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 Q3 2023/24 – Q2 2024/25	9.4	6	The Home did not meet our previous goal of 6.0. Our goal is to decrease the rate of ED visits to 6% based on a new partnership with the South West Nurse-Led Outreach Team	SW-NLOT

Change idea: Identify residents with a sudden change in health status to initiate assessment and treatment initiatives in a timely fashion, including utilizing the services of the NLOT for more advanced in-house treatments (including IV therapy)			
Methods	Process Measures	Target for process measure	Comments
• Monitoring progress notes to identify residents with a decline in their health status / significant change in status for assessment by the MD/NP. • Monitoring the use of the NLOT to prevent avoidable transfers to the ED on a monthly basis. • Education provided to staff by the NLOT regarding treatments initiated in the home instead of hospital transfer (ie IV starts, maintaining IV lines,), building capacity in our registered staff and to provide	• Residents assessed by the MD/NP at the onset of signs and symptoms of a decline in health status / significant change in status. • Residents assessed by NLOT and education provided to staff. • Number of education sessions provided by the NLOT	• Number of ED transfers avoided through use of NLOT will be monitored by the leadership team and the NLOT. • Staff capacity for treatments/therapies to avoid ED transfers	

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urgent geriatric assessment for residents having frequent falls or frequent transfers to hospital.				

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	100.00	Our target of 100% is set to ensure all employees have received education on equity, diversity, inclusion, and anti-racism.	

Change Idea:	All employees at the Home will be assigned mandatory modules of education on equity, diversity, inclusion and anti-racism. Additionally, all job postings will reflect the Home's hiring practices that support equity, diversity and inclusion.		
Methods	**Process Measures**	**Target for process measure**	**Comments**
• All staff will be assigned learning modules of education on equity, diversity, inclusion and anti-racism • All job postings will include hiring language regarding hiring practices that support equity, diversity and inclusion. • Human Resources support hired to support home	• Surge learning completion will be monitored to ensure all staff have completed the required learning. • Review job postings for inclusive language.	• 100% of all staff to have completed the mandatory surge learning by March 31st each year. • 100% of online postings will include language to support equity, diversity and inclusive hiring practices.	

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Safety

Measure - Dimension: Safe

Indicator #3	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 Q2 2024	15.9	14	The Home did not meet our previous target of 14. The Falls Prevention and Management Committee will meet monthly and shall include interdisciplinary team members to identify strategies and interventions to reduce falls.	

Change Idea:	The Falls Prevention and Management Committee will meet monthly with the interdisciplinary team to review falls, interventions, and whole-home strategies to prevent falls.		
Methods	Process Measures	Target for process measure	Comments
• The Falls Prevention and Management Committee will meet on a monthly basis and shall include restorative, physio, and life enrichment. • The Committee will review strategies and interventions for individual residents as well as whole home interventions to reduce falls, and review the number of minutes of therapy provided each month.	• The Falls Prevention and Management Committee will track and review the number of residents who have fallen in the previous month, and the number of falls per resident. • Strategies and interventions to reduce falls will be evaluated for their effectiveness at reducing falls.	• Decrease in the number of residents who have fallen and the number of falls per resident.	• Increases in staffing (PSW and RPN) will provide the opportunity for increased monitoring of residents, especially those at high risk for falls. • Utilization of HINF for supplementary staffing if applicable for those at high risk of harm (including with frequent falls).

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Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	O	% / LTC home residents	CIHI CCRS Q2 2024	8.3	8.3	Goal to maintain current levels which are below the provincial average of 19.6%. Increasing number of residents admitted to LTC taking antipsychotic medications on arrival to the home.	

Change Idea:	The Falls Prevention and Management Committee will meet monthly with the interdisciplinary team to review falls, interventions, and whole-home strategies to prevent falls.

Methods	Process Measures	Target for process measure	Comments
• Monitor new admissions for diagnoses and antipsychotic medication use. • Medications reviewed by the MD/NP for all new admissions, and quarterly and annually for existing residents.	• Monitor trends for antipsychotic medication use.	• Maintain the current level of antipsychotic medication use which is below the provincial average.	• Ongoing medication reviews by pharmacy, MD and NP on admission, quarterly, and annually.

Experience

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement "What number would you use to rate how well the staff listen to you".	O	CB	Resident Satisfaction survey 2024	79%	90%	Goal to increase to 90% to ensure residents feel that staff are listening to them.	

Change Idea: To ensure that residents feel safe in expressing their opinions without fear of consequences.			
Methods	Process Measures	Target for process measure	Comments
• Resident and Family satisfaction surveys are conducted annually • Increasing PSW and RPN staff on each home unit to increase the hours of direct resident care whereby residents can talk to staff and feel heard. • Provide education to residents on resident rights.	• Data collected from satisfaction surveys will be reviewed • Results from surveys will be communicated to management, family council and resident council.	• Increase in the number of residents who indicate that they feel listen to them on the resident satisfaction survey	• Increases in staffing (PSW and RPN) and decreased agency staff usage will provide the opportunity for residents to have regular staff and increased staffing support so that residents can feel that staff are listening to them.

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Experience

Measure - Dimension: Patient-centred

Indicator #6	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	CB	Resident satisfaction survey	94%	94	Goal to maintain the current level of satisfaction that residents can express their opinion without fear or consequences.	

Change Idea:	To ensure that residents feel safe in expressing their opinions without fear of consequences.		
Methods	**Process Measures**	**Target for process measure**	**Comments**
• Resident and families will be provided information on how to express concerns. • Resident and Family satisfaction surveys are conducted annually • Education to staff regarding making residents feel validated when expressing opinions and not fear consequences. • Provide education to residents on resident rights and fear of reprisal.	• Data collected from satisfaction surveys will be reviewed • Results from surveys will be communicated to management, family council and resident council.	• Increase in the number of residents who indicate they feel safe in expressing their opinions without fear of consequences on the resident satisfaction survey	• Increases in staffing (PSW and RPN) and decreased agency staff usage will provide the opportunity for residents to have regular staff, increased continuity of care and increased staffing support so that residents can feel free to express their opinions without fear of consequences.

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Experience

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To have early identification of residents requiring high-quality end of life palliative care with support for residents and families.	O			CB	CB	Goal to provide high-quality palliative care in a timely fashion to residents at the end-of-life stage and to provide support to residents and families.	• Laura Coombs, PPSMC London Middlesex & Oxford Elgin

Change Idea:	Residents at the end of life stage will be will be identified in a timely manner and high-quality palliative care will be implemented.		
Methods	**Process Measures**	**Target for process measure**	**Comments**
• The Pain and Palliative Committee will meet monthly to review CHESS scores and review residents identified as end of life. • Annual education provided to all staff on palliative care. • Life Enrichment Manager sends Palliative surveys sent to families regarding palliative care provided in the home to their loved one • Goals of care discussed with families on admission and during care conferences.	• Review survey results from families regarding the Home's end-of-life / palliative care process and if families have any concerns regarding the level of care provided. • End-of-life care strategies implemented to manage Pain and symptoms.	• Positive feedback from families regarding palliative process and end of life care provided to residents. • Death debrief after every death.	• Registered staff currently use a checklist to immediately implement palliative care measures when a resident is deemed palliative. • Our palliative process includes a yellow butterfly for comfort measures whereby the resident may or may not be imminently palliative, and a blue butterfly which is end-of-life care. • Palliative email list so that all departments are notified when a resident is deemed palliative • Palliative care brochure for families

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