

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)	20.94	19.00	We look to maintain our performance or improve on our achieved success over this past year in this area to meet provincial average.	

Change Ideas

Change Idea #1 Review ED visits indicator with multidisciplinary team at registered staff meetings and PAC meetings to debrief and discuss all transfers for area of improvement to reduce ED visits.

Methods	Process measures	Target for process measure	Comments
Optimizing the multidisciplinary team by providing the with them contacts of all available partners (Pro-Resp., Pharmacy, MD, Psychiatrist, Psycho-geriatric resource consultant, BSO, Mobile X-ray, STAT lab work, Physiotherapy, Nurse led outreach team, Hospice Palliative) and education to on early identification of change in conditions and utilizing resources to treat resident within the home.	Track all ED visits and review registered staff meeting minutes, huddle form, PAC meeting minutes.	100% of all residents with significant/complex change in health status will be thoroughly assessed for appropriate treatment to prevent ED transfer.	

Change Idea #2 To analyze every ED transfer

Methods	Process measures	Target for process measure	Comments
Thorough review of all hospital transfers using clinical notes.	Analysis of monthly data, identifying trends and areas for improvement to minimize future ED transfers.	100 % of residents transferred to hospital will be reviewed quarterly at Professional advisory committee meeting.	

Equity

Measure - Dimension: Equitable

Indicator #2	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 action plan development.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I would recommend this site/organization to others	C	% / Family	In house data, interRAI survey / 2023/2024	80.00	90.00	Action plan created by Quality Committee to achieve these results to align with Balanced score Card objectives	

Change Ideas

Change Idea #1 Evaluate the current process for sharing of survey tool and develop plan to increase family participation

Methods	Process measures	Target for process measure	Comments
Develop plan to increase participation and awareness of surveys and its purpose	Survey's requested	Number of surveys requested, and Number of surveys returned	

Change Idea #2 Engage family, and resident council to develop plan to support new residents and new families to the home when admitted

Methods	Process measures	Target for process measure	Comments
Develop plan with councils	Increased return of surveys and feedback	Increased return of surveys	

Change Idea #3 Evaluate and review family caregiver program within the home with resident, family council

Methods	Process measures	Target for process measure	Comments
review of program evaluate success	minutes and feedback from resident family council	meeting minutes	

Change Idea #4 Work with quality committee to review the family survey results and develop quality improvement plan to address 3 areas of improvement

Methods	Process measures	Target for process measure	Comments
Develop plan for 3 areas of improvement based on the family survey results	quality committee meeting	90% of families would recommend this home/organization to others	

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 "This place feels like home to me"	C	% / LTC home residents	In house data, interRAI survey / 2024	70.00	85.00	Goal is enhance residents/family experience to overall meet and exceed their expectations.	RNAO/PCC Clinical Pathways, Deborah Baki education session

Change Ideas

Change Idea #1 Improving process of getting to know the resident's preferences, spiritual/cultural beliefs, values, perceptions, goals and priorities of care right from the admission to create resident and family centered focused care plan in transitioning to their new home.

Methods	Process measures	Target for process measure	Comments
Complete N Adv Can- RNAO Resident and Family-Centered care assessment developed in collaboration with PointClickCare based on Evidence based best practice guidelines for all newly admitted residents.	Number of RFCC assessments completed, Number of residents/families participated and satisfied with the care plan.	Goal is to achieve target of 85% positively response to the above question in process measures.	

Change Idea #2 Enhanced education sessions for team members on N Adv RAO Resident and Family-Centered care clinical pathways.

Methods	Process measures	Target for process measure	Comments
Education sessions scheduled by champions/train the trainers.	Education sign up form, huddles, etc.,	Goal is by September 2024, all responsible staff completing the assessments and assisting in building care plans are trained.	

Change Idea #3 Organize education sessions for team members by Deborah Bakti on "Now what? managing the emotions of long term care" and share available resources for new residents/families in their journey to new home.

Methods	Process measures	Target for process measure	Comments
Guest Speaker Debroah Bakti will conduct a sessions with staff on sharing and managing residents/families emotions and support staff with strategies, tools to understand and support residents and families emotions in their journey.	Education sign up form, number of assignments completed after the workshop.	Goal is improve on valuable relation with residents/families for overall satisfaction to meet and exceed their expectations.	

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	21.04	18.00	Goal is improve and achieve internal target % to get closer to provincial average	

Change Ideas

Change Idea #1 Evaluate circumstances that proceed falls

Methods	Process measures	Target for process measure	Comments
Monthly falls committee meeting to include looking at factors that contribute to falls i.e. fire drills, time, location.	Falls Committee meeting minutes	All falls will be assessed for contributing factors that could be avoidable.	

Change Idea #2 Educate and Implement N Adv Can RNAO Falls risk screening assessment and management clinical pathway.

Methods	Process measures	Target for process measure	Comments
All registered staff will receive education on completing new falls risk assessment that is developed in collaboration with RNAO and Pointclickcare based on evidence based best-practice guidelines.	Education sign up form.	Goal is to education and implement this clinical pathway by December 2024.	