

## 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)	34.10	30.69	The target justification has been set with a goal to decrease the rate of ED visits by 10% at Grace Villa while aiming to strengthen our community partnerships. Our goal can be achieved by building capacity within our care team and increasing education with families. Supporting the home's team to improve decision making and capacity. Improving education around advanced directives and goals of care.	

### Change Ideas

Change Idea #1 Increase collaboration with community partners.

Methods	Process measures	Target for process measure	Comments
DOCS or designate will attend external stakeholder opportunities with a focus on reducing ED transfers/visits.	Number of opportunities attended versus opportunities available.	Total number of meetings attended over total number of meetings held.	

**Change Idea #2 Utilize Person-Centered-Decision Making End of Life Questionnaire in PCC.**

Methods	Process measures	Target for process measure	Comments
Completion of assessment post admission to aide in advanced care planning decisions.	Completion of assessment post admission in PCC per policy.	Total number of assessments completed over total number of new admissions.	

**Change Idea #3 Increase physician participation in care conferences and to have discussions about goals of care with families. / Obtain physician support to increase communication between MD and family at time of to review treatment options.**

Methods	Process measures	Target for process measure	Comments
Effective communication between Nursing staff, Physicians, and residents/families to increase treatment opportunities at the home level.	Measure unavoidable ED visits versus avoidable ED visits. 70% of all ED visits will be considered unavoidable. Measure frequency of direct conversations between MD and family at time of hospital transfer for potentially avoidable ED transfers.	Total number of ED visits over total number of avoidable ED visits.	

## 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 staff at Grace Villa will complete equity and diversity training on hire and annually.	

### Change Ideas

Change Idea #1 Will utilize education opportunities on hire and annually.

Methods	Process measures	Target for process measure	Comments
Staff will complete virtual education via the surge platform upon hire and annually.	Surge reports will show 100% completion both on hire and annually.	Total number of staff education completed over total number of staff.	Total LTCH Beds: 150

Change Idea #2 Evaluate staff responses to survey to determine if diverse needs have been met.

Methods	Process measures	Target for process measure	Comments
Analyze annual staff satisfaction survey for question(s) related to diverse cultural needs. 1) I have the opportunity to have my diverse needs met for accessibility (3.65) 2) I feel my diverse cultural needs have been met (3.57)	Maintain a score of 3.65/3.57 respectively, with potential to increase by 5% or higher on annual staff survey question relating to diverse cultural needs.	Actual score over highest potential score.	

Change Idea #3 Utilize wellness committee to bring awareness to dates with significant impact relating to equity, diversity, inclusion, and anti-racism.

Methods	Process measures	Target for process measure	Comments
"Develop Wellness committee by increasing awareness and membership/participation by staff and managers. Wellness committee will identify important dates and organize education and awareness on dates of social impact. By improving advertising for important dates and events around the home."	Will implement on average one event per quarter.	Total number of events held.	

**Measure - Dimension: Equitable**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to the question "There are opportunities for me to express my spiritual and cultural preferences.	C	% / LTC home residents	In house data collection / 2025 resident survey	75.00	78.50	Goal to see an increase of 5% due to the extensive diversity of our current population.	

**Change Ideas**

Change Idea #1 Maintain 100% completion rate of admission recreation assessment to evaluate religious and spiritual preferences for all residents.

Methods	Process measures	Target for process measure	Comments
Collaborating with residents and families to obtain fullsome and accurate information with assessment, at time of admission.	Quarterly review of data obtained through program assessment to ensure religious and spiritual services remain consistent with existing population.	Assessment completion rate.	

Change Idea #2 Increase culturally diverse themed programs.

Methods	Process measures	Target for process measure	Comments
Research cultural holidays/celebrations/events, based on current resident population in the home.	Add 1-2 new culturally based programs each quarter.	Track number of new culturally based programs completed each quarter.	

Change Idea #3 Increase the number of opportunities available for alternative denominational programming.

Methods	Process measures	Target for process measure	Comments
Increase the spiritual/cultural services with group programming.	Will aim to add an addition 1-2 spiritual service opportunities per quarter based on resident preferences and demographics.	Total number of additional spiritual service opportunities per quarter.	

## 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	CB	80.36	Based on the improving culture within the home and initiatives to improve transparency and communication with staff, residents, and families, this target is achievable.	

### Change Ideas

Change Idea #1 Will utilize education on Power imbalances.

Methods	Process measures	Target for process measure	Comments
Staff will complete education on hire and annually on power imbalances.	Surge reports will show 100% completion.	Total number of staff education completed over total number of staff.	

Change Idea #2 Provide education from the Director of Programs and Support Services.

Methods	Process measures	Target for process measure	Comments
Staff will have opportunities to attend education with the Director of Programs and Support Services.	Total attendance at each opportunity.	Total number of staff education completed over total number of staff.	

**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	84.00	86.49	Based on current quality improvement initiatives in the home and an increased focus on open communication and transparency with residents and families, this target is achievable.	

**Change Ideas**

Change Idea #1 Have family's complete survey if residents CPS score is three or above.

Methods	Process measures	Target for process measure	Comments
Families will be contacted to complete resident satisfaction surveys for those residents who are not cognitively capable.	100% of families with residents of CPS of three or more will be contacted to complete the survey.	Total number of surveys completed over total number of resident population of a CPS of 3 or higher.	Total Surveys Initiated: 150 Total LTCH Beds: 150

Change Idea #2 Review and follow-up with concerns when brought forward by residents/families utilizing the home's process outlined in the policies and procedures.

Methods	Process measures	Target for process measure	Comments
Ensure timely follow up of all concerns brought forward.	100% of concerns are addressed within timeline as set out in the complaints policy.	Total number of addressed concerns over total number of concerns identified.	

Change Idea #3 Education will be provided on the resident's bill of rights.

Methods	Process measures	Target for process measure	Comments
The bill of rights will be reviewed 2-3 at a time, at the monthly resident's council meetings to ensure focused review and understanding. 100% reviewed annually.	100% of the resident's bill of rights will be reviewed annually and will remain posted within the home.	Total number of residents bill of rights over the total reviewed.	



## 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	17.08	16.23	Grace Villa has focused goals to strengthen the falls program including increased staff education.	

### Change Ideas

Change Idea #1 Utilize education specific to dementia care to reduce factors increasing risk of falls.

Methods	Process measures	Target for process measure	Comments
Dementia education will be provided through Surge and in home GPA.	100% of staff will complete training on surge. Maintain goal of 100% of all front-line care staff who have completed GPA by tracking staff completion dates and running the course monthly, on site.	Total number of staff over total number of completed education.	

Change Idea #2 Change recreation schedule to better support units with high risk of falls.

Methods	Process measures	Target for process measure	Comments
Recreation schedules will be revised to be on units at high fall times.	High risk fall times will be supported with resident programs.	Total number of falls during supported times over total number of falls.	

**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	36.77	33.10	Given our current population of residents, we feel this is a realistic target.	

**Change Ideas**

Change Idea #1 Review the use of anti-psychotic medications without supporting diagnosis.

Methods	Process measures	Target for process measure	Comments
Physicians and Nurse Practitioner, in collaboration with nursing team will review all residents using anti-psychotics for appropriate diagnosis.	Reduction of residents who trigger DRG01 (Antipsychotics with Diagnosis) by a total of 10%.	Number of residents who trigger DRGO1 in quarterly RAI assessments over total number of residents who did not trigger DRGO1.	

Change Idea #2 Physician will review quarterly all medications and taper anti-psychotics as indicated.

Methods	Process measures	Target for process measure	Comments
Physician will complete quarterly medication review in collaboration with the nursing team and develop tapering schedules for anti-psychotics as indicated.	100% of all residents will be reviewed quarterly.	Total number of residents reviewed over total number of residents	

Change Idea #3 Increase engagement opportunities available to residents to reduce responsive expressions.

Methods	Process measures	Target for process measure	Comments
Increase programs held by recreation and rehab to ensure maximum coverage on secure unit.	Reduction of incident reports with resident to staff responsive expressions.	Total number of incidents over total number of incidents involving responsive expressions.	

Change Idea #4 Utilize pharmacy services to provide in-services to physicians and staff, strengthening education surrounding antipsychotic use and process/goals of describing.

Methods	Process measures	Target for process measure	Comments
Connect with pharmacy to develop and provide education on antipsychotic medications.	Hold a minimum of 2 in-services within the year.	Total number of in-services held within the year.	