

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)	32.28	21.00	It is reasonable to see a decline in ED visits with the proposed action plan.	

Change Ideas

Change Idea #1 Active collaboration with the Medical Director, Director of Care and Nurse Practitioner to decrease avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
Increase awareness of residents change of condition resulting in attendance at the ED using Southbridge ED tracking Form.	Team to review the categorized ED visits to obtain data / trends and develop interventions and actions plans for reducing future ED visits.	100% of residents who attend the ED will be categorized for analysis and review	

Change Idea #2 Early education provided to residents and families around the Homes Palliative Pathway and Comfort Measures offered at the home.

Methods	Process measures	Target for process measure	Comments
Palliative Pathway and comfort measures brochure to be provide in the Admission Package for review. Education provided by the admission coordinator at time of initial admission meeting to review the pamphlet and introduce the program offered. Sharing this information will be added to the Admission Checklist.	All new admissions, to include, residents and/or supporting POA's will confirm with there initials on the checklist that they have received the information about the Palliative Care Pathway.	100% of all new admissions will be provided Palliative Care information around the programming offered in the home.	

Change Idea #3 Medical Director will complete 10 audits of ED visits that occurred in the home to provide education to on-call physicians supporting the home.

Methods	Process measures	Target for process measure	Comments
Medical Director to access information from collaborative team; ED visit tracker tool to determine if appropriate ED visit or unnecessary visit. Unnecessary visits to be reviewed with the supporting on call physician who sent resident to hospital.	All on-call physicians to be educated on cases deemed as unnecessary to problem solve and increase awareness of reducing unnecessary visits.	100% of on call physicians will be educated on unnecessary ED visits that they sent to hospital.	

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	80.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	

Change Ideas

Change Idea #1 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events;	Number of staff education on Culture and Diversity	100% of staff educated on topics of Culture and Diversity	

Change Idea #2 To increase diversity training through Surge education or live events

Methods	Process measures	Target for process measure	Comments
Introduce diversity and inclusion as part of the new employee onboarding process	number of new employee trained of Culture and Diversity	100% of staff educated upon hire on Culture and Diversity	

Change Idea #3 To facilitate ongoing feedback or open door policy with the management team

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events using the CLRI Diversity and Inclusion Calendar	Number of events held in the Home with a focus on Culture and Diversity	A minimum of 4 events held at the Home by Dec 2024	

Change Idea #4 To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
Add Culture and Diversity as a topic on our CQI agenda	Number of CQI meetings that discuss Culture and Diversity	100% of CQI Meetings to include discussion on Culture and Diversity	

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	81.88	90.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 Residents will feel comfortable expressing their feedback, needs and concerns with all staff without fear of consequences.

Methods	Process measures	Target for process measure	Comments
The question "I can express my opinion without fear of consequences" will be raised at monthly resident counsel meetings to obtain resident input on ways to gain their trust and comfort in sharing opinions with staff and leadership.	The number of residents each month offering input at the resident counsel meetings will be acknowledged with an action plan for leadership follow-up	100% of all residents feedback to the question above will trigger an action plan by the leadership team.	Total Surveys Initiated: 160 Total LTCH Beds: 160

Change Idea #2 All staff will provide the appropriate response, communication and support to residents when they are expressing their opinions, concerns and needs.

Methods	Process measures	Target for process measure	Comments
Additional education will be provided for front line staff and leadership regarding Resident feedback, the homes complaint process, residents rights, appropriate responses when receiving feedback and for encouraging residents to express their opinions.	The percentage of staff and leadership who will be participate in the education.	100% of all staff and leadership will participate in the education.	

Change Idea #3 To enhance awareness and knowledge of the many ways residents can facilitate their communication and feedback within the home.

Methods	Process measures	Target for process measure	Comments
Promote the role of the homes Social Worker and Chaplain as an open line of communication for residents. 2. Educate families and residents at the time of admission around the homes open door policy for all concerns, complaints and feedback. 3. Increase resident awareness around confidentiality, investigation process and home standards around resident rights.	All residents and families will be made aware of the different means to communication feedback in the home.	100% of all residents and families will have awareness of how they can communicate and provide feedback in the home.	

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	24.40	15.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 The home will be participating in the McMaster University Fracture Prevention Study and Module that is one year in duration.

Methods	Process measures	Target for process measure	Comments
The Falls Clinical Team will be educated on the requirements of the study and the Fracture Prevention Tool Kit to be used throughout the course of the study.	All members of the Clinical Falls Team will be trained on the Fracture Prevention Tool Kit and how to implement as per the study recommendations.	100% of all Falls Clinical Team members will be trained on the Prevention Tool Kit use as part of the McMaster Fracture Prevention Study.	

Change Idea #2 Residents who have been identified as having a Fracture Rating Scale (FRS) of 4 or more will be reviewed by the Falls clinical team for implementation of the Fracture Prevention Tool Kit.

Methods	Process measures	Target for process measure	Comments
Residents with a FRS of 4 or more will be reviewed monthly to discuss and review the strategies and implementation of the Falls Prevention Took Kit and individual needs.	All residents with a FRS of 4 or more will be reviewed monthly by the Clinical Falls Team to identify the strategies necessary for implementing the Falls Prevention Tool Kit.	100% of the residents with a FRS of 4 or greater will be reviewed monthly.	

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	20.57	17.30	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 Registered staff will continue to document with consistency the effectiveness of PRN usage in reducing Responsive Behaviors for review by physician and Nurse Practitioner

Methods	Process measures	Target for process measure	Comments
Behavioral Support Lead (BSO) in the home will audit the Registered Staff charting so an accurate report of PRN effectiveness can be presented to physician and Nurse Practitioner.	Residents who have responsive behaviors will have their PRN medication usage and effectiveness consistently documented and reviewed monthly.	100% of the Registered Staff will document the effectiveness of the PRN medication for residents with Responsive Behaviors	

Change Idea #2 There will continue to be an interdisciplinary approach to utilizing all resources and non-pharmacological approaches to manage responsive behaviors in the home.

Methods	Process measures	Target for process measure	Comments
Those residents with responsive behaviors will be reviewed monthly at an interdisciplinary clinical meeting to utilize alternative means of reducing Responsive Behaviors through program engagement that can occur in the home, to include exploring community resources and Behavioral Support Programs.	Residents with Responsive Behaviors in the home will be reviewed monthly by the interdisciplinary team.	100% of residents with Responsive Behaviors will be reviewed by the team for programming and alternative resources to reduce responsive behaviors.	

Change Idea #3 Nurse Practitioner will obtain a list of residents on Antipsychotics from the Pharmacy each month to review and determine if medication changes are appropriate or if there is a accompanying diagnosis.

Methods	Process measures	Target for process measure	Comments
Regular review of pharmacy reports for those residents that are on antipsychotic medication to ensure they have a medical diagnosis for documented use of antipsychotics or if medication changes can be made.	Regular monthly Pharmacy reports will be reviewed by the Nurse Practitioner and findings presented to Medical Director and DOC for discussion.	100% of residents who have been prescribed antipsychotic medication will be reviewed each month by the Nurse Practitioner.	