

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)	47.62	37.00	We are aiming to reduce ED visits by 10% knowing that staff inconsistency related to being a rural home may impact this indicator.	

Change Ideas

Change Idea #1 To reduce the number of ED visits to the provincial average by reviewing residents Goals of Care as it relates to DNR and Code Status and Expressed Wishes around their care.

Methods	Process measures	Target for process measure	Comments
All new admissions will have had the DNR and Code status/level of care discussion. The expressed wishes will be documented in PCC and the physical chart. The DNR and Code status will be confirmed at the admission care conference and reviewed annually and as needed. The leadership and nursing teams will be made aware of this change item in order to facilitate the conversation and to ensure that any member of the team, who is the initial contact for admissions, is able to initiate the conversation.	Review of the Quality Indicators at the home and corporate level to review the number of ED visits on a quarterly basis. In home review of the number of ED visits and the reason for the visit.	100% of new admissions will have had the DNR and Code status/level of care discussion. ED transfers will be minimized in keeping with residents' Expressed Wishes where applicable.	

Change Idea #2 Improved communication to the physician when a resident has a change in condition.

Methods	Process measures	Target for process measure	Comments
Utilization of tools to support assessment and communication. Tools currently available are General SBAR, Pain and Palliative SBAR and UTI SBAR.	Evidence of use of the tools in resident progress notes which denotes clear communication to physicians.	At least 50% of staff utilize the tools when a resident has a change in condition.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Residents who agree to the statement "I am offered activities that meet my interests".	C	% / LTC home residents	In-house survey / 2025	55.00	65.00	We are aiming for 10% improvement as survey is done typically in June or July. Timing of the survey may not demonstrate overall improvement by the end of the calendar year.	

Change Ideas

Change Idea #1 Gather information related to the residents interests upon move-in.

Methods	Process measures	Target for process measure	Comments
Utilize the "All-About-Me" tool and the Recreation Assessment to determine each individual residents interest.	% of residents who have a completed assessment and All-About-Me tool completed upon move-in.	100% of residents who have a completed assessment and All-About-Me tool completed upon move-in.	

Change Idea #2 Monitoring resident engagement in activities and where engagement is low, meet with resident to discuss individual interests.

Methods	Process measures	Target for process measure	Comments
Monitoring of resident engagement through Activity Pro to identify programs that resident participates in and engagement stats. Survey residents at programs to gather feedback into the program.	Variety of programs on the calendar. Feedback about the programs. # of residents at risk of isolation.	Calendar will have a variety of different types of programs to meet a variety of preferences. Surveys will be done as per auditing schedule and will show positive feedback. No residents will be at risk of isolation as group, individual and 1:1 programs will be tailored to meet each individual residents' needs.	

Safety

Measure - Dimension: Safe

Indicator #3	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	20.09	18.00	Aim for a 10% decrease in falls.	

Change Ideas

Change Idea #1 To improve early identification of residents who are at risk of falls utilizing the Scott Fall Risk Assessment and interdisciplinary team review.

Methods	Process measures	Target for process measure	Comments
Complete the Scott Fall Risk Assessments on admission and as per the processes and policies.	All residents will have a Scott Fall Risk Assessment completed by a Registered Nurse upon admission, annually and with change in status.	100% of residents will receive the admission, annual and with change Scott Fall Assessments.	More education around prevention and indicators for the staff to assess for fall risk and intervention will be initiated at the front line staff level.

Change Idea #2 To review and implement interventions to reduce the fracture risk of residents at risk for falls.

Methods	Process measures	Target for process measure	Comments
Review of Fracture prevention interventions (Vitamin D, bisphosphonates, Prolia Injections and hip protectors)and the subsequent referral to physicians.	# of residents referred to the physician for fracture prevention medication or using hip protectors. # of hip fractures.	Decrease in # of hip fractures quarter over quarter. 100% of residents will have a review of the fracture risk assessment and interventions. 100% of associated referrals will be completed	

Change Idea #3 Maximize restorative care programs such as the walking program where able to increase strength, balance and stamina as a falls prevention strategy for residents able to participate. Utilize additional supports such as physio and BSO in falls prevention.

Methods	Process measures	Target for process measure	Comments
Review of the restorative care program, the Physio and BSO programs to reduce the fall risks associated with the resident. Review of the referral process for Physio, restorative and BSO.	# of residents participating on walking programs. # of physio referrals. # of residents followed by BSO.	100% of all residents who are high risk for falls or have fallen will be considered for referral to restorative, physio or BSO for additional fall prevention measures.	