

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)	39.29	16.00	1) At/Below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next year.	NP; BSO; PRCs: RNAO BP Consultant; MD

Change Ideas

Change Idea #1 Reduce fall related ED visits by providing preventive care and early interventions leading potentially avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
The home's attending NP/MD will review and collaborate with the registered staff on residents who are at high risk for injuries related to falls	Decreased number of residents who were transferred to ED due to injury related to fall	Decrease by 55% reduction of fall related ED visits	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

Change Idea #2 Provide back to basics education for Registered Staff to improve clinical skills and assessments. Provide Surge learning education to all staff related to identifying worsening conditions.

Methods	Process measures	Target for process measure	Comments
Number of staff that completed education	Number of staff that completed education	100% of registered staff completed back to basics and 100% of care staff will complete Surge learning education	

Change Idea #3 Development of IV program in the home

Methods	Process measures	Target for process measure	Comments
Education on IV therapy (initiating IV), IV antibiotic	Eligible staff that completed IV education	100% of eligible staff have completed education	

Change Idea #4 4) Care plan for resident with responsive expression - indication of triggers and interventions

Methods	Process measures	Target for process measure	Comments
4) Care plan for resident with responsive expression - indication of triggers and interventions	4) Number of residents who were referred to BSO will have updated care plans	4) 100% of residents who were referred to BSO have updated care plans	

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	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	Surge Education; BSO; Cultural based organization in the community

Change Ideas

Change Idea #1 To increase diversity training through Surge education or live events

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events	Number of staff who have completed to surge training	100% of staff educated on topics of Culture and Diversity	Total LTCH Beds: 27

Change Idea #2 To facilitate ongoing feedback or open door policy with the management team

Methods	Process measures	Target for process measure	Comments
Provide open communication between staff and management related to cultural diversity and inclusion	Number of staff who will participate in Satisfaction survey	100% of staff will participate	

Change Idea #3 To include culture based programs for residents and families

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities	Number of culture and diverse programs offered at the home	The home will offer a minimum of 4 programs to include culture and diversity by December 2025	

Change Idea #4 To implement culture and diversity information on Wellness board for residents, families and staff.

Methods	Process measures	Target for process measure	Comments
Post culture and diversity topic monthly	How often board is updated	Board will updated monthly	

Experience

Measure - Dimension: Patient-centred

Indicator #3	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	100.00	100.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	External Stakeholders such as Medline, BSO, CareRX

Change Ideas

Change Idea #1 To maintain or surpass the home previous rate result. Engaging residents in meaningful conversations, and care conferences.

Methods	Process measures	Target for process measure	Comments
Utilize resident satisfaction survey results to compare results	Number of residents participating in satisfaction survey	51% of residents with participate in survey	Total Surveys Initiated: 100 Total LTCH Beds: 27

Change Idea #2 Review "Resident's Bill of Rights" monthly, at residents' Council meetings

Methods	Process measures	Target for process measure	Comments
Add resident rights to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting	Number of staff who will participate in Satisfaction survey	Number of staff who will participate in Satisfaction survey	

Change Idea #3 Review the Concern process in the home on admission and during annual care conference

Methods	Process measures	Target for process measure	Comments
During admission and care conferences this will be discussed	Number of admissions and care conferences that review the concern process	100 % of admissions and care conferences will include the concern process	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	11.54	10.00	Target is based on corporate averages. We aim to meet or exceed, corporate goal.	RNAO BP Coordinator; PT; NP

Change Ideas

Change Idea #1 1) Establish the restorative care program in the home

Methods	Process measures	Target for process measure	Comments
1) To provide education on how residents qualify for the program	1) Number of staff educated on restorative care program	1) 80% of registered staff and PSW staff will receive education	

Change Idea #2 Offer fracture prevention medication to all residents

Methods	Process measures	Target for process measure	Comments
Offer fracture prevention medication to all residents	Number of eligible residents on fracture prevention medications weekly meeting in each unit	100% of eligible residents will received fracture prevention medications	

Change Idea #3 Education and re-education provided to registered staff on the completion of post fall analysis

Methods	Process measures	Target for process measure	Comments
Education and re-education provided to registered staff on the completion of post fall analysis	Number of registered staff educated	100% of registered staff will be educated on post fall analysis	

Change Idea #4 During admission process, review with resident and history of falls, and interventions implemented

Methods	Process measures	Target for process measure	Comments
On admission all residents identified as high risk will be provided with fall interventions	Number of residents with fall interventions	100% of eligible residents will receive fall interventions	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	X	17.30	Target is based on corporate averages. We aim to do better than or in line with corporate average.	NP STAT, BSO LHIN, Lakeridge Mental Health Services, Ontario Shores Centre For Mental Health Sciences, Alzheimer Society of Ontario, GMAH, Royal

Change Ideas

Change Idea #1 Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication.

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions with have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family)	Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter by BSO team.	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	

Change Idea #2 Development of plans of care, with non pharma logical approach - identification of triggers and interventions

Methods	Process measures	Target for process measure	Comments
Review of plan of care for non-pharma logical approaches, in the plan of care	Number of resident who plan of care has been updated with non-pharma logical approaches	100% of residents with responsive behaviours have non-pharma logical approaches in their care plans	

Change Idea #3 Gentle Persuasive approaches (GPA) training/education -establish GPA trainers, educators in the home

Methods	Process measures	Target for process measure	Comments
GPA training to be held in the home	Number of care staff to receive education GPA	60% of care staff will receive GPA training	

Change Idea #4 BSO admission process, responsive expressions, the initiating of the DOS to establish baseline, (review the Behavioural assessment, completed team huddle prior to admission) BSO team to co-ordinate related antipsychotic medication

Methods	Process measures	Target for process measure	Comments
DOS mapping to be initiated on residents admitted with history of responsive behaviours	Number of residents with history of responsive behaviours that had DOS mapping completed on admission	100% of residents with history of responsive behaviours will have a DOS completed on admission	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents who develop worsening pain	C	% / Residents	In house data collection / January, February, March 2025	8.89	7.50	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NP, MD, CareRx consultant

Change Ideas**Change Idea #1** Enhancement of the end of life, palliative care program

Methods	Process measures	Target for process measure	Comments
Educate staff on end of life care and palliation	Number of staff education on end of life care and palliation	100% of staff will received education on end of life care	

Change Idea #2 Utilization of pain tracker, to monitor the use of prn analgesic

Methods	Process measures	Target for process measure	Comments
Utilization of trackers, for prn use, comprehensive pain assessment completed and review of routine analgesic	Percentage of prn medication use added to tracker	100% of prn medication use added to tracker	

Change Idea #3 Admission, comprehensive assessment of pain, and how this has been managed previously, and the goal for pain management

Methods	Process measures	Target for process measure	Comments
All new admissions to receive a comprehensive pain assessment and history	Number of residents who received a comprehensive pain assessment on admission	100% of residents receive comprehensive pain assessment on admission	

Change Idea #4 Consultation with MD/ NP/BSO RPN/PT for new and worsening pain

Methods	Process measures	Target for process measure	Comments
Utilize interdisciplinary team for new and worsening pain	Number of residents who received consultation by interdisciplinary team when identified with new or worsening pain	100% of residents received consultation when identified with new or worsening pain	