

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)	15.53	13.98	Home aims to decrease avoidable ED visits by 10%.	

Change Ideas

Change Idea #1 To reduce the ED transfers by educating the registered staff on proper assessment before calling the physician.

Methods	Process measures	Target for process measure	Comments
DOC/Quality nurse will educate all registered staff on what assessments should be done prior to calling the physician and family to ensure that a proper decision can be made to transfer to hospital.	% of registered staff that have received the assessment education.	100% Of all registered staff would receive the education.	

Change Idea #2 DOC and quality can attend the resident and family council to educate on what intervention can be offered at the home.

Methods	Process measures	Target for process measure	Comments
DOC to attend 1-2 resident and family council meetings to ensure trust, confidence and education is provided to reduce the need to send resident to ER when the treatment is available at the home level. The medical director to attend the family council meeting to provide further education and support to families.	% of residents and families requesting transfer to hospital when services can be provided at the home.	Residents and families requesting transfer to the hospital will decrease to less than 10% due to better understanding of care offered at the home.	ED transfers indicator will reduce.

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall increasing resident satisfaction related to dining experience.	C	% / LTC home residents	In-house survey / 2024-2025	81.00	85.00	Aiming to improve satisfaction survey by approximately 5%.	

Change Ideas

Change Idea #1 Enhance the dining experience. For example, improving food temperatures, and timeliness of meal delivery.

Methods	Process measures	Target for process measure	Comments
Continue to have food shows and get feedback from residents around variety. Continue to get feedback on food committee meetings and make necessary changes. Also working with and rolling out corporate initiatives around pleasurable dining. Continue with meal audits.	Continue to do regular dining room audits with the focus on food temperatures, quality and experience.	To see Improvement in the resident pleasurable dining experiences and satisfaction.	Aim to increase the resident satisfaction survey.

Change Idea #2 Enhance the dining experience by having more variety in the menu.

Methods	Process measures	Target for process measure	Comments
Host special food shows and ask for written feedback. Do Lunch a La Carte. Engage the cooks and Dietary team to engage more with the residents and hear feedback first hand.	Ask for feedback at food meetings, daily meal service and comment cards at the food shows.	To see Improvement in the resident pleasurable dining experiences and satisfaction.	To improve the overall resident satisfaction survey.

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall increase Resident satisfaction related to communication between staff and timely communication to the families.	C	% / LTC home residents	In-house survey / 2024-2025	81.00	85.00	Aiming to improve overall communication in the home by 5%.	

Change Ideas

Change Idea #1 Improve shift to shift report and communication between nursing team members.

Methods	Process measures	Target for process measure	Comments
Using the 24 hour report and have the unit RPN give report to PSW at every shift change including weekends and afternoon shift.	Educate registered staff to ensure the PSW and other departments are well informed by giving and writing updates in the 24 hour report book. DOCs to do a quick audit of the 24 hour book every day prior to nursing meeting.	Communication will flow and staff will be better informed to look after the residents.	Aim to increase the resident and family satisfaction survey.

Change Idea #2 Registered staff will communicate proactively with families and update them on any changes related to their loved ones.

Methods	Process measures	Target for process measure	Comments
Registered staff to communicate with Families and PSWs on every resident changes.	Decrease the amount of complaints of not being informed in timely fashion.	Better flow of communication to ensure all staff/families are informed of all resident care related changes.	Improve the overall communication survey results.