

## 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)	18.63	16.75	The home aims to decrease ED visits by approximately 10% understanding that some residents and families will continue to want to be transferred to acute care despite the home offering to support them in place and falls with significant injury may still warrant transfers.	

### Change Ideas

#### Change Idea #1 Analyze ED Tracker to identify times of incidences

Methods	Process measures	Target for process measure	Comments
Review ED tracker monthly at falls committee meetings to identify times and reason for transfer to ED.	% of residents add to the ED tracker each month that are analyzed for the time and reason for transfer.	100% of residents transferred to ED will have a monthly analysis to determine reasoning for transfers.	

Change Idea #2 Review goals of care for residents 6 weeks after admission, annually and as needed during significant changes.

Methods	Process measures	Target for process measure	Comments
Physician to review goals of care with resident and family 6 weeks after admission, annually and as needed during significant changes.	% of residents with reviewed goals of care.	100% of residents will have goals of care reviewed during 6 week care conference, annual care conferences and as needed during significant changes.	

Change Idea #3 Working with external partners to reduce or prevent avoidable ED Transfers in residents identified with significant change.

Methods	Process measures	Target for process measure	Comments
Referral of residents to pain and palliative specialists, BSO and St Peters Hospital Center for health aging and our Local LHIN if applicable when status changes.	% of residents with significant status change that are assessed and # of referrals completed for pain and palliative specialists, BSO and St Peters Hospital Center for health aging and our Local LHIN	100% of identified residents with significant change will have a multidisciplinary conference to determine what referrals are needed.	

## 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	100.00	All front line team members and managers will complete the training to align with our LSSA provincial initiative.	

### Change Ideas

Change Idea #1 Education of staff on equity, diversity, inclusion and antiracism education

Methods	Process measures	Target for process measure	Comments
Education modules in Surge on equity, diversity, inclusion and antiracism education to be completed by all staff.	% of staff that have completed Education modules on equity, diversity, inclusion and antiracism education	100% of staff completed Education modules on equity, diversity, inclusion and antiracism education	

## 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 enjoy meal times"	C	% / LTC home residents	In-house survey / Annual survey to be done in June 2024	29.00	34.00	Home aims to have a 5% increase in residents who Strongly Agree to enjoying meal times.	

## Change Ideas

Change Idea #1 Education of staff on pleasurable dining experience.

Methods	Process measures	Target for process measure	Comments
Dietary consultant will provide education on pleasurable dining experience	% of staff that have received education on pleasurable dining experience	100% of staff educated on pleasurable dining experience	

Change Idea #2 Surge Education for pleasurable dining

Methods	Process measures	Target for process measure	Comments
Surge learning module on pleasurable dining to be completed by staff	% of staff that have completed Surge learning module on pleasurable dining	100% of staff completed Surge learning module on pleasurable dining	

Change Idea #3 Survey residents to obtain input on types of food, theme meals and dine in's they would enjoy.

Methods	Process measures	Target for process measure	Comments
Residents to be surveyed at resident council and food committee meetings.	% of residents surveyed.	50% of residents to be surveyed by December 2024	

## 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	9.53	7.53	Although the home is below both the company and provincial averages, we feel improvements can still be made.	

### Change Ideas

#### Change Idea #1 Early identification of residents that are at risk for falls

Methods	Process measures	Target for process measure	Comments
Falls risk assessment analysis on admission, annually and with significant changes, environmental assessments on admission and for significant change.	% of residents who are assessed and are identified as a risk for falls.	100% of residents will be assessed and those with a risk of falls will have preventative falls care plan and falls identifier on resident name plate.	

#### Change Idea #2 Review and trending of falls at monthly falls committee meetings.

Methods	Process measures	Target for process measure	Comments
Review incidences of falls to identify trends. Evaluate fall prevention measures, liaise with multidisciplinary team	% of fall incidences that are reviewed and analyzed.	100% of all fall incidences will be reviewed for trending analysis.	

## Change Idea #3 Education of frontline team members on use of fall prevention equipment

Methods	Process measures	Target for process measure	Comments
Education to be provided on troubleshooting the functionality of bed and clip alarms by vendor and ADOC.	% of frontline team members who receive education related to troubleshooting of bed and clips alarms.	100% of frontline team members will receive education on troubleshooting the functionality of bed and clip alarms by vendor and ADOC.	