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 / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	13.86	12.90	NP on site to help aide in the decrease of ED visits. NP to provide education to staff and families.	

Change Ideas

Change Idea #1 1) To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; education to staff; Use of SBAR, Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer by providing preventive care and early treatment for common conditions. Build capacity and improve overall clinical assessment to Registered Staff; Discussions about advance care planning on care conferences

Methods	Process measures	Target for process measure	Comments
1) Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending NP will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological; 2) Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice. 3) Nurse Practitioner on site will provide education theoretically and at bedside. 4) SBAR process and documentation re-training for nursing staff will be provided by the in-house NP; 5) Implement internal hospital tracking tool and analyze each transfer status. ED transfer audit will be completed and reviewed monthly through monthly Quality Council meetings by nursing leadership. Reports will be discussed at CQI/PAC meetings.	1) Number of communication process used in the SBAR format, between clinicians and residents/family members per month; 2) Number of staff who demonstrated education application via the number of ER transfers averted monthly. 3) Increased SBAR documentation and improved communication within clinical team.	1) 80% of communication between physicians, NP, registered staff, and resident/POA will occur in SBAR Format by December 31, 2024; 2) Decrease by 2% until goal is achieved by reviewing all process measures in a quarterly basis.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy ands MDs to provide education to registered staff on topics

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	125.93	100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	

Change Ideas

Change Idea #1 1) To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; 2) To increase diversity training through Surge education or live events; 3) To facilitate ongoing feedback or open door policy with the management team; 4) To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
1) Training and/or education through Surge education or live events; 2) Introduce diversity and inclusion as part of the new employee onboarding process; 3) Celebrate culture and diversity events; 4) Monthly quality meeting standing agenda	1) Number of staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity; 3) Number of programs/activties that improve the quality of life in the home.	1) 80-100% staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity	Total LTCH Beds: 131 1) 80-100% staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity

Experience

Measure - Dimension: Patient-centred

Indicator #3	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	80.00	84.00	Above Corporate average of 82.60%	

Change Ideas

Change Idea #1 1) To increase our goal from 80.74 %) to 84%. Engaging residents in meaningful conversation with City Police regarding fraud and abuse with the elderly population that allows them to express their opinions. 2) Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. 3) Education on customer service for staff via Surge Education.

Methods	Process measures	Target for process measure	Comments
1)Collaborate with external resources to present current and meaningful information on resident safety. 2) Discuss residents Bill of Rights during Resident Council meeting hosted by Program Manager.3) Continue Surge Learning education on customer service.	1)Community resources to provide the residents with information related to safety. 2) Percentage of resident understanding Residents Bill of Rights.3) Percentage of staff surge education.	1) Increase residents satisfaction surveys and participation with external resources. 2) Full understanding of staff and residents knowledge of Residents Bill of Rights.3) 100% completion of surge learning on customer service.	Total Surveys Initiated: 100 Total LTCH Beds: 131

Safety

Measure - Dimension: Safe

Indicator #4	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	15.86	15.00	Below corporate target. .	

Change Ideas

Change Idea #1 1) To continue to facilitate a Weekly Fall Huddles on each unit; 2) to improve overall knowledge and understanding of Falls Process; 3) To collaborate with external resources of ideas to help prevent further resident increase of falls or injury related to falls;4) to review pre-admission falls history and medication.

Methods	Process measures	Target for process measure	Comments
1) Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls; 2) To increase training and/or education of Falls process; 3) To facilitate training and collaboration in increased restorative care.	1)Community resources to provide the residents with information related to safety. 2) Percentage of resident understanding Residents Bill of Rights.3) Percentage of staff surge education.	1) Increase residents satisfaction surveys and participation with external resources. 2) Full understanding of staff and residents knowledge of Residents Bill of Rights.3) 100% completion of surge learning on customer service.	

Measure - Dimension: Safe

Indicator #5	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	7.30	6.30	Target is below corporate averages.	

Change Ideas

Change Idea #1 1) To increase our goal from 80.74 %) to 84%. Engaging residents in meaningful conversation with City Police regarding fraud and abuse with the elderly population that allows them to express their opinions. 2) Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. 3) Education on customer service for staff via Surge Education.

Methods	Process measures	Target for process measure	Comments
1)Interdisciplinary team collaboration on pre and post admission medication review; 2) Behaviour rounds discussion of residents anti-psychotic medication reduction/elimination.3) Medication reconciliation review discussion upon re-admission from hospital	1) Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics; 2) Number of re-admissions with prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	1) 100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use; 2) 100% of residents on re- admission who are prescribed antipsychotic medications will be reviewed to determine potential for reduction in dosage or discontinuing antipsychotics.	