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)	15.00	13.00	The Home will continue to aim below the provincial average.	

Change Ideas

Change Idea #1 1. Education on improving nursing process and Sbar communication tool. 2. DOC to have new diagnostic tools funded by ministry purchased by march 31st

Methods	Process measures	Target for process measure	Comments
1. Educate the Registered staff to utilize MD/NP in the nursing process which includes (Dr. Rossbach, Christie Thomson and possible new NP hire) 2. Once our home receives our new diagnostic tools, education will be provided to all Registered staff on the use of the tools to prevent some ED visits	1. # of Registered Staff that had 1:1 discussions with MD/NP about the nursing process prior to sending a resident to the hospital. 2. # of Registered staff that will be educated on the use of the new diagnostic tools that were funded by the government.	1. 90% of Registered staff that spoke to with MD/NP prior to sending resident to hospital 2. 100% of our Registered staff will have received the training 3 months after receiving the diagnostic equipment	

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	The Home will continue to aim 100% for this indicator.	

Change Ideas

Change Idea #1 1. Staff will continue to complete their surge learning modules- Cultural Competence and Indigenous Cultural Safety with full compliance before Nov 30th. 2. Management will start to approach staff 1 month prior to due date, who haven't had the majority of their modules completed.

Methods	Process measures	Target for process measure	Comments
1. # of staff who have completed all of their modules- Cultural Competence and Indigenous Cultural Safety by September 30th. 2. # of staff who have not completed the majority of their relevant modules by end of year due date November 30th.	1. Staff will continue to be reminded 3 months prior to end of year due date to have their surge learning completed by Nov 30th. 2. Staff that do not have their relevant modules completed 1 month prior to end of year due date, will be asked to come into the home to complete their education.	Maintained 100% satisfaction	Total LTCH Beds: 58

Change Idea #2 Monthly calendars will be posted for different cultures and diversities, with every day of the month with something that is happening.

Methods	Process measures	Target for process measure	Comments
Posted on the bulletin board outside the staff room with a sign off list at the end of every month for staff who have read it.	% of staff read vs. total staff in the building.	Overall average of 75% of staff for the current year (March 2024-December 2024) when it was implemented.	

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	90.91	92.00	The Home will continue to aim above the Corporate Average	

Change Ideas

Change Idea #1 The home will try to book the resident care conference so the MD/NP can be in attendance for the resident to be able to discuss their plan of care.

Methods	Process measures	Target for process measure	Comments
1. # of care conferences that the MD or NP has attended in this year. 2. # of residents that express their satisfaction with the discussions in their care conferences.	1. The home is trying to hire a NP twice weekly through ministry funding to allow more opportunity for residents to discuss their plan of care. 2. MD/NP will chose a day of the week that he will be in the home to let nurse know to try and book care conferences then.	92.79% of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	Total Surveys Initiated: 44 Total LTCH Beds: 58

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	21.81	20.00	The Home will aim to decrease from the previous quarter	

Change Ideas

Change Idea #1 1. To ensure post fall huddles and assessments are reviewed for further interventions that could prevent fall from happening again.

Methods	Process measures	Target for process measure	Comments
1. # reduced falls regarding the residents that had their safety alarms removed.	1. DOC and medical director will collaborate with trial to have all safety alarms removed from the home by the end of the year.	2% reduction of falls related to safety alarm removal.	

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	21.28	11.50	The Home will continue to be below the Corporate Average.	

Change Ideas

Change Idea #1 1. When we have a resident's admission care conference, we will try to have the MD in attendance to discuss their anti-psychotics if taking them.

Methods	Process measures	Target for process measure	Comments
1. # of residents on anti-psychotics that the MD has attended their care conference. 2. # of staff education to Registered staff regarding the importance of capturing an accurate picture of resident's behaviors in their charting.	1. The home will attempt to book most care conferences on the days the MD or NP is in the home. 2. Monthly registered staff meetings will discuss the importance of capturing behaviors appropriately in their charting	All new residents will have a discussion with the MD in their care conference regarding their use of anti-psychotics if applicable.	