

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) | 42.42 | 32.00 | Resident will continue to be supported to make decisions based on their needs. Oakcrossing will continue to work towards lowering the number of ER transfers and keeping the residents within their home for quality complex care. | ProResp, Arvan, Medline, Family Physicians |

Change Ideas

Change Idea #1 Increased family knowledge on resident prognosis, change in condition, end of life and advanced directives. Ensuring advanced care directive discussion is completed with residents yearly and in any change of condition.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|--|
| Improved communication on advanced directives at admission, admission care conference, annual and in change in condition. | Audit the resident levels currently and monitor levels quarterly | 100% of resident will have documentation of advanced directives discussion and all residents will be supported with in time discussions in change of condition. | Keeping in mind residents have the right to decide even with these measures in place |

Change Idea #2 To continue to build the capacity among registered team members by reviewing every ED visit and promoting collaborative teaching.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|--|
| Complete a review of all hospital transfers using clinical notes, identify team members that require additional education related to treatments that can be managed within the home and share outcomes at huddles, registered staff meetings. | Monitoring numbers of ER transfers and providing all registered team members receive education. | All ER transfers will be reviewed at the multidisciplinary huddle | Leadership training for all registered staff to support role |

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. | |

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 |
|---|------|------------------------|------------------------|---------------------|--------|--|------------------------|
| Percentage of residents who responded positively to the statement " Did we exceed your expectations?" | C | % / LTC home residents | In-house survey / 2024 | 68.52 | 78.00 | To increase positive responses from residents/family annual survey | |

Change Ideas**Change Idea #1** Improved satisfaction with quality of food, dining experience and overall choices

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Continue to increase resident participation in resident council and resident food council. Nutrition department meetings to discuss menu selections, likes and dislikes of current menu items that come from customer comment cards. Ensuring to include seasonal food choices and requested by our residents. | Encouraging residents and families to utilize our customer comment cards to provide in the moment feedback. | 85% of our residents will be satisfied with the quality of food. 85% of Resident will be expressing enjoyable dining experience. | |

Change Idea #2 Residents to feel comfortable with expressing feelings

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| Education to support staff on communication and effective listening of all residents | Resident survey. Huddles, unit meetings and Registered staff meetings sign offs for education in meeting minutes | 85% of resident will confidently respond they feel they can express their feelings. All staff will have received education related to effective listening by Dec 31 2024. | |

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 | 20.78 | 19.00 | Multidisciplinary team to meet and discuss the falls with monthly meetings. Review strategies and interventions of frequent residents with frequent falls. | Arvan |

Change Ideas

Change Idea #1 To reduce the number of falls within the home and working towards meeting provincial average

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Implementation of strategies within admission process, reviewing of residents with frequent falls Targeting specific interventions to reduce falls and improve communication. Work with the multidisciplinary team reasons for falls | Identify higher risk residents(4P's, lying/standing BP,) Interdisciplinary post fall huddle with staff to review reasons contributing to fall and brainstorm future interventions. Decrease the use of ineffective fall alarms that may lead to resident agitation and actually increase fall rates. | Monitor number of falls at monthly falls meeting with interdisciplinary team to review effectiveness of measures. Monitor number of fall post admission and fall rates after initiating or discontinuation a fall alarms. | |

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 | 26.41 | 23.00 | Reduce our antipsychotic usage without an appropriate diagnosis to meet the provincial average Review of orders for diagnosis | Medical Director and prescribers, CareX pharmacy |

Change Ideas

Change Idea #1 Collaborate with the physician to ensure residents using anti-psychotic medications have a medical diagnoses and reasons for use is identified

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| Regular reviews of those residents that are on anti-psychotic medications to ensure that they have a medical diagnosis and reason for its use, ensuring its documented by auditing physician that all orders upon admission and at quarterly medication reviews | Monitoring usage of antipsychotic drug usage with the support of Care X pharmacy team support. With quarterly PAC meetings | 95% of all residents receiving anti-psychotic medications will be reviewed to have appropriate diagnosis to validate usage | |