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)	41.86	35.00	To see a 15% reduction in current performance.	

Change Ideas

Change Idea #1 Stregthen communication and collaboration amoung health care partners including Nurses, Physician, Allied health professionals resident and family using the SBAR tool.

Methods	Process measures	Target for process measure	Comments
1. Adopt SBAR documenation tool to better communicate with interdispinary team 2. Facilitate a shared decision-making dession between health care team, resident and family to explore treatment options and discuss risk and benefits and alternatives to hospitalization 3.Incoorporate SBAR documentation in Registerd Staff orienation process.	1.Audit 10 charts each quarter to see if Registered Nursing staff are using Nursing Notes 2.Audit 10 carts each quarter to see if Adanvanced Care Planning was discussed at the Care Conferences.	80% of Audited charts show evidence of SBAR nursing notes at end of year evaluation. 2.80% Of Audited Carts will have Advanced Care Planning discussed in Care conferences end of year evaluation.	

Change Idea #2 Use clinical Pathways as a clinical support tool to optimize treatment and outcomes of residnts.

Methods	Process measures	Target for process measure	Comments
1.Provide education to Nursing Staff on the use of the clinical pathways ensuring adherence to best practices and standardized approaches to care deliever 2.Collaborate with RNAO and PointClick Care to Implement RNAO clinical pathways for standardizing procedures and protocols for managing resident care needs.	Audit New admissions assessment to have Clinical pathways each quarter.	80% of New admissions to have Clinical pathways completed within 24hrs of Arrival	

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	CB	To have 100% staff education for equity, diversity, inclusion, and anti-racism education.	

Change Ideas

Change Idea #1 Promote the ongoing cultivation of cultrual competency, equity, diversity, inclusion and anti-racism within the organization

Methods	Process measures	Target for process measure	Comments
1. Provide staff members an opportunity to share their culture by creating celebration days 2. Provide contiuoius learning opporitiunties for staff members on inclusion and diversity	1. Track number of staff conflicts within the facility 2. Track staff participation with social events	1. 30% decrease of Staff on Staff related incident	

Change Idea #2 Foster awareness of Indigenous perspectives and experiences

Methods	Process measures	Target for process measure	Comments
1.Engage in collaboration with local Indigenous communities to enhance cultural sensitivity in care provision 2. Start each meeting with Land acknowledgement	Audit Meeting Minutes and Agenda each quarter for inclusion of Land Acknowledgment	100% on Feedback for effectiveness and frequency from yearly staff surveys	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I Have enjoyable things to do on the weekend ?"	C	Rate per 100 / LTC home residents	In house data, interRAI survey / 2023/24	65.00	80.00	To have a score of 80% on the next Resident Satisfaction survey	

Change Ideas

Change Idea #1 Create more opportunties for resident to be engaged in programs during the evening and weekends

Methods	Process measures	Target for process measure	Comments
1.Allocate more hours activation staff to provide programs on the weekend 2.Utilize Tovertaful Projector provide support to resident who have low engagement	Monitor Activity Pro for increase Resident Participation in evening and weekend activities.	1. 50% Improvement on Outcome scores in Index of Social Enagement Score(ISE). 2. Increased positive feedback on activites provided at the facility on Resident Statisfaction survery	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I have the same nurse to assist me on most weekdays".	C	Rate per 100 / LTC home residents	In house data, interRAI survey / 2023/24	60.00	75.00	To have a score of 75% on the next Resident Satisfaction survey	

Change Ideas

Change Idea #1 Provide more regular staff to improve the continuity of care

Methods	Process measures	Target for process measure	Comments
1.Hire and Recurte PSW and nursing staff to reduce Agency Use 2.Collaborate with PSW colleges to have students have their placement and recruite them to work at organization 3.Review Staff Absenteeism Rates	Review and Track Cost of Agency use monthly Complete quarter of staff performance review each quarter	90% of lines filled by recruited staff by March 2025	

Safety

Measure - Dimension: Safe

Indicator #5	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	8.65	7.35	To remain below provincal average and further reduce organizational percentage	

Change Ideas

Change Idea #1 1.Re-education, for Fall Risk screening for Frontline Staff members

Methods	Process measures	Target for process measure	Comments
1.Collborate with RNAO to assist and assess the gaps within the facility to address and create corrective actions to mitiage risk 2. Coordinate with clinical educator to formulate education seesions that will review Fall risk assessment tools and Post Fall Assessment	Audit MDS scheduled resident for completed FALL RISK ASSESSMENT	90% of Quarterly risk assessment completed on time 90% of Post Fall Assessment completed	

Change Idea #2 2.Modify resident enviornments to be more suitable for individuals needs

Methods	Process measures	Target for process measure	Comments
Nursing, physical therapy (PT), occupational therapy (OT), and the building manager collaborate to evaluate and implement adjustments to resident rooms and common areas, aiming to reduce the risk of falls among residents.	Track the number incidence of falls occurring in resident rooms and common areas, as well as the severity of resulting injuries.	20% reduction of fall related injurys for the 2024/2025 fiscal year	

Change Idea #3 Adopt the 4-Ps framework (Pain, Positioning, Possessions, Pee)

Methods	Process measures	Target for process measure	Comments
Provide training and education to front-line staff on the 4 Ps (Pain, Positioning, Possessions, Pee)	Track and monitor the number of fall incidents related to toileting	30% Decrease on falls related to toileting.	