

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)	22.60	21.00	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, STL diagnostics, Life Labs

Change Ideas

Change Idea #1 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.

Change Idea #2 2)Increased usage of diagnostic medical equipment.

Methods	Process measures	Target for process measure	Comments
Supply in house: bladder scanner, spirometry, venous doppler.	Number of usages per piece of equipment and related transfer to ED.	Tracker to be implemented in the month of April/2024. Trackers to be reviewed quarterly.	

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	22.60	21.00	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, STL Diagnostic, Life Labs

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.

Change Idea #2 Increased usage of diagnostic medical equipment.

Methods	Process measures	Target for process measure	Comments
Supply in house: bladder scanner, spirometry, venous doppler.	Number of usages per piece of equipment and related transfer to ED.	Tracker to be implemented in the month of April/2024. Trackers to be reviewed quarterly.	

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	76.67	80.00	Target goal to improve resident satisfaction while feeling valued and able to express self without fear while living in their home.	Christ Church

Change Ideas

Change Idea #1 Increased Social Worker hours in house.

Methods	Process measures	Target for process measure	Comments
Employ Social Worker 37.5 hours per week starting February 20/2024.	Social Work referrals and follow ups documented in resident charts.	Number of Social Work Referrals and documented follow ups starting February 20/2024 and throughout the 2024 year. Results will review by leadership Team on a quarterly basis and compare to previous quarter.	Total Surveys Initiated: 30 Total LTCH Beds: 128

Change Idea #2 Increase in Recreation Aide hours available to residents within facility.

Methods	Process measures	Target for process measure	Comments
Creation of additional Full Time (37.5 hours/week) and Part Time (15 hour/week) Recreation Aide lines. Lines initiating April 1/2024.	Activity Pro reports for 1:1 program participation.	Activity Pro report will be tracked starting April 1/2024 and throughout the 2024 year. Results will review by leadership Team on a quarterly basis and compare to previous quarter.	

Change Idea #3 Increased education for staff related to communication with Dementia/Alzheimer's residents.

Methods	Process measures	Target for process measure	Comments
Provide GPA hands on education/training for all new staff and refresher courses on an as needed basis. Courses to be offered internally by certified educators within house.	Number of GPA certified employees.	Educator to track all successful trainees and provide proof to Leadership Team post completed courses.	

Change Idea #4 Increase number of 1:1 hours provided to residents through recreation program.

Methods	Process measures	Target for process measure	Comments
Onboard volunteers to facilitate 1:1 visits to residents. Providing alternate methods of communication and social interaction for residents.	Number of 1:1 hours completed with residents by volunteers.	Director of Programs to track all completed 1:1 hours by volunteers and review on a quarterly basis.	

Safety

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	21.79	21.00	Decrease in target to below national average in order to provide best medical supportive care to residents in order to provide best quality of life.	Behavioural Supports Ontario, Hogan Care Rx Pharmacy

Change Ideas

Change Idea #1 Increase access to medical personal with certification to assess appropriate antipsychotic use.

Methods	Process measures	Target for process measure	Comments
Employment of a Full Time (37.5 hours/week) Nurse Practitioner in house.	Successful onboarding of Full Time Nurse Practitioner.	Nurse Practitioner contract reviewed annually.	

Change Idea #2 Increase deprescribing of antipsychotic where appropriate.

Methods	Process measures	Target for process measure	Comments
Utilize in house Nurse Practitioner to complete medication reviews at a minimum rate of quarterly, which include antipsychotic usage.	Number of residents with antipsychotic usage and without an appropriate diagnosis.	Hogan Care RX pharmacy partner provides antipsychotic usage monthly for in house review. RPN BSO lead audits reports and completes physician/NP referrals where appropriate. Reports also reviews quarterly at PAC meetings.	

Change Idea #3 Increase usage of non pharmacological interventions for behaviour support.

Methods	Process measures	Target for process measure	Comments
Provide GPA hands on education/training for all new staff and refresher courses on an as needed basis. Courses to be offered internally by certified educators within house.	Number of GPA certified employees.	Educator to track all successful trainees and provide proof to Leadership Team post completed courses.	