

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
We commit as an organization to complete the EDI in LTC assessment and planning tool developed by CLRI as an interdisciplinary team with the input and collaboration of our residents, families, staff and partners in 2024	C	Number / Other	Other / 2024	CB	CB	Completing this assessment will help us in identifying what our organization and homes are doing well and how we can improve our equity, diversity and inclusion practices.	CLRI

Change Ideas

Change Idea #1 Completing this assessment will help us in identifying what our organization and homes are doing well and how we can improve our equity, diversity and inclusion practices. in the following 7 areas: 1. Planning and policy 2. Organizational Culture 3. Education and Training 4. Human Resources 5. Community Capacity Building 6. Resident and Family Engagement 7. Service Provision

Methods	Process measures	Target for process measure	Comments
Assessment Completion and Review with an interdisciplinary team using the feedback and collaboration of our residents, families, staff, and partners	Assessment completed	Calendar year 2024	Determine baseline to support plan development

Experience

Measure - Dimension: Patient-centred

Indicator #2	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	93.75	95.00	If we are able to survey 50% (40 residents) of our resident population that meet criteria, we would be confident in our overall target results.	

Change Ideas

Change Idea #1 Increase in residents responding positively to this question - I can express my opinion without fear of consequences.

Methods	Process measures	Target for process measure	Comments
DOP to prepare monthly list of residents who qualify for Resident interRAI QOL survey based off of admission date and CPS of >3	DOP and/or designate to complete surveys for all eligible residents, respecting those who decline to fill out a survey	All residents who qualify will be given the opportunity to complete or refuse as is their right.	Total Surveys Initiated: 96 Total LTCH Beds: 80

Change Idea #2 Improving education with staff, focusing on new hires, regarding PeopleCare's Mission, Vision and Values.

Methods	Process measures	Target for process measure	Comments
Leadership team to run regular orientation and education for all employees on the peopleCare Mission, Vision, Values to increase awareness and understanding of Integrity, Trust, Excellence, Professionalism. Staff, new and old, exhibiting these values through all interactions with residents will help bolster relationships with residents. Strong, meaningful connections with staff in all departments will assist with raising the target survey response.	Will review at leadership meetings schedule, will hold meetings with new employees quarterly.	Leadership will meet with all new hires over the next year.	

Safety

Measure - Dimension: Safe

Indicator #3	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	22.26	21.00	We have maintained a similar percentage over the past year. We have residents that fall just prior to assessment, and may not be a resident that routinely falls, or we have a resident experiencing an increase in falls r/t infection.	

Change Ideas

Change Idea #1 Increased completion of post fall huddle assessments.

Methods	Process measures	Target for process measure	Comments
Reviewing fall assessments and communicating with nurses need for completion of assessment. Increased attendance of staff at monthly fall meetings.	Falls numbers reviewed monthly at falls meetings - involving nurses, PSWS, falls lead, Physio. Review trends, discuss interventions, and share actual numbers at quarterly PAC meetings.	We will strive to have nurses complete accurate post fall huddle assessments as required 100% of the time.	

Change Idea #2 Early identification of residents that are at risk for falls r/t infection.

Methods	Process measures	Target for process measure	Comments
Review progress notes daily and discuss at huddle. Implement tasks for PSWS to alert them to residents at increased risk d/t infection, minimizing risk for future falls - FYI, Increased monitoring or assistance alerts.	Will see improvement number of falls monthly r/t to residents experiencing infection. Will review trends at monthly meeting and share at PAC and CQIC meeting.	Will see 100% improvement in early identification of those residents at risk.	

Change Idea #3 Early identification of residents on secure home area that are at increased risk for falls r/t cognitive impairment.

Methods	Process measures	Target for process measure	Comments
BSO reviewing the falls, determining the cause, and possible intervention.	Review falls notes/assessments weekly at minimum.	Reduction of the number of falls with/or without injury on the secure home area.	

Measure - Dimension: Safe

Indicator #4	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	20.37	18.00	Will strive to improve by 11% based on previous success with decreasing number of residents receiving medication without the necessary diagnosis.	

Change Ideas

Change Idea #1 Early identification of those residents that do not have diagnoses upon admission.

Methods	Process measures	Target for process measure	Comments
Have the admitting nurse complete BSO referral to any resident admitted that is receiving antipsychotic medication. Collect additional information surrounding the medication use upon admission - from family and/or resident.	Review medications with resident and family on admission day, when completing the NADV. admission assessment. Complete referrals on admission day.	Every resident admitted receiving antipsychotic medication will have necessary referrals completed and additional information collected.	

Change Idea #2 Discuss the percentage of resident receiving antipsychotic medication without psychosis at the PAC meeting.

Methods	Process measures	Target for process measure	Comments
DRQO to pull the report for resident receiving antipsychotic medication without validated diagnosis at the end of each quarter to present in the PAC meeting and coordinate with BSO team to identify the resident whose behaviours were due to unmet needs and doesn't require to be on antipsychotic medications.	PAC meeting minutes	100% of resident receiving antipsychotic medication without psychosis will be reviewed at the PAC and BSO meeting.	