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)	15.63	14.07	Decrease by 10% the number of avoidable ER transfers from 15.63 to 14.07 by December 2025.	

Change Ideas

Change Idea #1 Complete a 100% quarterly review of all residents and unavoidable transfers to ED.

Methods	Process measures	Target for process measure	Comments
All ED transfers will be tracked and discussed weekly at CQI.	Number of ED transfers and reason for transfer discussed at weekly CQI meeting.	90% of the ED transfers will be discussed at CQI meeting weekly.	Daily morning meeting and report will allow ADOCS to gather information regarding ED transfers to bring to weekly CQI.

Change Idea #2 To improve necessary communication between registered staff and providers allowing for standardized format ensuring all information is available for the provider.

Methods	Process measures	Target for process measure	Comments
Education will be provided to registered staff on the use of SBAR tool and support standardized communication between clinicians.	Number of communication process used in the SBAR format, between clinicians per month	80% of communication between physicians, NP and registered staff will occur in SBAR Format by November 2025	

Change Idea #3 Utilize focused assessment on Person-Centered-Decision Making End of Life Questionnaire in PCC

Methods	Process measures	Target for process measure	Comments
Person-Centered-Decision Making End of Life Questionnaire to be completed on admission to help in Advanced Care Planning decisions prior to need for transfer to hospital.	Number of End of Life Questionnaire completed in PCC on new admissions.	80% if End of Life Questionnaire are completed on New admissions.	

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	100% of all staff including Executive-level, management and frontline staff) will have Diversity, Equity and Inclusion training upon hire and annually.	

Change Ideas

Change Idea #1 To improve training and education among all staff at all levels surrounding Diversity, Equity and Inclusion.

Methods	Process measures	Target for process measure	Comments
Education will be provided to 100% of staff upon hire and annually on Diversity, Equity and Inclusion via the Surge Platform.	Education completion reports in Surge Learning will show compliance at 100%.	Total number of staff completed the Surge Learning module over the Total number of staff in the home	Total LTCH Beds: 132

Change Idea #2 Promote additional training in different cultural competencies within the organization.

Methods	Process measures	Target for process measure	Comments
Will source and provide additional opportunities for diversity, equity and Inclusion training and provide them to various staff members including executive level, management and frontline staff.	Staff will be asked if they are interested in taking additional training in areas of diversity, equity and inclusion. Once staff are identified and signed up for training, education lead will track attendance to training sessions made available to them.	Number of learning opportunities available to staff versus number of completed opportunities for additional training on diversity, equity and Inclusion.	

Change Idea #3	Incorporate themed activities from program staff that included joint participation of staff and residents, four times per year surrounding Diversity, Equity and Inclusivity.		
Methods	Process measures	Target for process measure	Comments
Plan 1 activity each quarter surrounding themes in Diversity, Equity and Inclusion in suggested areas that may included LGBTQ+ Community, Black History Month, Truth and Reconciliation Day, Indigenous Cultures, Black Culture, etc.	The number of activities offered with Residents and staff within the framework of Diversity, Equity and Inclusion.	The number of activities participated in by staff and residents (when offered) within the framework of Diversity, Equity and Inclusion.	

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	CB	93.33	We will be collecting baseline data for this measure. This target seems achievable based on current responses to family and resident surveys.	

Change Ideas

Change Idea #1 Increase customer service experience and staff listening to residents.

Methods	Process measures	Target for process measure	Comments
Staff will complete mandatory education upon hire and annually on effective communication and listening.	100% compliance from staff on mandatory education via the surge platform on effective communication and listening.	Number of staff completed mandatory education.	

Change Idea #2 Open communication to residents that they can bring concerns forward regarding concerns they may have.

Methods	Process measures	Target for process measure	Comments
Review at Care conferences with residents and families if there are any concerns regarding feeling "heard" or "listen to" by staff.	Number of Care conferences monthly with residents or family who state that staff are listening to them over number of care conferences completed monthly	85% of residents and families will be "heard" or "listened to" by staff as discussed at care conferences.	

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	93.33	95.00	Copper Terrace will continue to strive for residents to feel comfortable within the facility to be able to express their opinion without fear of consequences. The culture that has been created within the home should make this target attainable.	

Change Ideas

Change Idea #1 To Review the Residents Bill of Rights with a focus on Resident Right # 19 "Every resident has the right to raise concerns or recommend changes in polices and services on behalf of themself tot he following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else".

Methods	Process measures	Target for process measure	Comments
Review Residents Bill of Rights # 29 twice in the year in monthly staff meeting in each department.	The number of departmental meetings that occurred 2x in year and included residents Bill of Rights #29.	100% of departments will have reviewed residents Bill of Rights #29 twice in 2025.	Total Surveys Initiated: 105 Total LTCH Beds: 132

Change Idea #2 Concerns that are brought forward are addressed timely within the timeframe outlined in policy and procedures.

Methods	Process measures	Target for process measure	Comments
Concerns brought forwarded will be tracked by ED who will ensure that timely follow up with all concerns occur within the timeframe outlined in Policy and Procedures.	100% of concerns are addressed within the timeframe outlined in Policies and Procedures. If there is a delay in follow-up that the complainant is notified of the delay and expectation of when follow-up will occur.	Total Number of addressed concerns within timeframe allotted in Policy over the total number of concerns	

Change Idea #3 To maintain an atmosphere of communication and sharing with our residents.

Methods	Process measures	Target for process measure	Comments
Discuss at Resident Council resident rights reviewing all residents rights at least once by year end Dec 2025.	Review resident council minutes to ensure that all residents rights have been reviewed at resident council.	Total number of residents rights reviewed each month over total number of residents rights.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To Improve the perception of the incontinence products used in the home by increasing the score of the question "I am satisfied that my continence product fits well" by 5% from 61.9% to 64.99% in the annual resident survey	C	% / LTC home residents	In-house survey / January 2025 to December 2025	61.90	64.99	A 5% increase is appropriate with actions taken to improve knowledge and perception of incontinent product.	

Change Ideas

Change Idea #1 To provide education to the nursing staff on sizing and product overview.

Methods	Process measures	Target for process measure	Comments
Training will occur with Prevail on incontinence product and then education lead/management will train additional nursing staff who could not attend.	Number of nursing staff completing education over the number of nursing staff.	75% of the staff will be educated on the incontinence product and sizing calculations.	

Change Idea #2 To improve usage and follow through on referral process for incontinent product changes.

Methods	Process measures	Target for process measure	Comments
Nursing staff will complete incontinent product change referral and submit them to ADOCS.	Number of referrals received over the number of product changes that occurred.	90% of incontinent product changes will have referrals completed.	

Change Idea #3 Capture changes in weight timely in order to keep residents in the correct fitting incontinent product.

Methods	Process measures	Target for process measure	Comments
Review monthly significant weight changes and have referral complete to ensure that incontinent product sizing is still appropriate.	# of significant weight changes with corresponding referrals.	100% of significant weight changes will have an accompanied referral for incontinent product sizing.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve resident satisfaction with respect to complaint outcomes. This will be evidenced by improving the outcome of the resident survey question "When I have raised concerns or complaints, they are resolved to my satisfaction." by 5% from baseline to 81% to 85% by Sept 2025.	C	% / LTC home residents	In-house survey / Sept 2024 to Sept 2025	81.00	85.00	An improvement of 5% with change ideas implemented is an achievable goal for Copper Terrace.	

Change Ideas

Change Idea #1 If invited, Managers from various departments will attend family and resident council meeting to address questions or concerns.			
Methods	Process measures	Target for process measure	Comments
Calendar will be created with resident and family council staff liaison to allow managers in different departments attend meetings to discuss any process, policies questions or concerns from our residents and families.	# of resident and family forum meetings where managers attend when invited over the number of meetings that occurred.	100% of managers will attend meetings they are invited to.	

Change Idea #2 Concerns that are brought forward are addressed timely within the timeframe outlined in policy and procedure.			
Methods	Process measures	Target for process measure	Comments
Concerns brought forward will be tracked by ED who will ensure that timely follow up with all concerns occur within the timeframe outlined in Policy and Procedure.	100% of concerns are addressed within the timeframe outlined in Policies and Procedures. If there is a delay in follow-up that the complainant is notified of the delay and expectation of when follow-up will occur.	Total number of addressed concerns within timeframe allotted in Policy over the total number of concerns.	

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	19.38	17.44	To decrease the by 10% residents who fell in the 30 days leading up to their assessment.	

Change Ideas

Change Idea #1 Educate registered staff on how to implement fall measures immediate post fall or near misses to prevent another reoccurrence.

Methods	Process measures	Target for process measure	Comments
Education to occur at registered staff meeting on implementation of fall measures immediate post fall or near misses to prevent additional fall.	Number of residents who had a fall with interventions in place prior to weekly fall meeting.	Number of residents who had falls.	

Change Idea #2 Post fall huddles to be completed on each unit after each fall.

Methods	Process measures	Target for process measure	Comments
Education to registered staff to complete post fall huddles on unit to determine cause for falls and interventions needed.	Number of falls that had post fall huddles completed on the unit per month.	Number of falls that occurred per month	

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	34.68	29.00	This would represent a conservative 5.68% improvement. A goal that we see as achievable.	

Change Ideas

Change Idea #1 Improve Communication with provider on residents who are admitted on antipsychotics without a diagnosis.

Methods	Process measures	Target for process measure	Comments
Education to Resident Service Coordinator on antipsychotics and those diagnosis that allow for antipsychotics in the elderly. Education on completing SBAR on residents who are admitted on antipsychotics without an appropriate diagnosis.	Number of SBARS completed on new residents who are admitted with antipsychotics without an appropriate diagnosis	Number of residents who are admitted on antipsychotics without and appropriate diagnosis	

Change Idea #2 Interdisciplinary team including Pharmacy and Physician to collaborate on alternatives to antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
Review the use of antipsychotics medication for all residents who do not have a supportive diagnosis once per quarter with Pharmacist and Physician.	% of residents who have been reviewed over the total number of residents who are using antipsychotic medication without a supporting diagnosis.	100% of residents will be reviewed q 6 months.	

Change Idea #3 Improve referral process to BSO for residents who may have a a reduction in antipsychotics due to the antipsychotic reeducation initiative.

Methods	Process measures	Target for process measure	Comments
Include BSO in interdisciplinary meetings regarding residents on antipsychotics without an appropriate diagnosis and refer residents who may have a GDR of antipsychotic to BSO	Number of resident referrals to BSO over the number of residents who had an antipsychotic GDR completed.	80% of residents who require a referral to BSO related to GDR will have one.	