

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)	26.42	21.00	Home specific target.	

Change Ideas

Change Idea #1 The Home will work to decrease the number of avoidable ED transfers by educating our Registered Nurses on preventing acute deterioration of residents.

Methods	Process measures	Target for process measure	Comments
Registered Nurse education on Preventing Acute Deterioration in LTC through CLRI.	The Home expects a completion rate of 92% in Preventing Acute Deterioration in LTC education.	92% of all Registered Nurses will complete Preventing Acute Deterioration in LTC education by Dec 2025.	

Change Idea #2 The Home will improve the internal tracking of resident transfers.

Methods	Process measures	Target for process measure	Comments
Staff development educator will provide education to the Registered Nurses on correct completion of the census in Point Click Care (PCC).	The Home expects a 92% completion rate of PCC census education of Registered Nurses.	92% completion rate of Registered Nurses for PCC census education by Dec 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident responding positively to the following survey question: I feel my goals and wishes are heard and considered in my care.	C	% / LTC home residents	In-house survey / Most recent consecutive 12 month period	53.00	58.00	Home specific target	

Change Ideas

Change Idea #1 The Home will implement the "All About Me" program for our residents. This is an information board about the resident, provided by the resident and family members that know them best, describing the important things in their history and current life.

Methods	Process measures	Target for process measure	Comments
Our life enrichment and nursing departments will work closely with the residents and families to develop these information boards about all our residents.	Our goal is to have 95% of our current residents "All About Me" information boards completed by Oct 2025. New admissions to the Home will be completed as they arrive.	95% of our resident will have their "All About Me" information collected by Oct 2025.	

Change Idea #2 Implement process where coding staff, when completing residents routine interRAI LTCF assessments will ask the resident if their goals of care are being met, or if they require any changes to their goals of care.

Methods	Process measures	Target for process measure	Comments
Will add questions to Coding staff verification form asking cognitively able residents if they feel their needs are being met, or if they would like any changes to their current goals of care.	Number of goals of care reviewed with residents that result in changes to their care plan. Number of documented changes to goals of care as a result of resident input.	100% of cognitively able residents will be asked if they require any changes to their goals of care during coding process. 100% of cognitively able residents will have their requested goals of care changes added to their care plan.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident responding positively to the following survey question: I am satisfied with quality of care from Dr	C	% / LTC home residents	In-house survey / Most recent consecutive 12 month period	43.00	47.00	Home specific target.	

Change Ideas

Change Idea #1 The Home will work with our Nurse Practitioner and Doctors to provide education to Residents and family members on our internal referral process for doctor visits. With the goal to increase our residents and families understanding of how our doctors and nurse practitioner make decisions in their care.

Methods	Process measures	Target for process measure	Comments
Develop an education package on the referral process for residents and families to be included in our monthly newsletter and presented at Family information session educating our residents and families about the doctors involvement in their care.	Number of residents educated on the referral process.	The Home strives to see an improvement in our positive response rate for this quality initiative Of 10% for next experience survey	

Change Idea #2 The Home will connect with our doctors and nurse practitioner to see if they will be agreeable to have their pictures taken and posted in our newsletter.

Methods	Process measures	Target for process measure	Comments
By posting pictures of our doctors and nurse practitioner it will provide visual cue for our residents and families assisting them to identify the MD's and NP.	Number of residents and families that will be familiar with our MD's and NP	10% improvement in positive response rate to this question.	This will be a difficult change to track but when digging into the responses to this question with the residents and families it was identified that it wasn't that their care needs from MD/NP were not being met as much as they could not identify the doctors or the nurse practitioner.

Safety

Measure - Dimension: Safe

Indicator #4	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	22.44	20.00	Home specific target.	

Change Ideas

Change Idea #1 Restructure our multidisciplinary Fall Prevention Committee.

Methods	Process measures	Target for process measure	Comments
ADOC and Best Practice Lead will restructure and lead, a Fall Prevention Committee. Committee will review residents that are frequent fallers and any falls that result in injury to work together to develop interventions to decrease falls and injury. Committee will also review post fall huddles and provide education on policy to ensure these are completed.	ADOC/BP lead will have monthly meetings to review residents with frequent falls and any fall that results in injury with interdisciplinary team with goal to identify and implement interventions to reduce falls and injury.	The Home hopes to see a decrease of 10% in the number of falls by Dec 2025	