

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)	17.24	15.50	Aiming for a 10% relative improvement to align with the provincial objectives.	

Change Ideas

Change Idea #1 Enhance clinical knowledge and skill of registered staff to support complex care needs within the home.

Methods	Process measures	Target for process measure	Comments
Provide internal and external educational opportunities to support our registered staff assessment and clinical skills (i.e., IV therapy, Wound Care, Leadership training, etc.)	% of registered staff that receive additional training that supports their clinical knowledge and skills.	100% of registered staff have the opportunity and participate in the education offered.	

Change Idea #2 Trending and analysis of determinants resulting in transfers to hospital.

Methods	Process measures	Target for process measure	Comments
ED transfer audit will be completed and reviewed monthly by the nursing leadership. NPSTAT will provide the quarterly report on ED transfer. The reports will be reviewed at the quarterly PAC and Quality Committee. Action plan developed to address opportunities for further improvements.	% of transfers tracked and trended.	100% of transfers will be tracked, trended and analyzed for opportunities for improvement.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction in Dining Services	C	% / LTC home residents	In-house survey / 2025	59.00	64.00	Our aim is to increase our overall satisfaction with dining by 5%.	

Change Ideas

Change Idea #1 Leadership presence in the dining room to determine resident satisfaction with the meal and meal service and to gain feedback with 1:1 interaction and regular auditing.

Methods	Process measures	Target for process measure	Comments
Enhanced leadership presence in the dining rooms to complete auditing as per the audit schedule and to gain feedback about the meal at the time of service. All audits and feedback to be trended to determine opportunities for improvement.	% of audits completed and trends identified.	100% of audits will be completed per the audit schedule and will be trended.	

Change Idea #2 Resident feedback on menu items and themed meals

Methods	Process measures	Target for process measure	Comments
Continue to engage with the Residents Food Committee to review menus and to get feedback into menu choices and themed meals. Incorporate choices in the menu at least once a month.	# of menu changes/themed meals.	Minimally of 1 menu change/them meal per month.	

Safety

Measure - Dimension: Safe

Indicator #3	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	16.52	14.00	We are aiming for a 2% decrease with an aim to be within the 1st or 2nd quarter compared to other homes in the province.	

Change Ideas

Change Idea #1 Delusions and hallucinations will be identified and properly coded during the assessment.

Methods	Process measures	Target for process measure	Comments
Educate the registered staff around the identification and coding of hallucinations and delusions. Documentation in the progress notes will support observations. The RAI and BSO Lead will monitoring and ensure accurate coding.	% of resident coded with hallucinations and delusions	100% of resident experiencing hallucinations and delusions will be coded.	

Change Idea #2 The Interdisciplinary Team MD, NP, BSO (Including Psychogeriatric Outreach Team) and staff to meet monthly to review all new admission for diagnosis and medications for inappropriate prescribing of Antipsychotic.

Methods	Process measures	Target for process measure	Comments
The Interdisciplinary Team will assess and review newly admitted residents who are on Antipsychotic medications. Opportunities for tapering and discontinuation of medications will be considered. The team will work with BSO, the care team and programs to develop non-pharmacological interventions to support the resident.	% of newly admitted residents who are assessed for the appropriateness of the antipsychotic medications.	100% of newly admitted residents will be assessed.	