

## 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)	17.39	12.00	It is lower than current performance and improvement can be made on this indicator.	

### Change Ideas

Change Idea #1 Increase communication on trends and reasons why residents are transferred to ED.

Methods	Process measures	Target for process measure	Comments
1). DOC/designate to review 24 hr report daily 2). Add ED transfers to standing agenda for morning meetings 3). Review data with staff and involve them in improvement plan ideas to increase awareness	1). # of residents sent to ER daily as per 24/hr report 2). # of morning meetings where ED transfer discussed 3). # of meetings held with staff to review ED data and discuss improvement strategies based on trends	1). Process for review of 24/hr report by leadership will be in place by April 15, 2025. 2). ED transfers will be added to the standing agenda for morning meetings by April 15, 2025. 3.) Process for reviewing ED data and discussing strategies for improvement with staff will be in place by April 15, 2025.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference, we discuss what's going well, what could be better and how we can improve things.	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	16.70	50.00	Much improvement is required in this area, and we feel this is extremely important for the residents to feel heard and valued and this is an attainable target.	

### Change Ideas

#### Change Idea #1 Encourage residents to attend their annual care conference

Methods	Process measures	Target for process measure	Comments
1) Communicate to residents when their annual care conference is scheduled in advance of meeting 2) Remind resident morning of meeting and assist as needed to meeting 2) Provide copy of plan of care 3) Allow time for discussion and obtain feedback on what could be improved.	1) # of annual care conferences where residents attend 2) # of care conferences where plan of care was discussed with resident	1) Residents will be encouraged to attend their annual care conferences beginning April 1, 2025. 2) There will be a 30% improvement in this indicator by December 2025.	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident has input into recreation programs.	C	% / LTC home residents	In-house survey / Sept 2024-Oct 2025	50.00	65.00	We want to continue to improve on this to ensure satisfaction for the residents and feel this is achievable target.	

**Change Ideas**

Change Idea #1 Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

Methods	Process measures	Target for process measure	Comments
1) Select up to 5 programs per month to audit. 2) Use evaluation templates, activitypro, or other documentation to complete 3) Review and action after each evaluation	1) # of audits completed throughout the year 2) Rate of satisfaction of program 3) # of Change actions	1) 10 of audits will be completed monthly beginning April 2025 directly after programs to evaluate level of enjoyment/satisfaction 2) There will be a 30% improvement with satisfaction of program by July 1, 2025.	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of maintenance of the physical building and outdoor spaces.	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	58.30	70.00	This target is chosen as I believe it is attainable with the appropriate actions and diligence.	

**Change Ideas**

Change Idea #1 Complete regularly scheduled audits for maintenance of building and outdoor spaces

Methods	Process measures	Target for process measure	Comments
1) Review schedule for audits of building maintenance and of outdoor spaces 2) Identify any areas or gaps based on audits 3) Create action plan to address	1) # of audits completed monthly 2) # of deficiencies identified and actioned 3) # of action items addressed	1) 5 audits will be completed monthly with 100% of audits being completed by Dec 31, 2025. 2) There will be a 30 % improvement in identified deficiencies from audits by June 30, 2025 3) By 1 month following audits, 80% of action items will be addressed.	

## Safety

### Measure - Dimension: Safe

Indicator #5	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	12.80	11.00	We are performing better than corporate target 15% and we wish to continue to improve.	Achieva

### Change Ideas

Change Idea #1 Ensure each resident at risk for falls has a individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls 2) Review plan of care for each resident at risk 3) Discuss strategies with fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff	1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff	1) Residents at risk for falls will be identified by April 1, 2025 2) Care plans for high risk residents will be reviewed and updated by May 1, 2025 3) Changes in plans of care will be communicated to staff by May 15, 2025	

## Change Idea #2 Medication review of residents who are assessed as being at risk of falls

Methods	Process measures	Target for process measure	Comments
1) determine residents at risk for falls. 2) review prescribed medications for residents at risk of falls 3) Determine medications that have side effects that could potentially contribute to falls 4) Notify staff of potential risks and incorporate into plan of care for monitoring . 5) Discuss with physician if there are alternatives to prescribed medications that might decrease risk of falls	1) # of residents identified as being at risk for falls 2) # of medication reviews completed for residents at risk for falls 3) # of medications prescribed per resident that increase risk of falls 4) # of care plans updated to reflect risk 5) # of medication changes /alternatives prescribed to decrease fall risk	1) Residents at risk for falls will be identified by April 1, 2025. 2) 100% of Medication reviews will be completed for those residents at risk for falls by May 1, 2025. 3) Staff will be notified about potential risks and care plans updated by May 15, 2025. 4) Discussions with physician about alternatives or changes to medications will be completed for high risk residents by May 31, 2025.	

**Measure - Dimension: Safe**

Indicator #6	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	X	6.90	We strive to continuously improve our performance for excellence. Our current rate as of Oct-Dec 2024 quarter is 7.1%.	Medisystem

**Change Ideas**

Change Idea #1 Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Methods	Process measures	Target for process measure	Comments
1) complete medication review for residents prescribed antipsychotic medications 2) Review diagnosis and rationale for antipsychotic medication . 3) consider alternatives as appropriate	1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented	1) 75% of all residents will have medication and diagnosis review completed to validate usage by May 1, 2025. 3) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by June 1, 2025.	

**Measure - Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a pressure ulcer that recently got worse.	C	% / LTC home residents	Other / October - December 2024	0.00	0.00	We want to be able to maintain 0% in this indicator.	Solventum/3M, Wounds Canada

**Change Ideas****Change Idea #1** Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
"1) Educate staff on the importance of turning and repositioning to off load pressure 2) Night staff to audit those resident that require turning and repositioning 3)Review this during the Skin and Wound committee meetings for trends "	"# of staff that have been educated # of audits completed # of reviews completed by Skin and Wound committee "	"1) 100% of PSW will have attended education sessions on turning and repositioning by April 1, 2025. 2) Check in with staff and will be correctly completed on a monthly basis by May 15, 2025. 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by May 1, 2025. "	



Change Idea #2 Ensure appropriate surfaces and seating for residents at risk of skin issues by improving communication with OT/PT.

Methods	Process measures	Target for process measure	Comments
"1) Meet to discuss process to improve communication between the OT/PT and the skin and wound lead 2) Educate Registered staff on importance of sending referrals to OT 3)Wound Care lead to provide a updated list of skin and seating issues to the OT/PT internally 4) Review surfaces and seating during Skin and Wound committee meetings for any follow up 5) Tracking of speciality services and preventative maintenance program for equipment 6) DOC to audit this process and part of the evaluation process of the skin and wound care annual program "	"# education sessions provided for Registered staff # of residents requiring OT referrals # of referrals received by OT # of seating assessments completed # of surfaces reviewed # of speciality surfaces and pumps # of of audits that showed areas for improvement "	"1)Wound care lead to provide refresh education for Registered staff on improving communication by April 1, 2025 2)Standardized communication process will be in place by April 15, 2025 3) Seating assessments will be completed for all at risk residents by April 15, 2025. 4) All surfaces for at risk residents will have been reviewed by April, 15, 2025. "	