Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	27.59	25.00	Reduce the number ED visits to 25 by the end of 2023 with successful recruitment of Nurse Practitioner for on site assessments for acute health changes.	

Change Ideas

Change Idea #1 Successfully recruit Nurse Practitioner for on site assessment and build capacity in our Registered Staff.

Methods	Process measures	Target for process measure	Comments
External posting for Nurse Practitioner	Interview potential candidates	Nurse Practitioner to be hired before March 31, 2023	

Change Idea #2 Implementation of Wound Care Nurse

Methods	Process measures	Target for process measure	Comments
Recruitment of Registered Staff within the home for Advanced Wound Care, increased education for Registered Staff Wound Care Champion for weekly rounds. ADOC/Program lead complete documentation audits of PCC, TAR audits. Use of appropriate products for healing process, debridement, maintenance of wound. Referral to RD, Physiotherapy, Medical Doctor. Review of documentation when completing MDS. Review of skin/wound workbook on monthly basis	Weekly assessments by Wound Care Nurse for residents with wounds stage 2 or greater or residents with significant skin issues.	Education completed by March 31, 2023 for Wound Care Nurse and back up. 100% of resident with a stage 2 or greater wound will be assessed by the wound Care Nurse weekly.	

Measure

Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who have fallen in last 30 days	C	% / LTC home residents	CIHI CCRS / Q3-Q1 Oct-Dec 2021-June 2022	16.90	16.00	Reduce number of falls to 16% by the end of 2023	

Change Ideas

Change Idea #1 Recruitment of interdisciplinary members for Falls Committee to identify factors contributing to falls to develop preventative fall strategies

Methods	Process measures	Target for process measure	Comments
Post for Falls Committee Members to join, talk about recruitment during daily Team Up Neighbourhood meetings, seek out individuals from various departments to join	1 interdisciplinary team members/department on committee	April 30, 2023 there will be 1 interdisciplinary team member for each department on the committee.	

Change Idea #2 Implement Falls Education with focus on 4P's of Fall Prevention

Methods	Process measures	Target for process measure	Comments
Review Education with Falls Committee Team Members for launch to neighbourhood with greatest number of falls. Committee members to review 4P's and reinforce use in their daily interactions with residents. Incorporate into Team Up Meetings when reviewing Falls on Neighbourhood	Fall Risk Assessments to be completed for all high risk residents sustaining more than 2 falls/6 months. Team members re-trained on the 4P's.	Staff will be trained on the 4P's of fall prevention to decrease resident falls to 16% by Dec 2023	

Theme II: Service Excellence

Measure

Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who strongly agree "I like the food here"	C	% / LTC home residents	In-house survey / 2023	11.00	15.00	Seek to improve resident satisfaction for this measure on 2023 survey to strongly agree to 15%	

Change Ideas

Change Idea #1 Monthly Food Committee Meetings involving residents for feedback, suggestions

Methods	Process measures	Target for process measure	Comments
Include Food Committee Meetings in Recreation Calendars with assistance from Recreation Team to attend meetings. Nutrition Manager/Supervisor to host meetings to review menu items, obtain feedback, suggestions for weekly resident choice items. Invite Cook to attend meeting	# of residents in attendance at Food Committee meetings each month. Decrease in concerns raised at monthly meetings	6-8 residents in attendance at Fo Committee meetings each month.	

Change Idea #2 Dining Room Rounding by Leadership Team daily to audit dining room process, monitor presentation of menu items, request feedback from residents

Methods	Process measures	Target for process measure	Comments
Weekly schedule for dining room audits/Leadership Team Member to audit variety of mealtimes	# of audits to be completed monthly to review feedback from residents	20 audits to be completed monthly to review feedback from residents	

Change Idea #3	Monthly Education Sessions with Cooks to review feedback from Monthly Food Committee Meetings with focus on menu production, quality of food, presentation		
Methods	Process measures	Target for process measure	Comments
Review of recipes based on feedback from residents at Food Committee meetings to improve quality, ensure production sheets are followed. Audits for presentation, temperature, quality of food by Nutrition Manager/Supervisor	# of education sessions for the cooks per month. Daily review of meal service, presentation, quality of meals production	At least 1 monthly education session per month with the cooks with focus on consistency of food production and quality.	