

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) | 18.24 | 17.31 | The target justification has been set to 5% decrease at Park Lane Terrace maintaining our positive community partnerships. Our goal can be achieved by building capacity within our care team and families with ongoing education to support time of decision making. Ensuring advanced directives are discussed upon admission, at 6 week care conferences, annually and with any health status changes. | |

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 transfers. | 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 Utilize Nurse Practitioner to have time of discussions about goals of care with families.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Effective communication between Nursing staff, Nurse Practitioner and residents/families to provide in home care. | Measure unavoidable ED visits versus avoidable ED visits. 70% of all ED visits will be considered unavoidable. | 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 Park Lane Terrace 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: 132 |

Change Idea #2 Elicit staff response to determine if diverse needs have been met.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Analyze annual staff satisfaction survey for question related to diverse cultural needs. | Maintain a score of 3.94 or higher on annual staff survey question relating to diverse cultural needs. | Actual score over highest potential score. | |

Change Idea #3 Utilize social 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 |
|--|--|------------------------------|----------|
| Social committee will identify important dates and organize education and awareness on dates of social impact. | 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 survey / Most recent consecutive 12 month period | 93.33 | 97.99 | Given our current population we feel this target is attainable. | |

Change Ideas

Change Idea #1 Implement non denominational space for spiritual and cultural preferences.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---------------------------------|----------|
| Collaborating with Residents Council to provide a non denominational space. | Improved survey results to the corresponding survey question. | Actual score on survey results. | |

Change Idea #2 Introduce Indigenous Committee for staff and residents quarterly.

| Methods | Process measures | Target for process measure | Comments |
|--|-------------------------------------|--------------------------------|----------|
| Indigenous Committee meeting to be held monthly. | Will hold one meeting each quarter. | Total number of meetings held. | |

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 1-1 and group programming. | Will have an average of 45 spiritual opportunities monthly. | Total number of opportunities held. | |

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 | 92.00 | Based on our current population this seems like an achievable goal. We are currently collecting our baseline. | |

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 social worker.

| Methods | Process measures | Target for process measure | Comments |
|--|--------------------------------------|---|----------|
| Staff will have opportunities on attending education with the social worker. | 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 | 94.44 | 96.50 | Based on the current climate within the home and the open communication with residents and families this target seems achievable. | |

Change Ideas

Change Idea #1 Have families complete survey's 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. 75% of families of families contacted will be completed. | Total number of surveys completed over total number of resident population of a CPS of 3 or higher. | Total Surveys Initiated: 90 Total LTCH Beds: 132 |

Change Idea #2 Address concerns as brought forward utilizing our process developed 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 residents bill of rights.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| The bill of rights will be reviewed at the monthly resident's council meetings. | 100% of the residents bill of rights will be reviewed/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 | 15.38 | 14.61 | Park Lane Terrace has focused on the falls program with the team. Given the success of the falls program we expect this goal will be in line with targets. | |

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. 70% of all front line staff will complete GPA training. | 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 | 41.53 | 40.00 | 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 |
|--|--|--|----------|
| 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% from a result of 42.05% to 32.05% by end of 2025. | 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. | |