

## 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)	20.00	18.00	Since we are currently under the Provincial average of 21.83, we are looking to maintain our 20%, or better it to 18%	

### Change Ideas

Change Idea #1 #1) 1. Our home will continue to audit Emergency Department visits. 2. We will continue to monitor and report early onset health changes; signs and symptoms of infection lab values, to determine if treatment can be implemented in our home. 3. Educating staff on potentially avoidable Emergency Room visits. 4. Discuss the progress of this indicator at our quarterly PAC meetings. 5. Our residents receive care as long as possible in a Long Term Care Home setting, instead of being transferred to the Emergency Department.

Methods	Process measures	Target for process measure	Comments
1. Review transfers that are preventable versus visits deemed warranted. 2. Ongoing education for staff and residents. 3. At monthly QI meetings review Emergency Department visits.	1. Collect and track data for transfers that are avoidable versus visits that are warranted.	To decrease the number of Emergency Department visits from 20% (below the Provincial Average of 20.83%) to 18%.	

## 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	76.16	100.00	We are aiming to have 100% of staff completing relevant equity, diversity, inclusion, and anti-racism education, by October 1st 2025.	

### Change Ideas

Change Idea #1 1) To educate all staff on equity, diversity, inclusion, and anti-racism that is relevant. 2. As a home, we want to expand our education on relevant equity, diversity, inclusion, and anti-racism education. Staff require more education that is not only on Surge learning To do this we are looking at hosting, education/activity days for staff.

Methods	Process measures	Target for process measure	Comments
To have all staff do Surge learning education	At QI meetings, review the percentage of staff who completed equity, diversity, inclusion, and anti-racism education by analyzing Surge Learning Data.	By October 1, 2025, we will have 100% of our staff completed relevant equity, diversity, inclusion, and anti-racism education	Total LTCH Beds: 96

## 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	92.11	95.00	As part of our goal of creating a more responsive and person-centered care home, we are targeting at least a 95% rating in the survey question, "What number would you use to rate how well the staff listens to you?"	

### Change Ideas

Change Idea #1 "Our goal is to improve residents' quality of life and address concerns."

Methods	Process measures	Target for process measure	Comments
The resident wellness coordinator follows up with the resident and family within two weeks after a resident's admission to see how things are going.	1. Annual Resident Satisfaction Survey 2. Addressing resident concerns as they arise 3. Giving our residents a voice 4. Resident Council meetings, Family Council Meetings, Care Conferences	Our Home will strive to improve our performance on this indicator to 95% for 2025/2026 year	Total Surveys Initiated: 38 Total LTCH Beds: 96

## 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	84.21	90.00	To increase our satisfaction rate with the statement "I can express my opinion without fear of consequences."	

## Change Ideas

Change Idea #1 1.Our goal is to improve residents' quality of life and address concerns. 2.The resident wellness coordinator follows up with the family two weeks after a resident's admission to see how things are going.

Methods	Process measures	Target for process measure	Comments
Annual Resident Satisfaction Survey	1. Annual Resident Satisfaction Survey 2. Addressing resident concerns as they arise 3. Giving our residents a voice 4. Resident Council meetings, Family Council Meetings, Care Conferences	Aiming for a 90% satisfaction rate from our Resident Surveys	Total Surveys Initiated: 38 Total LTCH Beds: 96 Total Survey Initiated=38 # of LTCH beds=96

## 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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	20.55	15.52	For the year 2025/2026, we are looking to hit the provincial average of 15.52%, or a 5.03% decrease.	

### Change Ideas

Change Idea #1 #1) 1. Ensure personalized fall prevention plans for all residents. 2. Continue to educate staff and residents on fall prevention 3. Performing post-fall assessments is crucial to identify any contributing factors and prevent similar falls from happening in the future.

Methods	Process measures	Target for process measure	Comments
Daily report on falls. Audits of resident falls to determine possible causes. Monitor the usage of bed and chair alarms and that they are being used properly. Monitor Falls Prevention Program	Monthly reports and statistics(i.e. tracking time of falls), CISs, injury rates, Review staffing. Monthly QI meetings	To decrease falls by 5.03%	

**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	28.40	25.00	We aim to decrease the use of anti-psychotics by 3.4% for residents by the end of 2025/2026.	

**Change Ideas**

Change Idea #1 1) Increased BSO staff to support residents with responsive behaviours.

Methods	Process measures	Target for process measure	Comments
Monthly tracking of the number of residents using anti-psychotics without diagnosis. Quarterly medication review Consult with pharmacy, pharmacists, and doctors to review medications. The home offers GPA training with an in-house trainer to all staff.	Monthly statistics from Sobey's Pharmacy and BSO tracking	We are looking to decrease our use of antipsychotics in residents without a diagnosis by 3.4%, by the end of 2025/2026 year.	