

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)	31.45	25.00	Our home will strive to achieve a rate of ED visits closer to the provincial average.	

Change Ideas

Change Idea #1 Enhance assessment skills of registered staff.

Methods	Process measures	Target for process measure	Comments
Training with all registered staff on clinical assessments.	# of registered staff trained on clinical assessments.	100% of registered staff will complete training session with NP on clinical assessments.	

Change Idea #2 Improve communication by registered staff with MRP and NPs.

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner will train all registered staff on SBAR.	# of registered staff trained on SBAR.	100% of registered staff will be trained on SBAR and will use with communication with MRP and NPs.	

Change Idea #3 Provide education to residents and families on avoidable transfers and alternatives to transfer to ER where appropriate.

Methods	Process measures	Target for process measure	Comments
A dedicated Nurse Practitioner will be hired for the home. The Nurse Practitioner will provide information sessions to residents and families.	# of NP hired, # of information sessions held with residents and families.	1 Nurse Practitioner is hired for the home by end of the year. A minimum of two information sessions will be held by the end of the year.	

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	97.83	100.00	The home will strive for 100%.	

Change Ideas

Change Idea #1 Education to senior managers

Methods	Process measures	Target for process measure	Comments
Education to Senior Managers who attended training on inclusion, anti racism, diversity and equity.	Number of senior managers who have attended education in the past year.	100% of senior manager will attend education on inclusion, diversity, equity and anti racism by December 2025.	Total LTCH Beds: 122

Change Idea #2 Establish an employee committee to develop and review policies on diversity, inclusion, anti racism and equity and provide awareness/education to staff.

Methods	Process measures	Target for process measure	Comments
Quarterly meetings to review goals, policies and progress.	Number of new policies or reviewed policies and number of education/awareness events.	The home will implement and/or revise/review all policies on race, diversity, gender identification and indigenous programs by end of the year.	

Change Idea #3 All employees will attend education on diversity, equity, inclusion and anti-racism by December 2025.

Methods	Process measures	Target for process measure	Comments
# of staff attending education sessions each quarter.	Provide mandatory education throughout the year and education during the onboarding process.	100% of new staff will attend education during the onboarding process and 100% of existing staff will attend at least one education session during the year.	

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	51.85	80.00	The home will strive for 80%.	

Change Ideas

Change Idea #1 Improve the number of residents responding to this question with a 9 or 10 rating to 90% or higher.

Methods	Process measures	Target for process measure	Comments
Develop a survey that the Social Services Manager can conduct with new residents and at least another 15 residents each month to gain feedback on whether they feel that staff listen to them.	Complete a minimum of 15 surveys a month.	100% of residents will report a rating of 9 or 10 on annual satisfaction survey.	Total Surveys Initiated: 27 Total LTCH Beds: 122

Change Idea #2 Share information gathered from surveys at monthly leadership meeting, quarterly quality improvement meetings and review at department meetings at least quarterly.

Methods	Process measures	Target for process measure	Comments
Social Services Manager will attend monthly leadership meeting, quarterly Quality Improvement meeting and quarterly department meetings to share feedback from residents and develop an action plan to increase satisfaction with how residents feel staff listen to them and carry out plan.	Number of meetings attended each month and action ideas successfully completed.	100% of surveys will record a rating of 9 or 10 each month and on annual satisfaction survey.	

Change Idea #3 Repeat survey every 3 months for residents answering less than a 9.

Methods	Process measures	Target for process measure	Comments
Social Services Manager will re-survey any residents who recorded a rating of 8 or less 3 months later.	# of surveys that reflect an increase in rating to a 9 or 10.	100% of surveys will record a 9 or 10 each month and 100% on annual satisfaction survey.	

Change Idea #4 100% of staff will have completed customer service training by end of 2025.

Methods	Process measures	Target for process measure	Comments
Provided education to all staff during onboarding and throughout the year on customer service.	# of staff who completed education on customer service.	100% of new staff will complete customer service training during the onboarding process and 100% of staff will complete at least one education session by end of December 2025.	

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	100.00	100.00	The home will stive to maintain 100% with this indicator.	

Change Ideas

Change Idea #1 All staff will complete will complete training on customer service in 2025.

Methods	Process measures	Target for process measure	Comments
Customer service training will occur during the onboarding process for new staff and annually for all staff.	# of staff completing customer service training within the year.	100% of staff will have completed at least one training session on customer service by the end of the year.	Total Surveys Initiated: 23 Total LTCH Beds: 122

Change Idea #2 Improve the number of residents responding to this question with a 9 or 10.

Methods	Process measures	Target for process measure	Comments
Develop a survey that the Social Services Manager will conduct with new residents and at least 15 residents each month to gain feedback on whether they feel they can express their opinion without free of consequences.	Complete a minimum of 15 surveys each month.	100% of residents will report at least a 9 or 10 on the annual satisfaction survey.	

Change Idea #3 Share information gathered from monthly surveys at monthly leadership meetings, quarterly Quality Improvement meeting and review at department meetings at least quarterly.

Methods	Process measures	Target for process measure	Comments
Social Services Manager will attend monthly leadership meetings, quarterly Quality Improvement meetings to share feedback from residents and develop an action plan to address any concerns and reasons why residents fear consequences and carry out plan.	Number of meetings attended monthly and action ideas developed and carried out.	100% of surveys will record a rating of 9 or 10 monthly and on annual satisfaction survey.	

Change Idea #4 Provide monthly communication tips and information on how to better communicate in a resident focused and caring approach.

Methods	Process measures	Target for process measure	Comments
Develop a tip sheet/education/informative communication tool to provide/share with staff on how to better communicate, show kindness and demonstrate better listening skills with residents.	A monthly communication tip/information sheet will be provided to staff.	100% of residents will record a 9 or 10 on monthly surveys and on annual satisfaction surveys.	

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	18.98	15.00	The home will strive to meet the provincial average.	

Change Ideas

Change Idea #1 All staff will receive education on fall prevention by end of December 2025.

Methods	Process measures	Target for process measure	Comments
Fall Prevention Program will ensure all staff receive fall prevention education annually and all new staff will receive falls prevention education during the onboarding process.	# of staff who received fall prevention education annually and during onboarding.	100% of staff will receive fall prevention education before end of December 2025.	

Change Idea #2 The number of preventable falls will decrease.

Methods	Process measures	Target for process measure	Comments
Fall prevention lead will track falls, falls with injury, falls without injury, number of residents who fell each month.	# of falls, # of falls with injury, # of falls without injury, # of residents who fell and number of reportable falls will be tracked monthly.	A reduction in falls by 10% in 2025.	

Change Idea #3 Falls review meeting will be held weekly with inter-disciplinary team.

Methods	Process measures	Target for process measure	Comments
Falls team lead will conduct weekly meeting with interdisciplinary team to review all falls that occurred in previous 7 days and develop/review fall prevention strategies in place.	Complete weekly falls audit of each fall to guide care planning for fall prevention.	A reduction in falls by 10% over last year.	

Change Idea #4 Staff will perform purposeful rounding to assist with fall prevention.

Methods	Process measures	Target for process measure	Comments
Explore implementation of purposeful rounding to assist with fall prevention.	Purposeful rounding on each shift.	A reduction in falls by 10% will be achieved in 2025.	

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	41.62	31.00	The home will strive to achieve provincial average.	

Change Ideas

Change Idea #1 Implement biweekly medication review of residents taking antipsychotic medications to determine if appropriate/needed or if can be reviewed to be discontinued/reduced.

Methods	Process measures	Target for process measure	Comments
Multi Team will review residents who are receiving antipsychotic medication at biweekly meetings and provide recommendations to physicians and pharmacist.	# of residents receiving antipsychotic medication without a diagnosis of psychosis, # of residents who have had a reduction in anti psychotic medication use each month.	100% of residents on antipsychotic medication will have a diagnosis of psychosis.	

Change Idea #2 Provide education to registered staff on antipsychotic medications, appropriate use, provincial average data and strategies to reduce use and use of non-pharmacological interventions.

Methods	Process measures	Target for process measure	Comments
Pharmacist, NP and Nurse Leadership team to provide education at least quarterly.	# of registered staff receiving education each month on antipsychotic medication.	100% of registered staff will receive education at least twice by end of December.	

Change Idea #3 Ensure a comprehensive and validated tool is used for anti psychotic medication reviews.

Methods	Process measures	Target for process measure	Comments
Implement use of a tool to guide anti psychotic medication use review.	Use pharmacy audit tool for antipsychotic medication use review and # of residents reviewed monthly.	100% of residents taking antipsychotic medication will be reviewed each quarter.	

Change Idea #4 Provide education to all staff on non pharmacological interventions for responsive behaviours.

Methods	Process measures	Target for process measure	Comments
All new staff will receive education on non pharmacological interventions for responsive behaviours during the onboarding process and all staff will attend at least one education session on non pharmacological interventions during the year.	# of staff completing education.	100% of staff will receive education on nonpharmacological interventions for responsive behaviours.	