

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)	15.53	14.00	Our target is set to be below the provincial rate of 20.83%. Mississauga's current performance is at 15.53% and we will continue with our strategies to further decrease our performance.	

Change Ideas

Change Idea #1 To educate all Registered Staff on the SBAR tool.

Methods	Process measures	Target for process measure	Comments
Registered Staff will be educated on the SBAR tool.	# of nursing staff education on SBAR	To have 100% of active Registered Staff educated on the SBAR tool by December 15, 2024.	

Change Idea #2 Utilize the SBAR tool prior to transferring a resident to the Emergency Department.

Methods	Process measures	Target for process measure	Comments
Registered Staff will fill out the SBAR tool questions prior to calling the NP or the MD.	Total number of ED transfers divide by number of SBAR tools completed.	Our goal is to have 100% of our ED transfers assessed with the SBAR tool prior to the transfer by December 31, 2024.	

Change Idea #3 To educate Nurses on management of chronic diseases utilizing clinical pathways.

Methods	Process measures	Target for process measure	Comments
Classroom training attended by all Registered Staff	Total number of registered staff educated divide by total number of active registered staff.	To maintain current performace and/or be below provincial average by December 31, 2024.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience: Overall Satisfaction. Percentage of Family who would recommend the Home to others.	C	% / Family	In house data collection / 2023	84.40	85.00	Extencicare target	

Change Ideas

Change Idea #1 Deliver monthly newsletter through email to families regarding updates within the Home.

Methods	Process measures	Target for process measure	Comments
Newsletter to be developed and include updates about home. Families will be emailed the monthly newsletter.	# of newsletters sent out to families	Newsletters will begin to be sent to families by April 2024.	

Change Idea #2 Program Manager to facilitate monthly Family Townhall Meetings regarding updates on the Home.

Methods	Process measures	Target for process measure	Comments
Program Manager to facilitate and host a Monthly Virtual Townhall Meetings. Additional presenters from other departments will provide updates as needed.	Total number of Townhall Meetings facilitated from April to December 2024.	Monthly Townhall Meetings to begin April 2024.	

Change Idea #3 Invite Family to attend and participate in monthly program planning.

Methods	Process measures	Target for process measure	Comments
Provide families with an opportunity to attend Program Planning meetings. Families will be invited through Townhall meetings, and monthly newsletters.	# of Program Planning meetings # of family members that attend Program Planning meetings # of suggestions for programs provided # of suggestions for programs implemented	Family to be invited to attend Program Planning meetings at April Townhall.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Resident satisfied with the variety of food and beverage options in 2024.	C	% / Residents	In house data collection / Resident Satisfaction Survey	86.70	90.00	Corporate Target is set at 85%. Home currently is meeting this target, however, want to exceed this to reach 90%.	

Change Ideas

Change Idea #1 Implement quarterly resident meal opinion survey.

Methods	Process measures	Target for process measure	Comments
Residents will be provided an opportunity to complete a meal satisfaction survey on a quarterly basis.	# of feedbacks received quarterly # of completed action items from survey	The first quarterly survey will be provided to residents by June 2024.	

Change Idea #2 Incorporate monthly themed meals

Methods	Process measures	Target for process measure	Comments
Dietary Department will facilitate different themes such as Caribbean, Italian, Indian menus to name a few.	# of theme meals provided within the year	Dietary department will facilitate first theme meal by June 2024.	

Change Idea #3 Create food tasting events for residents to provide feedback on menu items

Methods	Process measures	Target for process measure	Comments
Food sampling/tasting events will take place on a quarterly basis. Residents will be asked to provide feedback during the events. Dietary will receive feedback and make changes as required.	Total number of food sampling and/or tasting events held within the year. the number of suggestions/feedback provided.	First food tasting event to take place by June 2024.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident has input into the recreational programs available.	C	% / Family	In house data collection / 2023	69.90	85.00	Extencicare target	

Change Ideas

Change Idea #1 To send monthly event calendar to residents regarding upcoming special events.

Methods	Process measures	Target for process measure	Comments
Home to create and send out monthly event calendars to residents, highlighting special events occurring in the home.	# of monthly event calendars sent # of residents attending special events offered at the home	Monthly event calendars to be sent to residents starting April 2024.	

Change Idea #2 To have Activity Aide participate in the monthly Townhall Meetings.

Methods	Process measures	Target for process measure	Comments
Activity Aide will attend and participate in Townhall Meetings to share upcoming events in the home, and changes within the recreation department.	# of Townhall meetings from April to December 2024 attended by Activity Aide.	Activity Aide to attend Townhall Meetings starting April 2024.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: Overall Satisfaction. Percentage of resident who would recommend the Home to others	C	% / Residents	In house data collection / Resident Satisfaction survey	98.70	99.00	Has exceeded Corportate Target (85%), however, the Home would want to maintain current performace to be above corporate target.	

Change Ideas

Change Idea #1 To facilitate special events such as Summer BBQ, Carnivals to have a combination of families and residents together.

Methods	Process measures	Target for process measure	Comments
The Home, together with Resident and Family Councils, will plan special events which will take place during the year.	Number of Special Events held within the year.	To hold our summer events by August 2024.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience: There is a good choice for continence products in the Home.	C	% / Family	In house data collection / 2023	70.10	85.00	Our goal is to meet corporate target of 85% in this indicator by end of December 2024.	

Change Ideas

Change Idea #1 Have Prevail Representative present at a Family Council Meeting to educate families on the different continence products available in the Home.

Methods	Process measures	Target for process measure	Comments
Invite Vendor (Prevail) to present at Family Council Meeting. Have them review products available and answer questions or concerns.	# of education sessions provided for those present at Family Council meeting # of concerns or questions raised at meeting	Prevail will present on continence products at Family Council by July 2024.	

Change Idea #2 Education to take place for all frontline staff regarding the different continent products available in the Home.

Methods	Process measures	Target for process measure	Comments
Classroom education to train frontline staff on what products are available, and how to select the correct continence product for a resident.	# of frontline staff educated on the continence products available in the home.	Continence product education to be completed by September 2024.	

Safety

Measure - Dimension: Safe

Indicator #7	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	7.95	7.50	To continue to improve results and be better than Extencicare target of 15%	

Change Ideas

Change Idea #1 Creating an awareness of the number of falls with injuries which occurred in 2024.

Methods	Process measures	Target for process measure	Comments
Analyze and trend the time lines when falls are occurring.	Focus will be on time lines incidents are occurring, location and tasks which were preformed by staff at the time the falls occurred.	To reduce the number of falls occurring during the specific time lines by 20% by December 2024	

Change Idea #2 Identify Resident who are falling within the specified timelines.

Methods	Process measures	Target for process measure	Comments
The number of post fall assessments and huddles completed at the time of the falls.	The number of effective recommendations made as a result of the the post fall huddle and post fall assessments completed.	The decrease in the number of falls with the identified residents who had effective interventions as result of post fall and assessments completed by December 31, 2024	

Change Idea #3 Introduce the comfort rounds care staff forms and the shift change reports.

Methods	Process measures	Target for process measure	Comments
Staff to be educated on the completion of the comfort rounds care staff forms and the shift change reports.	The number of comfort rounds care staff forms and the shift change reports completed.	The decrease in the number of falls sustained by residents where the comfort rounds care staff forms and the shift change reports were completed by December 31, 2024.	

Measure - Dimension: Safe

Indicator #8	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	14.06	13.00	To continue to improve results and be better than Extendicare target of 17.3%	

Change Ideas

Change Idea #1 In - House Behavior Support Ontario Team to utilize the Deprescribing Antipsychotic Reduction Tracking Tool.

Methods	Process measures	Target for process measure	Comments
Select the number of residents who have an order for an antipsychotic medication using the deprescribing antipsychotic tool.	Total number of current residents who have an antipsychotic medication order without a proper diagnosis of psychosis.	Reduce the number of residents who are identified on the deprescribing antipsychotic tool by 20% by December 31, 2024.	

Change Idea #2 Identify the residents whose behaviors have worsened or new onset of behaviors.

Methods	Process measures	Target for process measure	Comments
BSO Team to use the Cohen Mansfield assessment Tool to assess residents baseline agitation behaviors.	Residents identified using the Cohen Mansfield tool with a score of lower than 80, the use of pharmacological interventions will be utilized for behaviors	The number of residents with a Cohen Mansfield score of less than 80 will have non-pharmacological interventions in place by December 31, 2024.	

Change Idea #3 Include Pharmacist in collaboration with the in-house team and family members in deprescribing plan

Methods	Process measures	Target for process measure	Comments
Review with the pharmacist the identified residents who have met the criteria for deprescribing of Antipsychotic Medication.	The number of Residents who were identified based on assessments with an MD order to deprescribe.	The Total number of residents who were identified and for whom an order was obtained by the doctor to start deprescribing by December 31, 2024.	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment	C	% / Residents	In house data collection / MDS Quality Indicator Report	1.65	1.50	Our goal is to maintain our current performance to below corporate target (2%).	

Change Ideas

Change Idea #1 Wound Care Coordinator to utilize the Pressure Ulcers Treatment and Prevention Tracking Tool.

Methods	Process measures	Target for process measure	Comments
Residents will be identified on the tracking tool.	The number of residents identified with resident specific interventions and treatment plan in place.	Tracking tool will be in place with an improvement in the wound treatment and interventions by December 31, 2024.	

Change Idea #2 Education with all registered staff on the Wound Care Program.

Methods	Process measures	Target for process measure	Comments
All Registered Staff to be educated on recognizing risk factors and skin impairment integrity.	The number of staff educated on the Wound Care Program.	All registered staff will have been educated by December 31, 2024	

Change Idea #3 Identify the number of residents who are at risk with a PURS score of greater than 3

Methods	Process measures	Target for process measure	Comments
Review the residents who are at risks with a PURS Score of greater than 3 and create appropriate nursing and treatment plan.	Audit the care plan for residents with a PUR score greater than 3 for specific interventions and treatment plan.	The number of completed care plans for at risk residents greater than 3 PURS score will be 100% by Dec 2024.	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment.	C	% / Residents	In house data collection / % / LTC home residents	0.00	0.00	Our goal is to maintain our current performance of 0.0%	

Change Ideas

Change Idea #1 To educate all Nursing Staff on the minimization and alternatives to restraints.

Methods	Process measures	Target for process measure	Comments
All Registered Staff will be educated on the minimization of restraints through Surgelearning.	Total number of active Nursing Staff divide by the total number of Nursing Staff educated.	To have 100% of active nursing staff educated on Restraints and PASDs through Surgelearning by December 31, 2024.	

Change Idea #2 To monitor/review and eliminate possible unnecessary restraints.

Methods	Process measures	Target for process measure	Comments
Collect the number of residents who have a restraint. The number will be brought to the Falls/Restraints Committee and will assess the necessity and safety of the restraint. Will recommend to changed to a PASD or discontinue.	Total number of current restraints divide by the number of restraints that were discontinued.	Our goal is to maintain our performance to 0% by the end of Deecember 2024.	

Change Idea #3 Create a pamphlet regarding restraint minimization in the Home to be given to failies during admission.

Methods	Process measures	Target for process measure	Comments
Increase awareness and information on the minimization of rstraint in our Home.	Total number of restraint pamphlet handed out to all new admissions divide by total admissions from April to December 2024.	To maintain our current performance to be at 0% by end of December 2024.	