

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)	21.32	21.00	Target is based on corporate averages .We aim to do better than or in line with the corporate average.	

Change Ideas**Change Idea #1 Project AMPLIFI**

Methods	Process measures	Target for process measure	Comments
The home will continue to track number of residents transferred to ED daily .	The home will evaluate reason for transfer to ED.	Facility will reduce avoidable ED transfers by 2 % by December 31st, 2024. 100% of Registered staff will have received education through NP by December 2024.	

Change Idea #2 Increase the utilization of NP

Methods	Process measures	Target for process measure	Comments
Continue to utilize Nurse Practitioner for further assessment; NP to educate staff to review resident's condition prior to ED transfer, critical thinking skills, SBAR training from NLOT	The home evaluate the reason for transfer .	100% of staff will receive education on SBAR by December 31st,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	98.34	98.50	Above Home 2023 Average	Behavioural Support Ontario, Psycho-geriatrician, Surge Learning Education

Change Ideas

Change Idea #1 1) To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; 2) To increase diversity training through Surge education or live events; 3) To facilitate ongoing feedback or open door policy with the management team; 4) To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
1) Training and/or education through Surge education or live events; 2) Introduce diversity and inclusion as part of the new employee onboarding process; 3) Celebrate culture and diversity events; 4) Monthly quality meeting standing agenda	1) Number of staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity;	80-100% of staff educated on topics of Culture and Diversity	Total LTCH Beds: 95 1) 80-100% staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity

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	82.11	82.60	Above Corporate Average	Behavioural Support Ontario, Psycho-geriatrician, NLOT

Change Ideas

Change Idea #1 Work with resident council to ensure residents feel they have engagement and effectiveness in all aspects of care in our home.

Methods	Process measures	Target for process measure	Comments
Resident town hall hold monthly .Conduct focus group discussions and listen to their concerns and expectations. Keep residents informed through monthly newsletters .	Evaluate any formal concerns or complaints raised by the residents	All concerns are addressed in timely manner.	Total Surveys Initiated: 95 Total LTCH Beds: 95

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	82.28	82.60	Above Corporate Average	Ontario Shores, Nurse Practitioner

Change Ideas

Change Idea #1 Residents will be given an opportunity to be part of various meetings .The home will have an open door policy to listen to any concerns .

Methods	Process measures	Target for process measure	Comments
Reeducate staff to enhance customer service skills ,emphasizing empathy, active listening and effective communication. Discussion on monthly meeting re resident bill of rights .	100% of staff will have education via department meetings on Resident Bill of rights #29 by December 31st,2024.	100% of staff will have completed the education on resident Bill of rights #29 "Every resident has the rights to raise concerns".	Total Surveys Initiated: 79 Total LTCH Beds: 95

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	9.41	8.81	Continue to be below the Corporate Average	RNAO BPG Coordinator, Ontario Shores Centre For Mental Health Sciences, NLOT

Change Ideas

Change Idea #1 Reassess Falling Star Program

Methods	Process measures	Target for process measure	Comments
Morse fall ax will be completed for all the residents to identify risk. Falling star will be posted by their name at the door for residents identified as high risk .	Number of assessments completed. 2.Number of residents identified as high risk.	100% of residents will have Morse fall AX completed with identified risk as well falling star will be assigned.	The home will only focus on one color for the falling star.

Change Idea #2 The home partnership with RNAO best practices.

Methods	Process measures	Target for process measure	Comments
Gap analysis completed with the home and RNAO	The home will focus on areas that are partially met as per the gap analysis.	All the areas from the gap analysis will be met by December31st,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	15.42	14.66	We aim to do better from the previous quarter	Behaviour Support Ontario, NLOT, Ontario Shores Centre For Mental Health Sciences

Change Ideas

Change Idea #1 Review all new admissions for the use of antipsychotic.

Methods	Process measures	Target for process measure	Comments
The MD,NP,BSO ,GMHOT nursing staff will meet monthly to review all new admissions for diagnosis and medications related to inappropriate prescribing of antipsychotics. This is also discussed at PAC meeting quarterly with the pharmacy and further analysis and improvement strategies are suggested where need to.	1.Number of meetings held monthly by interdisciplinary team .Number of antipsychotics reduced . Numbers of QI and PAC meetings held quarterly ,where discussion and reviews on strategies have resulted in a decrease on antipsychotic 2.Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use.100% of residents who are prescribed antipsychotic medication will receive a 3 month review to determined potential for reduction in dosage or discontinuing antipsychotics.	