

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)	12.50	11.50	Target based on improvement from current data	

Change Ideas

Change Idea #1 SBAR Tool (Situation, Background, Assessment, Recommendation)

Methods	Process measures	Target for process measure	Comments
Registered Staff to complete SBAR along with ED transfer checklist	Number of completed SBAR assessments with finalized ED transfer checklist	80% of ED transfers have completed SBAR assessment and ED transfer checklist by January 31, 2025	

Change Idea #2 ED visits will be tracked and trends reviewed on Point Click Care quarterly to identify resident who are frequent ED users and identify causes.

Methods	Process measures	Target for process measure	Comments
Trends from ED visit will be reviewed quarterly to assist with identification of root cause	Emergency department visits will be tracked in the hospital tracking tab in Point Click Care and review quarterly	100% of ED visits will be tracked (PCC) and trends identified by January 31, 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #2	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	CB	CB	Target based on improvement over previous year's survey and trends	

Change Ideas

Change Idea #1 Tracking of number of resident's and responses each time this is asked. Currently being as at both the Resident Choice Meeting on each home area and Resident Council.

Methods	Process measures	Target for process measure	Comments
Number of resident responses at both meeting tracked and reviewed	Number of concerns reviewed by leadership team	100% Question will be asked at each meeting with follow up as required	

Change Idea #2 Resident Bill of Rights Education via video for staff/residents/families

Methods	Process measures	Target for process measure	Comments
Education via video provided by the OARC received in 2024	Number of education completed by video on resident's bill of rights	100% of staff 80% of resident/families	

Safety

Measure - Dimension: Safe

Indicator #3	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	18.89	15.00	The Home would like to be below the Provincial average.	

Change Ideas

Change Idea #1 1. Implementation of new falls policy and Falling Leaves Program

Methods	Process measures	Target for process measure	Comments
Education to staff/residents/families to be completed by December 31, 2024	Education tracked by education rostered for both families and staff, completion of Surge learning modules	100% of all staff will be trained by March 31, 2025 including new hires 100% of all resident/families will be provided with education on the new falls policy	

Change Idea #2 Education of all staff

Methods	Process measures	Target for process measure	Comments
Education provided through road shows and annual surge learning.	Education to be tracked through education rosters for attendance as well as completed on Surge	100% of all staff trained by December 31, 2024	

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	23.60	21.10	The Home would like to be at or below the provincial average.	

Change Ideas**Change Idea #1** Inter-professional multidisciplinary team will monitor risk of reduction of antipsychotic medication

Methods	Process measures	Target for process measure	Comments
Quarterly Reviews; Biweekly review with Risk Management and Seniors Mental Health Team.	Continued tracking of existing resident's in the home using antipsychotic with reduction plan to discontinued.	75% started on reduction plan will continue with plan to discontinue.	

Change Idea #2 NP to review all new admission medications for use of antipsychotics

Methods	Process measures	Target for process measure	Comments
Review admission orders and obtaining historical background of antipsychotic use.	Number of new admissions medications reviewed	100% of all new admission medications will reviewed at admission	

Change Idea #3 Quarterly medication review by the Medical Director for residents taking antipsychotic for possible reduction

Methods	Process measures	Target for process measure	Comments
Quarterly medication reviews	Number of residents trialed on reduction plan will have antipsychotic medication discontinued	75% of residents trialed on reduction plan will have discontinued by March 31, 2025	