Beds:128

**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: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	89.06	95.00	To bring positive resident experiences.	

**Change Ideas**

Change Idea #1 Engage Residents in discussions on Residents Bill of Rights and Omni Quality Living Values.

Methods	Process measures	Target for process measure	Comments
Through various avenues, Values and Residents Bill of Rights can be utilized and discussed with Residents and staff to ensure an understanding of our dedication upholding these Rights and Values. Resident Council Meetings, Care Conferences and on admission are good opportunities to have these meaningful discussions.	High positive response rate in our 2025 Resident Satisfaction Survey.	Residents at minimum on admission and during care conferences to be involved in discussions and know their rights and Omni quality livings values.	Total Surveys Initiated: 128 Total LTCH Beds:128

## 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	10.62	8.00	Prevention of falls in Residents in the Home.	

### Change Ideas

Change Idea #1 Continue to prioritize our Fall Prevention Program to be multidisciplinary and incorporate best practice initiatives to support our Fall Prevention Program and education to all staff.

Methods	Process measures	Target for process measure	Comments
Fall Risk Assessments and care planning, Risk Management dashboard for communication and follow up, RAI MDS and InterRAI data.	Risk Management, post fall assessments, incident reports, MDS data will allow us to monitor statistics on Residents who fall in the Home.	100% completion of annual fall prevention training, 100% completion of incident reporting, post fall assessment and risk assessment in PCC.	

**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	19.57	15.00	Resident centered multidisciplinary care plans	

**Change Ideas**

**Change Idea #1** Continue to work collaboratively with partners from the Royal Ottawa Hospital Outreach program to support BSO initiatives in the Home and incorporate best practice initiatives to support behaviours Residents exhibit as symptoms of dementia.

Methods	Process measures	Target for process measure	Comments
Quarterly assessments of Residents on antipsychotic medications, through BSO program, develop non pharmacological interventions as part of the plan of care, ensure accurate coding data including diagnosis in RAI.	percentage of Residents receiving antipsychotic medications, RAI data, Quality Indicator reports, pharmacy reports.	All Residents taking antipsychotic medications, will have a thorough plan of care including non pharmacological interventions and communicated to care staff.	