

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)	20.61	19.50	With our current resident population and our in house NP, we feel this is a reasonable target.	

Change Ideas

Change Idea #1 Review all ED visits to discuss opportunities to manage care internally

Methods	Process measures	Target for process measure	Comments
To be reviewed daily at management meetings, 1/4ly at PAC meetings and Quality meetings	Total number of ED visits over total number reviewed	100% of ED visits reviewed	

Change Idea #2 Collaborate with NLOT team to provide education to in house NP to expand procedures that can be provided in house

Methods	Process measures	Target for process measure	Comments
Schedule a meeting with NLOT team lead	Total number of ED visits in 2024 over the total number of ED visits in 2025	Reduce number of ED visits by 2026 by 5%	

Change Idea #3 Continue to educate registered staff on Avoidable and Non avoidable ED transfers

Methods	Process measures	Target for process measure	Comments
Include in Nursing Practice meetings	Total number of Nursing Practice meetings over education provided regarding ED transfers	100% of registered staff to complete education	

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	CB	100.00	All staff are required to complete this training as part of our annual mandatory education	

Change Ideas

Change Idea #1 All staff will complete this education upon hire and annually

Methods	Process measures	Target for process measure	Comments
Education coordinator to ensure all staff complete required education	100% of staff will complete the required education	Number of staff over number of staff who have completed education	

Change Idea #2 Maintain current level of satisfaction to Resident Satisfaction Survey Question "I feel my diverse cultural needs have been met"

Methods	Process measures	Target for process measure	Comments
Results of Satisfaction Survey	Number of Satisfaction Surveys completed over positive responses to survey question	Maintain current level of Satisfaction	

Change Idea #3 Improve response to Staff Satisfaction Survey question "I feel my diverse cultural needs been met"

Methods	Process measures	Target for process measure	Comments
Results of Staff Satisfaction Survey	Number of Satisfaction Surveys completed over the number of positive responses to survey question	Improve responses by 3% by 2026	

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	CB	Collecting baseline data	

Change Ideas

Change Idea #1 All staff will be educated on Customer Service

Methods	Process measures	Target for process measure	Comments
Staff will complete customer service education in Surge upon hire and annually	Total Number of staff who completed education over total number of staff	100% completion	

Change Idea #2 Continue to promote open communication

Methods	Process measures	Target for process measure	Comments
The team will review all resident concerns daily at management meeting	100% of concerns will be addressed and documented in daily management meeting minutes	Total number of concerns over concerns addressed	

Change Idea #3 Improve Resident Satisfaction

Methods	Process measures	Target for process measure	Comments
Analyze concerns monthly and share with team	Review all concerns received and identify trends	To have 100% of concerns identified and trend results shared with management team	

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	94.87	96.00	We feel this is a reasonable target for improvement based on the current trending of internal complaints	

Change Ideas

Change Idea #1 Address all concerns within the appropriate time frame as per policy

Methods	Process measures	Target for process measure	Comments
Ensure follow up completed for all concerns submitted	100% of concerns are addressed within timeframe as per policy	Total number of concerns completed over total number of concerns submitted	Total Surveys Initiated: 117 Total LTCH Beds: 128

Change Idea #2 Education on Residents Bill of Rights

Methods	Process measures	Target for process measure	Comments
Residents Rights will be reviewed at all Resident Council Meetings	100% of Resident Rights will be reviewed each year	Total residents rights over total reviewed	

Change Idea #3 Ensure MOLTC information is provided with each complaint

Methods	Process measures	Target for process measure	Comments
Review each complaint to ensure policy is followed	100% of complainants will be provided contact information for MOLTC	Total number of complaints over total number complaints with MOLTC contact provided.	

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	17.05	16.50	We feel this is a realistic target based on our current resident population	

Change Ideas

Change Idea #1 Provide Nursing staff with Education on Falls Prevention

Methods	Process measures	Target for process measure	Comments
Education to occur at Registered staff meetings	100% of registered staff will receive the education	Total number of registered staff over total number of staff who completed education	

Change Idea #2 Provide education to residents and families regarding falls prevention

Methods	Process measures	Target for process measure	Comments
Provide education upon admission and at Multi disciplinary care conferences	Multi disciplinary team to review falls prevention interventions at each care conference	Total number of care conferences over total number of falls prevention education provided	

Change Idea #3 Falls committee to review all falls to identify trends

Methods	Process measures	Target for process measure	Comments
Multi disciplinary team to review all falls at weekly CQI meeting	Total number of falls reviewed over total number of falls	Reduced falls by 3.23%	

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	33.04	31.00	We feel this is a realistic target given the current resident population and our in house BSO supports	

Change Ideas**Change Idea #1 Pharmacy to review residents medications quarterly**

Methods	Process measures	Target for process measure	Comments
Review the use of Antipsychotic medication	% of residents reviewed	100% of residents will be reviewed annually	

Change Idea #2 NP to review use of antipsychotics without a diagnosis

Methods	Process measures	Target for process measure	Comments
NP to complete quarterly review in collaboration with the Physicians	Reduce antipsychotic use by 6.17%	Total number of residents reviewed over total number of residents prescribed antipsychotics	