

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)	27.75	25.00	Goal is to reduce ED visits by 10%.	

Change Ideas

Change Idea #1 Reduce the number of ED visits related to need for sutures

Methods	Process measures	Target for process measure	Comments
Suture Certification for NP to reduce need for ED visit for deep lacerations by end of December 2025	% of residents transferred to hospital related to requiring sutures	reduction of residents requiring transfer to ED for sutures by 1%	

Change Idea #2 reintroduction of restorative care program to help restore independence with tasks of daily living

Methods	Process measures	Target for process measure	Comments
recruitment for 4 FT Restorative Care Aides internally and externally through Indeed, identify Restorative Lead to coordinate restorative program in collaboration with Physiotherapy, training of restorative care aides, identify residents who are eligible for program, set SMART goals in Care Plan	% of residents transferred to hospital related to fall	successful implementation of restorative program with 4 FT Restorative Care Aides	

Change Idea #3 IV Therapy and Maintenance initiated in the home

Methods	Process measures	Target for process measure	Comments
Identify Registered Staff with IV Therapy Skills, Training & Education to be offered for IV Therapy and Maintenance through Conestoga College, Refresher Courses. Ensure supplies are ordered and available for implementation and maintenance of site	% of residents requiring ED visit for IV therapy	4 Registered Staff trained for IV therapy on all 3 shifts by end of April 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction in Pleasurable Dining	C	% / LTC home residents	In-house survey / 2025	67.00	70.00	Aim to increase by 5%.	

Change Ideas

Change Idea #1 Increase opportunities for residents and staff to participate in sharing culture and celebrating diversity through food, cultural dress and customs, music through programs, presentations, displays

Methods	Process measures	Target for process measure	Comments
Quarterly events through recreation programs focused on themed cultural events throughout the month, invite staff to participate in sharing their culture with recipes prepared by residents, trivia, special events.	% of residents attending cultural events and programs offered in 2025	60% of residents attending cultural events and programs offered in 2025	

Change Idea #2 Increase resident feedback related to pleasurable dining.

Methods	Process measures	Target for process measure	Comments
1) Increase resident membership and participation at resident food committee meetings. 2) Increase auditing during meal service using an audit tool or through resident engagement with leadership team member.	# of residents participating on the food committee. % of audits completed.	Minimally 1 resident per neighbourhood on the committee who can represent others. 100% of audits done per auditing schedule.	

Change Idea #3 Staff education on pleasurable dining.

Methods	Process measures	Target for process measure	Comments
Provide Sequence of Dining and Pleasurable Dining education to all leadership and front line team members that support the dining service.	% of staff who receive the training.	80% of staff to complete the training.	

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	19.63	17.50	We would like to see a 2% reduction in residents who have fallen in the last 30 days to continue to perform better than the provincial average.	

Change Ideas

Change Idea #1 Reintroduction of Restorative Care Program to support resident functions to maintain independence with activities of daily living

Methods	Process measures	Target for process measure	Comments
Recruitment of 4 FT Restorative Care Aides to deliver restorative care program, identify Restorative Care Lead who will work collaborately with PT to set up program with residents in each neighbourhood, update Care Plan with goals and monitor progress through MDS/RAI	# of Restorative Care Aides will be in place by the end of 2025.	4 Full Time Restorative Care Aides will be in place by the end of 2025.	

Change Idea #2 Weekly Fall Huddles with interdisciplinary Team

Methods	Process measures	Target for process measure	Comments
Weekly Huddles with focus on Oak Neighbourhood during Q2 with focus on 4 P's, daily rounding, review of plan of care for falls prevention strategies	# of residents who fell on Oak Neighbourhood	2% reduction in the number of residents who have fallen on Oak Neighbourhood.	

Change Idea #3 Monthly audit of all falls to identify trends

Methods	Process measures	Target for process measure	Comments
Reviewing daily falls and tracking in spreadsheet for review	Percentage of residents who have fallen in last 30 days	2% reduction in the number of residents who have fallen in 30 days	