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)	26.44	23.00	This is set to 23%. Middlesex Terrace will continue to maintain their positive relationship with the medical team. We will utilize external services such as mobile imaging and other diagnostic providers to provide efficient diagnosis and care within the home. We will ensure ongoing communication with families when residents have a change of health status or advanced directives.	

Change Ideas

Change Idea #1 Change of health status will prompt timely assessment by on call physician.

Methods	Process measures	Target for process measure	Comments
We will continue to promote clear communication between registered staff and the on call physician, as to look for opportunities to provide on-site treatment to reduce ED visits.	Number of visits over the number of potentially avoidable visits.	90% of ED transfers will be reviewed by on call physician prior to transfer	

Change Idea #2	Ongoing education to all registered staff on improving nursing process and SBAR communication tool.		
Methods	Process measures	Target for process measure	Comments
Instructional guide on how to use SBAR will be available at the nurses station for quick reference.	An SBAR assessment tool will be created in PCC and to be utilized prior to communication with physician for all potential ER transfers.	Number of SBARS completed over the number of residents transferred to ER.	

Change Idea #3	Education offered to families in care conferences regarding importance of avoiding unnecessary transfers. Will be provided by Middlesex Terrace leadership and supported by physician.		
Methods	Process measures	Target for process measure	Comments
Middlesex Terrace clinical leadership (with physician's support) will provide education to residents' POA's and/or SDM's in care conferences regarding the benefits of in-home care and potential harms of unnecessary transfers.	This will be implemented for residents who have frequent ER visits. This will include education regarding the importance of unnecessary hospital transfers and the availability of internal diagnostic services. This will be reviewed at quarterly QI meetings.	100% of care conferences of residents with greater than 1 ER transfer per year will include education on avoiding unnecessary transfers starting April 1st, 2025.	

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	We have included this education into our annual surge learning which ensures that 100% of staff will continue to complete this education at least annually.	

Change Ideas

Change Idea #1 At this time we will continue to with mandatory annual Surge learning courses within Surge. Current courses as follows: Blind Spots- Challenge Assumptions. Cultural Competence and Indigenous Cultural Safety - 4 Part series.

Methods	Process measures	Target for process measure	Comments
All staff will complete mandatory Surge Learning on hire and completed as per annual schedule. Quarterly huddles to communicate DEI to promote discussion and encourage an inclusive atmosphere in the home. Staff survey at the end of every new staff orientation to encourage suggestions and/or ideas on how to meet staffing diversity and inclusion needs.	Education lead to monitor Surge stats and completion rates. If we find that employees have not completed required Surge within the timelines, letters are sent out with our expectations for completion and further action steps will be taken if continued non-compliance with completion	100% compliance with Surge completed regarding relevant equity, diversity, inclusion and anti-racism education annually.	Total LTCH Beds: 105

Change Idea #2	Develop a survey question about diversity and inclusion that will be added to the new staff orientation. Survey Question: In what way do you feel that we can meet your diversity and inclusion needs.		
Methods	Process measures	Target for process measure	Comments
Have all new staff complete a survey question about diversity and inclusion at the end of orientation. Survey Question: In what way do you feel that we can meet your diversity and inclusion needs.	Number of new staff attending orientation/ the number of staff that have answered the survey question.	At least 50% of surveys will be answered.	

Change Idea #3	Use staff satisfaction survey to determine if staff feel that their diverse cultural needs have been met.		
Methods	Process measures	Target for process measure	Comments
Obtain a score of 4 for question # 14 of the staff satisfaction survey.	Obtain a score of 4 for question # 14: "My diversity cultural needs have been met"	Total number of surveys completed over total staff population.	Our current score is 3.8 but we feel that 4 is reachable as we have reached this score before and would like to obtain this score again.

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	88.00	Based on the current collaborative and respectful communication between residents and staff, we feel this is an achievable goal. We are currently collecting our baseline.	

Change Ideas

Change Idea #1 We will utilize the Surge learning platform module which includes Resident abuse and neglect and education on Power imbalances and abuse prevention.

Methods	Process measures	Target for process measure	Comments
Staff will complete this education in Surge on hire and annually .	100% of required staff will complete this education and completion rates will be recorded in surge.	Total number of staff education completed over total number of staff.	

Change Idea #2 Education will be provided on the Resident's Bill Of Rights.

Methods	Process measures	Target for process measure	Comments
The Resident's Bill Of Rights will be hung in an accessible area in the home for all resident's, staff and visitors to review as needed. Additionally, the Resident's Bill Of Rights will be reviewed at each monthly resident's council meetings and at every new staff orientation.	100% of the Resident's Bill Of Rights will be reviewed throughout the year at resident council meetings and at every new staff orientation.	Total number of Resident's Bill)f Rights over total number reviewed.	

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	CB	97.00	Based on on our past survey results and the open communication and interpersonal relationships between residents and staff, we feel that this is an achievable target. We are currently collecting a new baseline.	

Change Ideas

Change Idea #1 To ensure that we have more survey's completed and a more accurate result, we will continue to have families complete the survey's for any residents whose CPS score is three or above.

Methods	Process measures	Target for process measure	Comments
We will continue to contact the families to complete the residents satisfaction surveys for the residents who have a CPS score of three or more and are not cognitively capable to complete the surveys themselves.	100% of families with residents who have a CPS score of three or more will be contacted. 75% of the families contacted will complete the survey.	Total number of surveys completed over total number of residents.	

Change Idea #2 We will address any concerns brought forward by residents, using the correct process as stated in our policies. This includes addressing all concerns within the time frame as the policy states.

Methods	Process measures	Target for process measure	Comments
We will ensure to address 100% of concerns as required and within the time frame the policy states.	100% of concerns will be addressed within the time frame as set out in the complaints policy.	Total number of addressed concerns over total number of concerns.	

Safety

Measure - Dimension: Safe

Indicator #5	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	17.39	15.00	We feel this target is achievable with continued education, awareness and the prevention strategies that we put into place.	

Change Ideas

Change Idea #1 To continue to promote a falls prevention culture through education and awareness.

Methods	Process measures	Target for process measure	Comments
We, at Middlesex Terrace will continue to utilize our technology based platform (Surge Learning)for staff to complete falls education, which also allows us to track progress and any incomplete education	100% of staff at Middlesex Terrace will be educated on falls prevention upon hire, annually and an as needed basis.	Total number of staff trained and retrained over the total number of active staff.	We would like to continue with this changed idea as we feel education is a continued benefit for staff and the safety of our residents.

Change Idea #2	Middlesex Terrace will continue to work in collaboration with our staff, residents, families and doctors to have a fall prevention strategy in place when residents are prescribed medications that may increased risk for falls.		
Methods	Process measures	Target for process measure	Comments
Quarterly and an as needed, medication assessments will be done on residents who are prescribed medications that may increase the risk of falls.	100% of our residents who are prescribed and take medications that may increase falls risk will have a fall prevention strategy in place such as: bed/chair alarm, comfort rounding etc...	Total number of medications that may increase falls risk over the total number of residents.	

Change Idea #3	We will continue to complete thorough falls risks assessments upon admission, change of health status and after every fall.		
Methods	Process measures	Target for process measure	Comments
The registered staff and leadership team will complete falls risks assessments on residents upon admission, at change of health status and after every fall.	Number of residents over number of falls risk assessments completed.	100% of registered staff and leadership team will complete falls risk assessments when required.	We feel that continuing with this change idea will helps us to meet the target that we have set.

Measure - Dimension: Safe

Indicator #6	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	20.42	20.00	We feel that this target is achievable with continued education and a collaborative effort between our doctors, staff, residents and families.	

Change Ideas

Change Idea #1 Collaborate with our physicians to reduce the number of residents on antipsychotics without a diagnosis.			
Methods	Process measures	Target for process measure	Comments
We will review antipsychotic usage quarterly and make recommendations to our physicians.	Quarterly review of number of residents on antipsychotic medication by pharmacy.	100% of residents who are currently prescribed antipsychotic medications will have a medication review and recommendations made by the end of December 2025.	

Change Idea #2 Enhance the use of non-pharmacological interventions.			
Methods	Process measures	Target for process measure	Comments
Consult with internal behaviour Support lead and BSO team about all new responsive behaviors for potential non-pharmacological interventions available that can be individualized for that resident; education to be provided as appropriate to all care-staff.	Number of residents displaying new responsive behaviours per month.	100% of residents displaying new responsive behaviours will have non-pharmacological interventions identified and included in their care plan.	