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)	34.68	21.00	1) to be at or below Provincial averages; 2) Through implementation of change ideas, we expect an improvement over the next quarter.	

Change Ideas

Change Idea #1 1) to reduce unnecessary hospital transfers, through the on-site Nurse Practitioner more frequently. Reeducate staff on the importance of including the Nurse Practitioner, when utilizing the SBAR.

Methods	Process measures	Target for process measure	Comments
Re-educate registered staff on consulting with Nurse Practitioner, and documenting this on SBAR Including in the documentation whether resident and or POA was involved in decision making to transfer resident to hospital.	Number of SBAR utilization/documentation that included Nurse Practitioner. Number of SBAR documentation that included decision making by resident/POA to transfer to hospital and the reason.	90% utilization of SBAR that included Nurse Practitioner. 90% of documentation that included consents for ED transfers by resident/POA, and the reason.	

Change Idea #2 Potentially avoidable ED visits to become part of nurse practice monthly reviews. Discussion about advance care planning on care conferences.

Methods	Process measures	Target for process measure	Comments
ED transfers will be completed using ED transfer log. this log will be analyze for each ED transfer status, and reviewed at Nurse Leadership meetings (DOC, ADOC). These reports will also be reviewed at quarterly PAC meetings.	Number of meetings held monthly by Nurse Leadership Team, and the number of meetings held quarterly by PAC team.	Decrease of 20% quarter over quarter, until goal is realized.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx.

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	Collecting baseline.	2SLGBTQ, Indigenous Outreach groups, religious Affiliations

Change Ideas

Change Idea #1 1)To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; 2)To increase diversity training through Surge education or live events; 3) To facilitate ongoing feedback or open door policy with the management team;4) To include Cultural Diversity as part of CQI meeting.

Methods	Process measures	Target for process measure	Comments
1) Training and education through Surge education platform; 2) Include diversity and inclusion as part of the new employee hand book and orientation;3) celebrate culture and diversity events;4) labour Management standing agenda item quarterly, and part of all department/committes standing agendas.	1) Number of staff educated on Culture and Diversity;2) Number of new employees trained on Culture and Diversity;	100% of staff who received education and orientation on Culture and Diversity.	

Change Idea #2 To promote and celebrate Culture and Diversity within the home.

Methods	Process measures	Target for process measure	Comments
All cultural events and or recognition, holidays, and celebrations, will be acknowledged and promoted within the home as the home becomes aware of these Cultural and Diversity events. through media, calendars, and word of mouth.	1) The number of cultural events acknowledged and or celebrated; 2) The number of cultural and Diversity events calendared for the year.	75% of these events will be acknowledged and or celebrated.	

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	79.83	82.00	Aiming to achieve the Corporate overall average	Residents Council of Ontario.

Change Ideas

Change Idea #1 To increase our goal from 79% to 82% (as compared to our goal of 80% previous year) . Engaging residents in meaningful conversations, and being part of their own care conference, where expression of opinions and wishes are heard and acknowledged.

Methods	Process measures	Target for process measure	Comments
Continue to review Resident's Bill of Rights, specifically #29 at Resident Council Meetings. Encourage residents to express their opinions and wishes during their care conference. At all department meetings (part of standing Agenda).	100% of all department standing agendas will continue to have Resident's Bill of Rights #29. Number of residents who expressed their wishes and opinions during their care conference.	100% of Department Standing Agendas will have included Resident Bill of Rights #29. 90% of residents who have attended their care conference and have expressed their opinion and wishes.	Total Surveys Initiated: 119 Total LTCH Beds: 213 We were 1% short of our reaching our goal for 23/24 year, however, noting a great improvement we will strive for 82%, as per our overall LTC average.

Change Idea #2 Create a forum or "Opinion" group for residents, to openly discuss their opinions, on subject matters that affect their religious, political and social beliefs, including their quality of care and operations of the home they live in.

Methods	Process measures	Target for process measure	Comments
1} Present to Resident Council, for their input, subject of interest, and for their approval.	1} Number of residents who participated in "Opinion Group"; 2) Number of Group meetings conducted; 3) Number of opinions of interest.	50% of residents who engaged in an "Opinion Forum".	This will be considered a trial for this planned improvement, only to gain insight as to interest and participation levels by residents, and if successful, to be fully implemented.

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	16.12	15.00	To meet our corporate target of 15% or better	RNAO BP Coordinator, PT; NP.

Change Ideas

Change Idea #1 1) Weekly falls huddle on each home area; 2) to improve overall knowledge and understanding of Falls Program; 3) To collaborate with external resources/partners in the prevention of increased resident falls, including injury.

Methods	Process measures	Target for process measure	Comments
1) Implement and conduct weekly falls huddles with staff on their home areas to gain insight as to the prevention of falls and related injuries; 2) To increase participation with RNAO Best Practice related to falls process; 3) To conduct more frequent falls education with staff.	1) Number of weekly meetings in each home area; 2) Number of staff participation; 3) Number of times RNAO Best Practice was utilized in the falls process.	100% of all weekly falls meeting attended by staff.	

Change Idea #2 To engage a Falls champion on each home area who will support the unit on the prevention and management of falls.

Methods	Process measures	Target for process measure	Comments
1) Post an expression of interest for staff who may want to participate in achieving falls reduction on their home areas; 2) Educate Falls Champion on falls prevention and management; 3) develop a guideline for staff to follow; 4) Provide tools associated with falls prevention in the management of falls reduction.	1) Number of applicants interested in being Falls Champion; 2) Number in the reduction of falls as a result of the implementation Falls Champion.	50% reduction of falls on each home area, as a result of Falls Champion implementation.	This should hold healthy competition on each home area, to achieve the most reduction in falls.

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	30.37	25.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	NP STAT, BSO LHIN; Lakeridge Mental Health; Ontario Shores Centre for Mental Health; Alzheimer's Society of Ontario.

Change Ideas

Change Idea #1	1) The interdisciplinary team will assess and review newly admitted residents who are on Antipsychotic medications.		
Methods	Process measures	Target for process measure	Comments
The MD, NP, BSO (including Psychogeriatric Team), with nursing staff will meet monthly to review all new admissions for diagnosis and medications related to inappropriate prescribing of antipsychotics. This is also part of PAC quarterly meeting agenda, which also includes the pharmacy for further analysis and improvement strategies.	Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion ad reviews on strategies have resulted in a decrease of antipsychotics.	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotic use.	Our indicator performance has increased compared to previous 23/24 year. This was due to an increase of newly admitted residents which triggered a higher indicator. We will revisit the methods used again for the 24/25 year, in a more intense approach.

Change Idea #2	2) Residents who are prescribed antipsychotics for the purpose of reducing agitations and or aggression will have received medication reviews quarterly and as appropriate, in collaboration with their care team; that being, NP, nurse, etc., to consider dosage reduction or discontinuation.		
Methods	Process measures	Target for process measure	Comments
BSO Lead and team will ensure that residents who receive antipsychotics are reviewed quarterly and as needed by the physician and the appropriate team members. This will be included in team meetings routinely occurring as a means to access responsive behaviours and the use of antipsychotics use.	Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	100% of residents who are prescribed antipsychotics medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	