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)	17.39	13.85	To decrease our current performance by 20% to meet our target performance.	

Change Ideas

Change Idea #1 RNAO Best Practice Measures

Methods	Process measures	Target for process measure	Comments
Continue to implement a new charting system to help all staff follow best practice measures.	Implementing a new charting system to allow all staff to follow best practice measures and to identify issues early and in real time.	To increase the identification of any/all possible residents issues in real time.	Education and training in the new charting system

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	100.00	100.00	to maintain 100% compliance with staff training diversity and inclusion education.	

Change Ideas

Change Idea #1 Diversity Plan: Encourage employees to participate in formal diversity and inclusion certifications or courses to increase their understanding of diversity issues and effective strategies for fostering an inclusive environment. Celebrate diverse cultural events, awareness days, and heritage months to foster understanding and appreciation for different backgrounds. Create open lines of communication where employees can voice concerns or suggestions about diversity, ensuring that everyone feels heard and valued in the workplace. Implement regular surveys and feedback loops to gauge employee perceptions about diversity and inclusion efforts, and act on the feedback to continuously improve.

Methods	Process measures	Target for process measure	Comments
The purpose of this plan is to address how all staff respond to the diversity of all persons we serve, as how the knowledge, skills and behaviors will enable our workers to provide care through a multicultural lens.	Implementing education and training to all staff. To continue to monitor practices, identify trends, engage and implement plans for improvement to support the implementation of cultural competency and Diversity plan.	To create healthy work environments are essential for quality, safe resident care;	Total LTCH Beds: 128 Ensure our residents and their families have access to culturally appropriate services Create a community that embraces diversity and inclusion and ensure that the community voice and participation is welcome

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: "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	90.00	95.00	To maintain or greater our current target.	

Change Ideas

Change Idea #1 Continue to promote the completion of the satisfaction survey. Maintain the number of direct care staff Utilizing the added BSO PSW team

Methods	Process measures	Target for process measure	Comments
Maintain the percentage of overall resident satisfaction. Increased the number of direct care staff.	To continue to educate all direct care staff members. Continue to increase percentage of overall satisfaction.	Maintain our level of satisfaction to residents. To increase the knowledge of direct care staff.	Total Surveys Initiated: 128 Total LTCH Beds: 128

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 can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	90.00	100.00	To increase our current percentage by 20% to meet our target.	

Change Ideas

Change Idea #1 Continue to encourage completion of the annual satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Using forms of communication , continue to use and completion of the satisfaction survey.	Maintain the percentage of resident satisfaction. Increase the education of staff in behavior training.	Increase the knowledge to all direct care staff. Increase the hour of 1:1 time with residents. To maintain our level of resident satisfaction.	Total Surveys Initiated: 40 Total LTCH Beds: 128

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents with a Palliative care plan	C	% / All inpatients	In house data collection / Jan 2024 - Dec2024	0.00	100.00	To increase our current percentage of resident who have a palliative care plan.	

Change Ideas

Change Idea #1 ; healthcare providers in advanced communication techniques for discussing goals of care, prognosis, and the role of palliative care. Effective communication helps ensure that patients and families understand their options, respect the patients' wishes, and avoid unwanted or futile treatments. A team approach ensures that the physical, emotional, spiritual, and social needs of the patient and family are addressed. Each team member brings a unique perspective to the patient's care. Work with patients and their families to develop individualized care plans, regularly reassess goals, and adjust care as needed based on the patient's evolving needs. To maintain and promote the optimum quality of life-comfort

Methods	Process measures	Target for process measure	Comments
Establish specific, measurable, achievable, relevant, goals for palliative care improvements. This could include metrics related to patient satisfaction, quality of life, pain management, care coordination, and staff well-being. To gather information by forming a Palliative committee and admitting staff.	To increase/promote comfort. To alleviate the mental and physical discomfort of the resident at all times without emergency measures. To respect residents wishes.	To complete and put into place a palliative policy. To work with a VON palliative coach to increase knowledge to all direct care staff members.	

Safety

Measure - Dimension: Safe

Indicator #6	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	23.81	19.00	To use antipsychotics in appropriate situations and evaluate. To educate on proper documentation using RIA to properly track usage of antipsychotics.	

Change Ideas

Change Idea #1 To educate on proper documentation

Methods	Process measures	Target for process measure	Comments
Using antipsychotic in appropriate situations	to education on proper documentation on the use of antipsychotics, to ensure its delirium or other through proper documentation.	By using RIA to properly track the usage of antipsychotics.	