

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 / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	0.00	21.66	Improving the rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents to the provincial average by enhancing communication and in-house resources, improving resident care outcomes.	

Change Ideas

Change Idea #1 Staff Training and Education on ambulatory care–sensitive conditions Management

Methods	Process measures	Target for process measure	Comments
Increase the frequency of refresher courses on the management of chronic conditions, the importance of regular monitoring, their early intervention strategies and how to manage them in-house.	This change idea will be measured by the percentage of staff who complete training on ambulatory care–sensitive conditions management each quarter.	100% of registered staff will complete training on ambulatory care–sensitive conditions management by December 31, 2025.	

Change Idea #2 Improved Communication and Coordination with Primary Care Providers

Methods	Process measures	Target for process measure	Comments
Establish protocols for more frequent and effective communication between long-term care facilities and primary care providers. I.e the use of proper SBAR for potential ED transfers	This change idea will be measured by the percentage of ED transfers that utilized SBAR with the MRP prior to decision of ED transfer being made.	100 % of ED transfers will have utilized SBAR with MRP prior to decision of ED transfer being made through December 31, 2025.	

Change Idea #3 Increase resources for in-house procedures

Methods	Process measures	Target for process measure	Comments
Obtain more resources for MRP to be able to do more procedure in house, avoiding unnecessary ED transfers. I.e. New steri-strips to avoid ED transfers for sutures.	This change idea will be measured by the percentage of ambulatory care–sensitive conditions related ED transfers.	Achieve a reduction in the percentage of ambulatory care–sensitive conditions related ED transfers to the provincial average by December 31, 2025	

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	CB	100.00	Prioritizing Diversity, Equity and Inclusion practice aims to support culturally appropriate care and meaningful growth in long-term care while helping to foster an Inclusive workplace. Encouraging diversity can lead to increased innovation and Collaborative work environment.	

Change Ideas

Change Idea #1 To gain deeper understanding, DEI Leads will complete education program " Creating a Culture of Belonging: From Awareness to Action" which will provide tools and knowledge needed to foster a more inclusive and affirming environment for residents, care partners/care givers, and fellow team members.

Methods	Process measures	Target for process measure	Comments
Virtual education to be attended by all the DEI Leads.	The number of DEI Leads completed training on Creating Culture of Belonging: From Awareness to Action training.	100% of DEI leads will complete the training by the end of 2025, with ultimate goal to create and share the education with staff.	

Change Idea #2 Share information on equity, diversity, inclusion and anti-racism topics with residents by scheduling information sessions.

Methods	Process measures	Target for process measure	Comments
DEI Ambassador to attend resident council meetings by invitation to discuss equity, diversity, inclusion and anti-racism topics. Information will be also shared in monthly newsletters.	The number of information sessions offered/completed at the resident and family council meetings. Number of time the information was shared via monthly newsletters.	All members of resident and family council will at least attend one session in 2025. Quarterly newsletters will contain information about equity, diversity, inclusion and anti-racism topics	

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	85.86	100.00	Improve the quality indicator to the theoretical best which is 100% of residents respond positively to the statement: "I can express my opinion without fear of consequences" through individualized patient centered care	

Change Ideas

Change Idea #1 Continue open communication with residents and ensure that their opinions are valued and heard.

Methods	Process measures	Target for process measure	Comments
Do surveys with residents and ensure any daily feedback is received and followed up on.	Monitor survey results	Continue to track volunteer and one to one visits with recreation staff in order to maintain favorable results.	Total Surveys Initiated: 99 Total LTCH Beds: 128 We exceeded our expectations for last year's QIP and we will strive to maintain the results for this 2025/2026

Change Idea #2 Add "Over the Rainbow" Program to allow residents time to discuss sensitive issues such as palliative care and anxiety related to end of life.

Methods	Process measures	Target for process measure	Comments
Social work and the recreation department will track the attendance and feedback received in Over the Rainbow sessions.	We will receive feedback from residents about their experience with the program and assess if any changes need to be made.	We will measure this programs success by seeing improved communication with residents and more open dialogue regarding sensitive topics.	

Change Idea #3 Resident's Council will continue to review and receive feedback from residents in order to improve communication.

Methods	Process measures	Target for process measure	Comments
Open discussion at Resident's Council meetings.	We will track attendance at the Resident's Council meetings and continue to review the meeting minutes and agenda to make adjustments as necessary.	Improved resident satisfaction with information sharing and follow-up to issues brought forward.	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	31.40	19.00	Aim is to improve the Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment to below the provincial average.	

Change Ideas

Change Idea #1 Comprehensive Medication Review

Methods	Process measures	Target for process measure	Comments
Involve pharmacists and attending physicians in reviewing each resident's medication plan, checking for appropriateness and considering non-antipsychotic alternatives where possible.	This change idea will be measured by percentage of residents without psychosis who are given antipsychotic medications in the 7 days preceding their resident assessment.	Achieve a reduction in the percentage of residents without psychosis who are prescribed antipsychotic medications to the provincial average by December 31, 2025	

Change Idea #2 Staff Education on Antipsychotic Use in Non-Psychotic Patients

Methods	Process measures	Target for process measure	Comments
Conduct education sessions for clinical staff about the risks of antipsychotic medications, especially in residents who do not have psychosis. The aim is to increase awareness about overuse or misuse and highlight alternative treatments.	This change idea will be measured by the number of staff attending antipsychotic use education sessions.	100% of registered staff complete the educational sessions on antipsychotic use by December 31, 2025	

Change Idea #3 Enhanced Documentation and Care Planning

Methods	Process measures	Target for process measure	Comments
Ensure proper documentation and care planning to track residents who are prescribed antipsychotic medications and ensure appropriate justification for its use in residents without psychosis. Ensure that care plans include specific notes about the reason for the use of antipsychotic medication and reassessments on a quarterly basis.	This change idea will be measured by the percentage of residents whose care plan includes documented reasons for antipsychotic use.	100% of residents prescribed antipsychotic medications have clear documentation in their care plan by year end.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of home care patients who developed a stage 2 to 4 pressure ulcer	C	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	6.93	6.70	6.70% is provincial average.	

Change Ideas**Change Idea #1** Process change for Altered Skin Integrity Assessments

Methods	Process measures	Target for process measure	Comments
Implementation of Point Click Care Skin & Wound Application	This change will be measured by the the percentage of residents who have New Stage 2-4 PU in the 7 days preceding their assessment.	Achieve a reduction in the percentage of residents who have New Stage 2-4 PU to the provincial average by December 31, 2025.	

Change Idea #2 Staff education on Pont Click Care Skin & Wound Application

Methods	Process measures	Target for process measure	Comments
Conduct education sessions for registered staff about the PCC Skin & Wound Application. The aim is to ensure appropriate and effective use off the application.	This change idea will be measured by the number of staff who attend the education.	100% of Full Time registered staff attend the provided education. 100% of PT/casual staff either attend the education or receive 1:1 training with a registered staff who attended the education. To be completed by March 31/2025.	