

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)	20.21	20.00	Actively work towards limiting unnecessary ED visits	

Change Ideas

Change Idea #1 Ongoing education to Registered Staff on proper assessment skills

Methods	Process measures	Target for process measure	Comments
NLOT collaboration, in-services at Registered Staff Meeting, real-time education	Monthly review and analysis of ED transfers	50% decrease in unnecessary ED transfers d/t appropriate nursing assessment	

Change Idea #2 Ongoing competency checks for Registered Staff to ensure effective assessment skills

Methods	Process measures	Target for process measure	Comments
Real-time checks, checklists	Monthly review and analysis to identify any knowledge gaps	100% of registered staff will demonstrate competency in their assessment skills	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	68.97	90.00	Actively work towards 100%	

Change Ideas

Change Idea #1 Encourage residents to report any situations to where they feel their rights weren't respected and voices not heard.

Methods	Process measures	Target for process measure	Comments
Review residents rights at Resident Council meetings to ensure understanding. Encourage reporting in a "safe space" with no prejudice.	Track through the annual Resident and Family Satisfaction Survey. Emphasize the importance for all residents/families to complete, in order to track the home's progress and ensure we are meeting the needs of the residents and their families.	to have 100% of residents feel that their concerns are being met each time.	Total Surveys Initiated: 29 Total LTCH Beds: 67

Change Idea #2 Increase staff awareness regarding resident centered care, and Residents Bill of Rights from the FLTCA

Methods	Process measures	Target for process measure	Comments
Review Resident Bill of Rights with staff annually, include Resident Bill of Rights in new staff orientation packages, and provide awareness of continued education for staff in dementia care, validation and person centered care.	Staff to complete yearly online training on Residents' Bill of Rights. Required to pass a competency test to pass the online training.	All staff to complete annual online training on Residents Rights by Dec 2024.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	89.66	100.00	Actively work towards 100% agreeance	

Change Ideas

Change Idea #1 Encourage residents to report any situations in that they feel their rights weren't respected.

Methods	Process measures	Target for process measure	Comments
Residents can be resistive to voicing their concerns as they don't want to get anyone in trouble, or don't want to be a bother.	Review Residents' Bill of Rights at Residents Council to ensure understanding, encouraging discussion, examples and conversation of the rights.	To have 100% of residents feel they can express their opinion without fear of consequences using the Residents and Family Satisfaction Survey annually.	Total Surveys Initiated: 29 Total LTCH Beds: 67

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	9.47	9.00	Continue to work towards decrease falls	

Change Ideas

Change Idea #1 Monthly fall committee meetings to discuss trends and identify appropriate interventions in real-time.

Methods	Process measures	Target for process measure	Comments
Monthly meetings with falls committee.	Schedule of meeting each month	At least one fall meeting a month occurred.	

Change Idea #2 Increase number of hours dedicated to BSO personnel.

Methods	Process measures	Target for process measure	Comments
Scheduling more dedicated BSO shifts.	Keep record of BSO hours per pay period.	At least 4 BSO shifts scheduled per pay period.	

Change Idea #3 Educate Registered staff regarding appropriate fall interventions to be put in place.

Methods	Process measures	Target for process measure	Comments
Collaborating with NLOT, in-services and online training.	Increased number of interventions put in place to reduce risk for falls.	100% of Registered Staff have a better understanding of fall prevention and when to put certain interventions into place.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI portal / fiscal year	1.20	1.10	Continue to stay under averages	

Change Ideas

Change Idea #1 Educate registered staff on various skin/wound interventions that can be put in place.

Methods	Process measures	Target for process measure	Comments
NLOT collaboration, in-services	Quarterly and PRN education to be held	100% of registered staff will have completed addition education regarding skin and wounds	

Change Idea #2 Use of low air loss mattresses where appropriate

Methods	Process measures	Target for process measure	Comments
Two new mattresses purchased and to be placed into circulation	Resident with low air loss mattresses will have decrease skin and wound concerns	Residents with low air loss mattresses will have no worsening of pressure injuries	

Change Idea #3 Implementation of PCC skin and wound program

Methods	Process measures	Target for process measure	Comments
PCC skin and wound program will be successfully implemented and all registered staff to have access	Skin and Wound program implemented	100% of Registered staff will receive training and have access to skin and wound program	

Change Idea #4 Referrals to Registered Dietician initiated appropriately

Methods	Process measures	Target for process measure	Comments
Education to staff regarding when to send referrals based on legislation	Quarterly check-ins with Registered Dietician to ensure referrals being used / sent correctly	Nutrition referrals sent 100% of the time	