

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)	17.26	16.00	1. The current performance is below the provincial benchmark. 2. The unavoidable ED visits were primarily due to respiratory illness, pre-existing conditions, comorbidities, and family requests.	NPNLOT, Ontario Health at Home

Change Ideas

Change Idea #1 Develop on-site capabilities to manage common conditions that often lead to transfers, Equip staff with the necessary tools and resources to provide timely interventions, reducing the need for hospital-based care.

Methods	Process measures	Target for process measure	Comments
Provide ongoing education and training to staff on recognizing and managing acute changes in residents' conditions. Equip staff with skills to handle emergencies within the facility, thereby reducing the need for external transfers	Number of staff trained on new equipment such as IV Pump, CADD pump, PICO therapy, bladder scanner.	100% of registered staff trained on new equipment.	Use of new equipment will contribute towards the reduction of ED visits in partnership with pharmacy for the drug libraries to be utilized towards effective use of new equipment.

Change Idea #2 Continue to utilize attending physician, NP, NPNLOT team, on call physician on regular basis to receive education training and guidance on early recognition of and treatment.

Methods	Process measures	Target for process measure	Comments
Utilization of laceration kit, Gluederm to manage lacerations resulting from falls.	Number of lacerations treated in-house by NP / NPNLOT or physician.	100% of lacerations resulting from falls are treated in-house.	Working NPNLOT, NP and physician to reduce the ED visits related to post-fall lacerations.

Change Idea #3 Involve families and caregivers in care planning and decision-making processes to ensure that care aligns with the resident's preferences and values. Provide education and support to families to help them understand the care options available within the facility, reducing anxiety and the perceived need for hospital transfers.

Methods	Process measures	Target for process measure	Comments
Education during annual care conferences by the physician to families to help them understand the care options available within the facility.	Physicians to discuss the in-house facilities in an effort to minimize the emergency department visits in all the care conferences.	100% of the care conferences discuss the in-house facilities in an effort to minimize the emergency department visits.	Families and caregivers to be provided with necessary education about the in-house facilities.

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	72 new hires in 2024 had completed the mandated education on equity, diversity, and inclusion.	

Change Ideas

Change Idea #1 Provide orientation for all the staff members on cultural sensitivity, equity, diversity and inclusion and annually there after

Methods	Process measures	Target for process measure	Comments
Using digital platforms such as Relias	Percentage of new hires completing the course during orientation and percentage of staff completing the course annually	100% Percentage of new hires completing the course during orientation and percentage of staff completing the course annually	Total LTCH Beds: 128 100% Percentage of new hires completing the course during orientation and percentage of staff completing the course annually

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	94.64	95.00	Sustain the high level of customer orientation and resident centric approaches by the staff members of the home.	

Change Ideas

Change Idea #1 Provide education to all staff regarding customer service and resident's bill of rights - - Zero Tolerance of Abuse and Neglect

Methods	Process measures	Target for process measure	Comments
Online training through Relias	Percentage of staff completing customer service and resident's bill of rights. Percentage of reduction in complaints / CIs related to Abuse and neglect.	100% of the staff completing customer service and resident's bill of rights. 0% of complaints / CIs related to Abuse and neglect.	Total Surveys Initiated: 128 Total LTCH Beds: 128

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	94.64	95.00	Sustain the current high level of customer orientation and resident centric approach	

Change Ideas**Change Idea #1** Provide education on customer orientation and resident's bill of rights

Methods	Process measures	Target for process measure	Comments
Provide online learning platform through Relias	Percentage of staff who complete education on customer orientation and resident's bill of rights	100 Percentage of staff who complete education on customer orientation and resident's bill of rights	Total Surveys Initiated: 56 Total LTCH Beds: 128

Safety

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	16.31	16.00	New residents move in with antipsychotics but do not have diagnosis of psychosis - schizo-effective disorders.	PRC, TRC, NBNP team BCH

Change Ideas

Change Idea #1 Ensure resident diagnosis are recorded appropriately upon admission and quarterly

Methods	Process measures	Target for process measure	Comments
Review all residents for appropriateness of antipsychotics prescriptions with quarterly medication reviews.	Report quarterly on the number of residents on antipsychotics without a diagnosis of psychosis.	All new move in residents will have their diagnosis recorded appropriately and existing residents medications and diagnosis will be reviewed /updated quarterly .	The definition of Psychosis is narrow and does not Dementia into consideration as a diagnosis . New move in residents come in with antipsychotics without the diagnosis

Change Idea #2 Continue to utilizes Community resources such as PRC , TRC , NBNP team to identify schizoaffective disorder symptoms and manage responsive behaviors.

Methods	Process measures	Target for process measure	Comments
To educate the care providers to observe and document the symptoms of schizoaffective disorder in order to review if the residents qualify for antipsychotics. DBSO to refer residents with responsive behaviors to PRC , TRC , NBNP team to try other interventions to manage responsive behaviors.	Percentage of residents referred to community resources to manage responsive behaviors. Percentage of staff trained on identifying the symptoms of schizoaffective disorder.	All new move in residents with antipsychotic use without the diagnosis of psychosis will be referred to community resources for further interventions to manage responsive behaviors	

Change Idea #3 Care community to utilize music therapist and complimentary therapist to manage residents' responsive behaviors

Methods	Process measures	Target for process measure	Comments
DBSO to refer residents with antipsychotics without the diagnosis of psychosis to music therapist and complimentary therapist to trial nonpharmacological interventions to manage responsive behaviors	Percentage of residents referred to music therapy nad complimentary therapy to manage responsive behaviors	100% of residents with the antipsychotics without the diagnosis of psychosis will be referred to music therapy and complimentary therapy .	Non Pharmacological interventions play an important role in managing responsive behaviors , this will support in reducing the use of antipsychotics

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents with worsened stage 2- 4 Pressure Injuries	C	% / LTC home residents	CIHI CCRS / July 1 to Sep 30 2024 (Q2) as target quarter of rolling 4 - Quarter average	3.80	3.50	Care Community will have the worsened stage 2-4 Pressure ulcers below the provincial average	Skin and wound care Nurse

Change Ideas**Change Idea #1** Improve Registered staff and PSW's knowledge on identification and staging of Pressure Injuries

Methods	Process measures	Target for process measure	Comments
Provide education for registered staff and PSW's on correct staging of Pressure Injuries	Wound nurse to provide quarterly education sessions for Registered staff and PSW's on Prevention , early detection , staging and management of pressure injuries	100% of Registered sand PSW's will be educated on Prevention , early detection , staging and management of Pressure Injuries by December 31st 2025	Residents skin is very fragile and most of the residents pressure injuries are inherited from community or hospital

Change Idea #2 Care community will have wound care champions on each home areas responsible to monitor , assess and mange skin related concerns on their respective home areas

Methods	Process measures	Target for process measure	Comments
- One registered staff on each home area will be trained on Wound Care Champions certification - One PSW on each home areas will be trained on Skin Health Program	Number of registered staff trained on wound care Champions program and Number of PSW's trained on skin health program	Each home area will have a wound care champion by December 31st 2025	Having a wound care champion on each home area will support in educating their peers , early identification and management of pressure injuries