

## 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)	25.79	21.17	To be at or below provincial average	

### Change Ideas

Change Idea #1 To reduce the number of ED transfers related to infections by improving screening and assessment.

Methods	Process measures	Target for process measure	Comments
Increased bedside screening and early alerts to registered staff resulting in early assessment and detection of possible infections.	Number of alerts of residents change and status and number of assessments completed in a timely manner to rule out potential infections.	10% reduction in avoidable ED transfers by December 2025.	

Change Idea #2 To reduce the number of ED transfers by implementing in-house treatments such as IVs and G-tube care.

Methods	Process measures	Target for process measure	Comments
1) PCC ED transfers report will be tracked and trends analyzed. Residents who have 2 or more transfers will be discussed with the interdisciplinary team to find areas for improvement. 2) Creating partnership with the nurse led outreach team for their support in reducing the ED transfers.	Track number of interdisciplinary meetings regarding avoidable transfers to ED. Percentage of residents at high risk for an ED visit who had a change in condition documented on shift report in 24 hours prior to ED visit (high risk residents are defined as those admitted to the LTC Home within the last 30 days, readmitted to the LTC Home from an ED visit or hospitalization within the last 30 days, those residents who have experienced a change in medication, treatment, plan or significant change in condition as per RAI/MDS within the last 7 days). Track number of avoidable transfers to ED.	10% reduction in avoidable ED transfers by December 2025.	Hire a NP

## 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	92.26	100.00	Henley Place requirement to have all staff trained in this area.	

### Change Ideas

Change Idea #1 Continue to provide education to all staff on equity, diversity and inclusion and anti -racism through inhouse orientation, on-line annual education, and yearly in-services

Methods	Process measures	Target for process measure	Comments
EDI and anti racism training for all staff and management. Add in-service on EDI to yearly education calendar and seek outside support for enhanced education opportunities	Number of management and staff completed the reeducation in the year 2025, as well as all new hires will be offered training in 2025. 50% attendance rate at in-services	100% of management and staff, both current and new, will have equity, diversity, inclusion and anti-racism reeducation by December 31st, 2025	Total LTCH Beds: 192 Home has already initiated equity, diversity, inclusion and anti-racism training in 2024 and will continue to retrain all staff in this topic again in 2025 and work to broaden our education platform on this topic.

## 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	58.33	100.00	To provide a more open and supportive environment for the residents.	

### 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: 192 Total LTCH Beds: 192

**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	16.67	20.00	Goal this year is to improve last years response rate.	

**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: 192 Total LTCH Beds: 192

## 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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	19.11	18.33	To be consistent with the provincial average.	

**Change Ideas**

Change Idea #1 improving our visual management to identify residents who are at high risk of falls.

Methods	Process measures	Target for process measure	Comments
Improve visual management for falls to identify high risk residents and interventions for falls reductions in 10 secs or less.	100% of residents who have been identified as high risk for falls will have visual management applied to help identify falls reduction interventions.	a decrease in the number of residents who have fallen, aiming to reduce the percentage of resident who fell in the 30 days leading up to their assessment from 19% to 15%	Establish better collaboration with the physio and nursing rehab team.

Change Idea #2 Improve the rate of post-fall huddle completion.

Methods	Process measures	Target for process measure	Comments
Re-design the post-fall huddle to ensure that full completion is available through reduction in non-value added steps.	Number of residents who had experienced a fall for whom the post-fall huddle was completed directly after the fall.	100% of residents who had experienced a fall had a post-fall huddle completed directly after the fall.	

**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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	34.33	20.40	To be at or below provincial average.	

**Change Ideas**

Change Idea #1 Reduce responsive behaviors through the use of non-pharmacological interventions.

Methods	Process measures	Target for process measure	Comments
BSO will coordinate with registered staff, MD , NP, Pharmacy consultant , and RAI lead to manage the responsive behaviors.	Number of residents for whom responsive behaviors are managed with non-pharmacological interventions.	To reduce responsive behaviors by 50% by December 2025.	

Change Idea #2 Implement new tool to collaborate with Care Rx to complete an assessment to determine whether the resident is an appropriate candidate for antipsychotic medications, based on the behaviors they are experiencing.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team will complete a thorough assessment regarding behaviours that resident is experiencing and consult with pharmacy to see if pharmacologic intervention is appropriate for resident.	Increase the number of residents who are assessed utilizing the CareRx tool.	100% of residents with responsive behaviors are assessed with the CareRx tool.	