

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)	12.95	12.00	John Noble Home will work towards achieving a 7.34% improvement and move towards the provincial average.	

Change Ideas

Change Idea #1 Improve utilization of the SBAR (tool) with transfer checklist

Methods	Process measures	Target for process measure	Comments
Re-education of registered staff on using the SBAR (tool) with transfer checklist prior to calling the physician and families. Education session to be completed during inservice/departmental meetings and add to nursing orientation for new registered staff	Percentage of registered staff who have completed re-education on the use of SBAR (tool) with transfer checklist.	80% of the registered staff to be re-educated on the use of SBAR (tool) with transfer checklist by October 30,2025.	

Change Idea #2 To avoid unnecessary or unwanted transfer to acut care hospital

Methods	Process measures	Target for process measure	Comments
QI Coordinator to work with PoET (Prevention of Error-Based Transfer) program team.	Implementing PoET (Prevention of Error-Based Transfer) program at John Nobel Home to reduse emergency room visits.	PoET (Prevention of Error-Based Transfer) program will be implemnted at John Nobel Home by December 2025 to reduse emergency room visits.	

Change Idea #3 IV insertion and administration of IV medication

Methods	Process measures	Target for process measure	Comments
IV insertion and administration education to registered staff to avoid unnecessary or unwanted transfer to acute care hospital	Percentage of registered staff who have completed education on IV insertion and administration	80% of registered staff will be educated on IV insertion and administration	

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 the question is asked at Resident Choice Meeting on each home area and in Resident satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Number of resident responses at the Resident Choice meeting is tracked and concerns will be reviewed by leadership team.	% of concerns reviewed by leadership team.	100% of concerns will be reviewed by leadership team.	

Change Idea #2 Educate Resident Bill of Rights to all staff via Surge learning

Methods	Process measures	Target for process measure	Comments
All staff will be educated on Resident Bill of Rights through annual Surge learning module and through general staff orientation for new staff	% of staff completed educated on Resident Bill of Rights through Surge learning module.	100% of staff to completed educated on Resident Bill of Rights through Surge learning module.	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	15.47	15.00	John Noble Home will work towards achieving a 3% to move towards the provincial average for falls.	

Change Ideas

Change Idea #1 Re-educate registered staff on post-fall huddles

Methods	Process measures	Target for process measure	Comments
The nursing leadership team will provide education to registered staff on conducting and completing thorough post-fall huddles.	Percentage of registered staff who completed re-education on post-fall huddles.	100% of registered staff will be re-educated by the end of 2025.	

Change Idea #2 Re-educate PSW staffs on 4P's (Peri-needs, Position, Possession, Pain)

Methods	Process measures	Target for process measure	Comments
The Nursing Programs Coordinator will provide education to PSWs on conducting and completing thorough 4P's (Peri-needs, Position, Possession, Pain).	% of PSWs educated on 4P's (Peri-needs, Position, Possession, Pain) % of PSWs utilizing 4P's as per Plan of Care.	100 % of PSWs will be educated on 4P's (Peri-needs, Position, Possession, Pain) and 100 % of PSWs will utilizing 4P's as per Plan of Care.	

Change Idea #3 Utilizing MDS outcome score data to analyze residents Fracture risk and implement appropriate interventions.

Methods	Process measures	Target for process measure	Comments
Quarterly Falls & Restraints Committee meeting to review the fracture risk data and implemented appropriate intervention to prevent fractures.	# of Falls & Restraints Committee meetings where fracture risk data are reviewed.	All quarterly Falls & Restraints Committee meetings will review fracture risk data.	

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	19.70	18.70	John Noble Home will work towards achieving a 5% improvement and move towards the provincial average.	

Change Ideas**Change Idea #1** Review of resident receiving anti-psychotic without appropriate diagnosis

Methods	Process measures	Target for process measure	Comments
All residents on anti-psychotics without appropriate diagnosis will be reviewed at monthly antipsychotics reduction meeting and recommendations will be forwarded to MD.	% of residents who are taking antipsychotics without diagnosis will be reviewed.	100% of resident on antipsychotics without diagnosis will be reviewed.	

Change Idea #2 Implement Gentle Persuasive Approaches (GPA) training to enhance staff competency in managing responsive behaviors

Methods	Process measures	Target for process measure	Comments
Internal GPA coach to provide GPA in-services to improve resident care.	Percentage of frontline staff who have completed GPA training	30% of frontline will complete GPA training by end of December 2025	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	2.80	2.60	John Noble Home will work towards achieving a 7% improvement and move towards the provincial average.	

Change Ideas

Change Idea #1 Improve Registered staff knowledge on identification and staging of pressure injuries and use of appropriate dressing

Methods	Process measures	Target for process measure	Comments
Provide education for Registered staff on correct staging of pressure injuries and use of appropriate dressing	% of Registered staff educated on correct staging of pressure injuries and use of appropriate dressing	100% of Registered staff will be educated on correct staging of pressure injuries and use of appropriate dressing	

Change Idea #2 Implementation of comprehensive, structured and validated wound assessment tool.

Methods	Process measures	Target for process measure	Comments
Provide education for Registered staff on new skin and wound assessment tool	% of Registered staff educated on new skin and wound assessment tool	100% of Registered staff will be educated on new skin and wound assessment tool	