

## 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)	21.36	20.93	2% improvement	

### Change Ideas

#### Change Idea #1 Availability of mobile x-ray.

Methods	Process measures	Target for process measure	Comments
Current provider to recruit a new technician and/or source a new mobile service provider.	Work with current Xray provider to maintain relationship and resume service.	By the end of December, 2024 mobile x-ray service resumed in the home.	

#### Change Idea #2 Reduce ED visits that relate to IV insertion/maintenance.

Methods	Process measures	Target for process measure	Comments
IV/PICC line training for staff within the home.	Registered team members to be trained/retrained in IV insertion/therapy and PICC lines.	100% of team members trained in IV therapy/insertion and PICC line maintenance by the end of 2024.	

Change Idea #3 Improve team members understanding of POET to support end-of-life conversations with families.

Methods	Process measures	Target for process measure	Comments
Education with registered team members on how to conduct goals of care discussions with family to support treatments for residents within the home.	Registered team members to receive goals of care education.	100% or registered team have received education on conducting goals of care conversations with families.	

Change Idea #4 Improve nursing assessment skills through education.

Methods	Process measures	Target for process measure	Comments
Utilize diagnostic skills funding to provide education to registered team members on utilizing bladder scanners and performing chest assessments.	Provide education to registered team members in conjunction with NP's.	100% of registered team will have training in how to use the bladder scanners and how to perform a chest assessment.	

**Measure - Dimension: Timely**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of families/residents who are satisfied in knowing how to access external healthcare services.	C	% / LTC home residents	In house data collection / 2024	76.00	86.00	Improve family/resident access to external services.	

**Change Ideas**

Change Idea #1 Develop relationships with external service providers.

Methods	Process measures	Target for process measure	Comments
Department Leads to reach out to their suppliers/resources.	Gaining partnership/information	Access to information from a minimum: Footcare, Hairstylist, Dental, Supportive Equipment, Physio, Transportation	

Change Idea #2 Updating information pamphlet that is to be readily available to families at residents upon Admission, MDCs, in the Information Center, and on the Bright Sign. Include in the residents welcome booklet as a list of providers.

Methods	Process measures	Target for process measure	Comments
Once #1 is completed, to develop resources with this information.	Completion of resource and education to team members/families and residents	Complete by August 2024	

## 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	100% of leadership team have completed the education. Goal pertains to both leadership and all team members.	

### Change Ideas

#### Change Idea #1 Education and Training

Methods	Process measures	Target for process measure	Comments
Surge Learning Module	% of team members completion of education	100% by November 2024	Total LTCH Beds: 253

#### Change Idea #2 Education for Residents

Methods	Process measures	Target for process measure	Comments
Providing resources and conversations with residents on cultural competency in Long-Term Care	Through residents councils/floor meetings	As required by level of able participation	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to the statement, "Team members answer when I call (when they do, they are respectful - knock on my door, introduce themselves, etc.)"	C	% / LTC home residents	In-house survey / 2024	75.00	85.00	To ensure residents feel team members will respond promptly to their needs.	

### Change Ideas

Change Idea #1 Training and education to all team members on answering call bells

Methods	Process measures	Target for process measure	Comments
Annual Education, In-Service	% of staff who received training	100% by November 2024	

## Change Idea #2 Staffing priorities and Job Routines

Methods	Process measures	Target for process measure	Comments
Review of Job Routines with new positions, including break times	% of job routines reviewed	100% by September 2024	Residents Council Suggestion: "Always have two staff on the villa that are trained to carry out lifts and mechanical lifts. This would reduce wait times for residents who have to wait for staff to return from breaks. Increase the time allotted for personal care (baths and skin cream application) So the communication between residents and staff, and the thoroughness of care can be improved."

## Change Idea #3 Improving access and care for spa.

Methods	Process measures	Target for process measure	Comments
Budget Review, Proposal	Increase in bath shifts from 6 hours to 7.5 hours	To be rolled out by July 2024	Residents Council Suggestion: "Always have two staff on the villa that are trained to carry out lifts and mechanical lifts. This would reduce wait times for residents who have to wait for staff to return from breaks. Increase the time allotted for personal care (baths and skin cream application) So the communication between residents and staff, and the thoroughness of care can be improved."

## 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	15.92	15.60	Focus on total falls within the home. Goal is a 2% reduction in falls.	

### Change Ideas

Change Idea #1 Ensure all residents can take part in meaningful activities within the home.

Methods	Process measures	Target for process measure	Comments
Recreation Team, Students, Volunteers to create and engage residents in meaningful activities across the diverse population.	Offer a variety of programming both group and 1:1 for residents to participate in if they wish to that is meaningful to the resident.	95% of residents who wish to participate are engaged in some form of meaningful activity.	

Change Idea #2 Focus on resident needs (4-P's: Pain, Potty, Possessions, Pills), Hydration

Methods	Process measures	Target for process measure	Comments
Work to introduce hourly rounding that includes utilizing the 4P's including ensuring fluids are within reach for resident.	Education to all team members on intentional rounding when leaving a room to help ensure the resident has what they need.	Hourly rounding utilizing the principal of 4P's is implemented with all Falling Star Residents by December 2024.	

## Change Idea #3 Ongoing surveillance of UTI rates within the home and relation to falls.

Methods	Process measures	Target for process measure	Comments
Monthly review of residents with UTI's who may also have fallen to see if this is a factor.	Health teaching with team members and family's on UTI prophylaxis including hydration and appropriate peri care.	100% of resident's with UTI's or being treated for a UTI are monitored for fall risk.	

## Change Idea #4 Access and awareness of call bells in common areas.

Methods	Process measures	Target for process measure	Comments
Installing larger signs to indicate where call bells are located in common areas for easy recognition.	Install easy to read signs that note a call bell is available for use.	100% of call bells in common areas will have a sign for easy recognition by the end of 2024.	

## Change Idea #5 Ensure lighting is always turned on and in good working order.

Methods	Process measures	Target for process measure	Comments
Improving processes to ensure lights stay on and are continually monitored to be in working order.	Education to Team Members on why lighting must remain on. Preventative Maintenance Program to inspect lighting on a regular basis. Ensure team members know how to use Workshubs to report concerns if lighting not working.	All lights will remain on at all times in common areas.	

## Change Idea #6 Upgrade existing beds with new beds over the year.

Methods	Process measures	Target for process measure	Comments
Introduce new beds with underbed lighting in two allotments	Roll out new beds with underbed lighting.	100% of beds will be replaced by the end of 2024 with new beds that include underbed lighting.	



**Measure - Dimension: Safe**

Indicator #5	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	34.51	33.82	2% improvement	

**Change Ideas****Change Idea #1** Enhancing BSO Program with additional PSW positions

Methods	Process measures	Target for process measure	Comments
Staff enhancement of two additional 60 hour PSW positions to support the BSO program.	Train two new PSW's for the BSO program. Individualize the BSO PSW's to support an individual floor.	BSO program running at full compliment by the end of 2024.	BSO program will have a total of four PSW's and one RPN. Each PSW will have responsibility for a floor.

**Change Idea #2** GPA Training for all team members offered at regular intervals.

Methods	Process measures	Target for process measure	Comments
Internally trained GPA coaches offer monthly GPA sessions.	Offer GPA sessions monthly within the home to support all interdisciplinary team members.	20 % of team members (approximately 80 staff) trained in GPA by the end of 2024.	

Change Idea #3 Review opportunities to discontinue antipsychotic medications in collaboration with pharmacy, RAI, BSO and Nursing Leadership.

Methods	Process measures	Target for process measure	Comments
Quarterly medication management meetings with pharmacy, RAI, BSO and Nursing Leadership.	Meet quarterly to review residents currently taking antipsychotic medications.	100% of Quarterly Antipsychotic meetings completed. Residents who meet the RAI criteria for Antipsychotics are accurately coded.	

Change Idea #4 Ensure residents within the home can take part in meaningful activity within the home.

Methods	Process measures	Target for process measure	Comments
Recreation team, Volunteers, Students, BSO team work collaboratively to find individualized activities for residents that meet their needs.	Offer programming for residents both group and 1:1 that is meaningful to the resident.	95% of residents who wish to participate are engaged in some form of meaningful activity.	