

## 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. | P    | Rate per 100 residents / LTC home residents | CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2) | 25.13               | 15.00  | Residents continue to be supported to make decisions on their needs. we continue to lower the number of ER transfers and provided the required care/treatment in the home. Paramedicine team to enhance care with testing to avoid the ER transfer | NLOHT team St Josephs Healthcare London, Mobile Xray/ultrasound, Lifelabs, proresp, Arvan, London Ontario Paramedicine mobile team, Medline, Family physicians |

### Change Ideas

Change Idea #1 Partner with the Paramedicine mobile team to support assessments of resident in the home to reduce transfers to the emergency department

| Methods   | Process measures                     | Target for process measure   | Comments |
|---|--------------------------------------|--|----------|
| Nursing team to reach out to the paramedicine team to come to the home and complete enhanced assessments for change in status of our residents. Utilization on mobile team tools for testing and immediate results for faster treatment plans | Number of ER transfers to be reduced | All residents will have documented advanced directives, SBAR assessments completed on all residents with a change in status. Ensuring communication to the residents and families letting them know the treatment plans can be established with external partners without transfers to emergency department. |          |

## 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 |                     | 100.00 | we continue to prioritize Diversity, Equity and Inclusion practices. We aim to support culturally appropriate care and meaningful growth in long-term care while helping foster an inclusive workplace. | CLRI                   |

### Change Ideas

**Change Idea #1** Diversity Equity and Inclusion team to promote knowledge and tools to foster an inclusive environment. DEI team to continue to complete available education to enhance change management ideas in the home to support residents, families and staff.

| Methods  | Process measures  | Target for process measure  | Comments  |
|--|---|---|---|
| Participation by the DEI team with CLRI education opportunities. DEI lead to attend resident council meetings by invitation to discuss diversity equity and inclusion and anti racism topics to support our multicultural home | DEI team to continue with education offered from CLRI. Share the knowledge with the team. Engage team in activities that support inclusive environment. | 100% of the DEI team will continue to research education to support the home areas. | Prayer room established for all residents, families, visitors and staff to utilize. |

## Experience

### Measure - Dimension: Patient-centred

| Indicator #3  | Type | Unit / Population      | Source / Period   | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|---|---------------------|--------|----------------------|------------------------|
| Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" | O    | % / LTC home residents | In house data, NHCAHPS survey / Most recent consecutive 12-month period |                     | 88.00  |                      |                        |

### Change Ideas

Change Idea #1 Residents will participate in the annual survey with the support of the resident and family coordinator

| Methods   | Process measures  | Target for process measure  | Comments |
|---|---|---|----------|
| We will continue to strive for improved communication with our interdisciplinary team members with residents and families with our admission process which includes the resident and family coordinator | Staff complete survey's on an annual basis who have a cognition level CPS of 1 2 or 3 | Surveys are provided with assistance of a team member to complete the survey on an annual basis |          |

## 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 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average | 17.74               | 15.00  | Multidisciplinary team to meet and discuss the falls with monthly meetings. Review strategies and interventions of frequent residents with frequent falls. |                        |

### Change Ideas

Change Idea #1 To reduce the number of falls within the home while working on 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 engaging residents with the restorative program to supports strengthening and independence | Identify higher risk residents(4P's, lying/standing BP,) Interdisciplinary post fall huddle with staff to review reasons contributing to fall and initiate new 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 long-term care residents whose stage 2 to 4 pressure ulcer worsened | O    | % / LTC home residents | CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average | 3.26                | 2.80   | Reduction in the number of stage 2-4 pressure ulcers in our residents to meet the provincial benchmark | ET nurse, Arvan        |

**Change Ideas**

## Change Idea #1 Reduction of residents with pressure ulcer staged 2-4

| Methods  | Process measures  | Target for process measure   | Comments |
|--|---|--|----------|
| Work with the physio team and restorative nurse to provide interventions for pressure off loading of resident with changes in skin | utilization of new skin and wound application and weekly skin assessments. Ensuring changes to treatment plans are effective and monitored. | decrease the number of staged ulcers with the support of external ET nurse to promote healing plans sooner |          |