

Access and Flow

Measure - Dimension: Efficient

Indicator #2	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)	8.94	8.00	Target set for further improvement	

Change Ideas

Change Idea #1 Education on ED avoidance for residents and families.

Methods	Process measures	Target for process measure	Comments
Include resource in admission packages and for residents and resident/family councils. Resource will include services available on site in LTC home as well as benefits and risk of going to hospital etc. Education session will be offered to both Resident and Family councils.	All new admissions will receive this information resource.	100% of new admissions will receive this information resource.	

Change Idea #2 Implement the PoET program (Prevention of Error-Based Transfers) program for nursing and medical team.

Methods	Process measures	Target for process measure	Comments
Utilizing the materials provide in the PoET Project, RN/NP/MD will develop or broaden their skills in capacity assessment, when and who to access for substitute decision-making and that an Individualized summary is created upon admission and with change of condition that reflects a residents wishes. Resources and education will be provided/offered to residents and their loved ones on consent and capacity and the substitute decision-maker's roles and responsibilities in new admission packages and ongoing as education sessions are offered.	New and existing RN/NP/MD and to receive education on consent and capacity and individualized summary. All new admissions to receive information in admission package regarding substitute-decision making and consent and capacity.	85% of FT and PT registered staff will receive education 100% of new admissions will receive information on consent and capacity and SDM (poet sheets)	

Change Idea #3 4Ps/Comfort Care Rounds

Methods	Process measures	Target for process measure	Comments
Implement 4Ps with observation for changes in condition and supporting residents with the 4Ps (pain screening, positioning, placement and personal needs)	% of staff being educated on the 4Ps	85% of (FT/PT) regular staff will be trained by March 31, 2025	

Equity

Measure - Dimension: Equitable

Indicator #3	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	85.00	New indicator	

Change Ideas

Change Idea #1 Leadership team registration and completion of Indigenous Cultural Safety Training program

Methods	Process measures	Target for process measure	Comments
Leadership team registration and completion of Indigenous Cultural Safety Training program	% of leaders completing program	85% of leadership team to complete before March 31, 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents satisfied with oral care program or support with oral care	C	% / Residents	In-house survey / 2023/24	74.00	85.00	Target set for improvement	

Change Ideas**Change Idea #1** Promotion of dental hygiene services to residents and families in multiple methodologies

Methods	Process measures	Target for process measure	Comments
Provide update about oral care services and impact of services at: family council, resident council, via email communication, flyers, newsletters	Communication/education campaign methods	Communication/promotion to be done using at least 3 methods	

Change Idea #2 Oral Care Planning

Methods	Process measures	Target for process measure	Comments
Update care plan library and care plans for individuals requiring support with oral care	% of residents with customized oral care plan	100% of residents will have a customized care plan	

Change Idea #3 Education program for staff (psws and nurses)

Methods	Process measures	Target for process measure	Comments
Education for staff on the importance of oral care and techniques for providing oral care by partner dental hygienist and BSO	% of staff educated	85% of regular staff to complete education session	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who experienced worsening pain	C	% / Residents	CIHI CCRS / July 2023-September 2023 (Q2 2023/24)	9.00	7.50	Target set for further improvement	

Change Ideas

Change Idea #1 4Ps/Comfort Care Rounds

Methods	Process measures	Target for process measure	Comments
Implement 4Ps with observation for changes in condition and supporting residents with the 4Ps (pain screening, positioning, placement and personal needs)	% of staff being educated on the 4Ps	85% of (FT/PT) regular staff will be trained by March 31, 2025	

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	12.41	12.00	Target set for further improvement	

Change Ideas

Change Idea #1 4Ps/Comfort Care Rounds

Methods	Process measures	Target for process measure	Comments
Implement 4Ps with observation for changes in condition and supporting residents with the 4Ps (pain screening, positioning, placement and personal needs)	% of staff being educated on the 4Ps	85% of (FT/PT) regular staff will be trained by March 31, 2025	

Change Idea #2 Increase involvement & ownership by front line staff with fall prevention strategies, promoting communication about high risk fallers, completing root cause analysis after each fall

Methods	Process measures	Target for process measure	Comments
(1) Flag high risk/frequent fallers for PSWs (2) Provide training on enhanced fall prevention program containing new comfort rounds and new fall tracking log, root cause analysis. and documentation. (3) Initiate fall tracking log: Primary PSW for the resident to log the fall, identify root cause analysis and come up with intervention/strategy to prevent falls.	# of fallers tracked with root cause analysis reviewed	100% of falls will have been reviewed for root cause of fall	

Change Idea #3 Repeat Gap analysis for fall BPG annually

Methods	Process measures	Target for process measure	Comments
Complete gap analysis with interdisciplinary team using RNAO BPG: Preventing Falls and Reducing Injury from Falls	Completion of gap analysis identifying recommendations to consider for implementation	Completion of gap analysis by December 31, 2024	

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 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	26.47	20.55	Target set for improvement/provincial average	

Change Ideas

Change Idea #1 Review coding practices in RAI-MDS to ensure we are capturing life-limiting illness

Methods	Process measures	Target for process measure	Comments
Education session for RAI-MDS team	# of staff who attend session	100% of RAI-MDS team will ensure this is captured in assessments on an ongoing basis	

Change Idea #2 Screen residents for delirium (and risk of) on admission and ongoing

Methods	Process measures	Target for process measure	Comments
Utilize the clinical pathways delirium pathway for assessing and screening for delirium to ensure symptoms are not reversible	# of residents screened for delirium on admission	100% of residents will be assessed on change of condition and new admissions will be assessed for delirium	

Change Idea #3 Finalize a tool for quarterly antipsychotic medication review for all residents receiving an antipsychotic medication

Methods	Process measures	Target for process measure	Comments
Work with NPs, MDs, Pharmacy and clinical team to implement a review tool and process	Tool selected and implemented	Tool implemented for all quarterly reviews by October 2024	

Change Idea #4 Utilize new therapeutic connector role to support non-pharmacological interventions

Methods	Process measures	Target for process measure	Comments
Access therapeutic connector for non-pharmacological interventions and BSO/PRC team for support	# of residents accessing therapeutic connector and BSO supports	Collecting Baseline	

Measure - Dimension: Safe

Indicator #7	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	% / Residents	CIHI CCRS / July 2023-September 2023 (Q2 2023/24)	2.70	2.00	Target set for further improvement	

Change Ideas**Change Idea #1** 4Ps/Comfort Care Rounds - with focus on positioning and continence support

Methods	Process measures	Target for process measure	Comments
Implement 4Ps with observation for changes in condition and supporting residents with the 4Ps (pain screening, positioning, placement and personal needs)	% of staff being educated on the 4Ps	85% of (FT/PT) regular staff will be trained by March 31, 2025	

Change Idea #2 Implement a preventative skin care program with a care plan for each resident based on risk score

Methods	Process measures	Target for process measure	Comments
Care plan to be implemented for every resident based on risk score	% of residents with customized care plan for wound prevention	100% of residents will have a customize care plan for wound prevention	

Change Idea #3 Referral to NP for all wounds stage II (or above)

Methods	Process measures	Target for process measure	Comments
Implement NP referral for wound care support	# of referrals r/t wound care	100% of wounds stage II or greater referred to NP	

Change Idea #4 PSW Education - Provide education in huddles for PSW's on prevention (common causes), early detection and reporting of stage I ulcers

Methods	Process measures	Target for process measure	Comments
Train PSW staff at huddles with a focus on prevention of skin breakdown and utilizing the new change in condition task to flag skin care concerns to registered staff	# of PSW staff attending huddles	85% of FT and PT PSW and nursing staff will attend a huddle educating about prevention, early detection and reporting skin conditions	

Change Idea #5 Nursing Education - Provide education to registered staff on alerts in PCC so skin concerns flagged by PSW's are addressed promptly

Methods	Process measures	Target for process measure	Comments
Train Registered staff on same as well as utilizing the alerts in PCC	# of registered staff receiving education on alerts in PCC	85% of FT and PT registered staff will receive education on alerts in PCC	