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)	7.92	7.92	Our goal is to maintain our current average	

Change Ideas

Change Idea #1   Continue to provide education to residents and family members in regard to the risks associated with ED transfers.

Methods	Process measures	Target for process measure	Comments
Continue to educate families and residents about interventions to reduce necessity for ED transfers	Number of educational opportunities for residents and families re: ED transfers.	A minimum of two educational modalities will be provided throughout the year for both residents and families re: ED transfers (i.e., by Dec 31, 2024)	

Change Idea #2   Provide education to registered staff on assessments and the criteria for [potentially] avoidable ED visits to assist with discerning between avoidable and unavoidable ED visits.

Methods	Process measures	Target for process measure	Comments
Education to staff on potentially avoidable ED visits including MLTC definition.	% of staff provided with the educational package	90% of active registered staff will be provided the educational package by Dec 31, 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	CB	CB	This is the first year for this indicator. This indicator was added in alignment to OH guidance. Baseline will be collected per education roll-out.	

Change Ideas

Change Idea #1   Provide education and build capacity for EDI amongst staff and leaders for the Campus.

Methods	Process measures	Target for process measure	Comments
Set up an EDI committee to advance the mandate.	Percentage of leaders who completed EDI training.	Establish baseline as this is a new measure.	

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".	C	% / LTC home residents	In house data collection / Fiscal year	75.00	80.00	Aiming for a stretch target of 80% considering that only 75% was attained in QIP 2023-24.	

Change Ideas

Change Idea #1   To enhance awareness and knowledge of the many ways residents can facilitate their communication and feedback within the home.

Methods	Process measures	Target for process measure	Comments
1. Promote the role of the homes' Social Worker as an open line of communication for residents. 2. Educate families and residents at the time of admission around the homes open door policy for concerns and feedback.	All residents and families will be made aware of the different means of communication feedback in the home.	100% of all residents and families will have awareness of how they can communicate and provide feedback in the home.	

Change Idea #2   Ensure that every resident and SDM are given the opportunity to be actively involved in their individual MDCC meetings and the monthly Resident and Family Council meetings in the home.(MDCC- Multi Disciplinary Care Conference)

Methods	Process measures	Target for process measure	Comments
Every resident and/or SDM is invited to both the individual MDCC meeting and monthly Resident and Family Council meetings verbally by home's Resident and Family Services Coordinators and Life Enrichment Manager.	Ensure that all residents and or SDM have received an invitation to participate in their individual MDCC meetings and the monthly Resident and Family Council Meetings with the results tracked.	100% of residents and/or SDM's will receive notification or an invitation to both their individual MDCC meetings and the monthly Resident and Family Council Meetings.	

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	22.13	20.00	12% decrease in falls in 2023 from the previous year. Falls managed by an interdisciplinary team. A new falls risk assessment tool was introduced in 2023.	

Change Ideas

Change Idea #1   Minimize risk of injury associated with falls

Methods	Process measures	Target for process measure	Comments
1. Ensure all residents have fall prevention equipment 2. Ensure all residents have a fall's focus in their care plan, using an interdisciplinary approach.	1. Percentage of residents with fall prevention equipment 2. Percentage of residence with a fall's focus in their care plan using an interdisciplinary approach.	1. 100% of residents who have fallen/identified at risk of falling to have appropriate fall prevention equipment by Q4 2024-25. 2. 100% of residents who have fallen/identified at risk of falling to have a fall's focus in their care plan by Q4 2024-25.	

Change Idea #2   Increase staff awareness of residents at risk for falls, personnel at all levels will be able to identify their roles and responsibilities to contribute positively to mitigate resident fall risk.

Methods	Process measures	Target for process measure	Comments
Discuss fall incidents data on each unit during the weekly quality huddles.	Falls Committee to discuss, analyze falls and review trends.	Reduce number of fall incidents to 20% by Dec 31, 2024.	

Report Access Date: March 28, 2024