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)	10.53	9.50	Home to decrease ED visits by 9.78%.	Listowel Wingham Hospitals Alliance, Clinton Family Health Team, Huron Perth Healthcare Alliance, Southwest Sub Region Access and Flow Advisory Committee

Change Ideas

Change Idea #1 RAI Coordinator will review the quarterly LTC QIP Potentially Avoidable ED Visits Indicators provided the Ministry of Long-Term Care along with the homes ED Transfer Data Template to analyze and identify trends and make improvements.

Methods	Process measures	Target for process measure	Comments
Data will be collected through PCC progress notes, entered into the ED Transfer Data Template and further analyzed to identify whether it could have been avoided. If it could have been avoided education will be provided to the Registered staff by the RAI Coordinator to further improve services. RAI Coordinator will provide a summary of her findings at the quarterly CQI Committee Meeting and will be reviewed at the Registered staff meetings.	Number of avoidable ED Visits	100% of ED transfers will be entered into the ED Transfer Data Template. All data will be reviewed quarterly at the CQI Committee Meeting and monthly Registered staff meeting.	

Change Idea #2	RAI Coordinator and DOC will create a information tip sheet for families and residents to provide further education on the services and interventions that can be offered at the home to decrease avoidable ED visits.		
Methods	Process measures	Target for process measure	Comments
DOC will provide education to Resident Council. Charge Nurse will review the information tip sheet with families at all future care conferences and on admission.	ED Transfer Data Template utilized to review the percentage of requests for transfer to hospital from residents or families.	Less than 10% of avoidable transfers are requested by families.	

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	All staff will receive and complete Equity, Diversity, Inclusion and Anti-racism education in 2024.	Corporation Of The County Of Huron, CLRI

Change Ideas

Change Idea #1 Complete the Embracing Diversity: Equity, Diversity and Inclusion in LTC Assessment and Planning Tool provided by CLRI.

Methods	Process measures	Target for process measure	Comments
Toolkit to be completed by leadership team in consultation with interdisciplinary team, residents, families and CQI Committee.	Toolkit completed in full and improvement areas identified are utilized in developing the Equity, Diversity and inclusion training within the home.	100% completion of toolkit	

Change Idea #2 Home to work with IDEA Specialist from the County on a presentation that can be uploaded into Surge Learning by Q3 2024.

Methods	Process measures	Target for process measure	Comments
Data will be collected and distributed to the leadership team on a quarterly basis by the Business Manager.	Number of staff who complete the education	100% of staff will complete the education within the quarter it is available on Surge Learning.	

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 "I am satisfied with the temperature of the food"	C	% / LTC home residents	In-house survey / December 1, 2023 to November 30, 2024	51.72	70.00		

Change Ideas

Change Idea #1 The home will create a Dining Improvement Focus Group consisting of residents, staff and managers to improve the overall temperature of the food.

Methods	Process measures	Target for process measure	Comments
The home will provide education to the Dietary Department on the expectations to improve temperatures.	Number of Resident Meal Service Feedback Cards completed weekly with satisfactory response.	100% of meals served will be the appropriate temperature and liking of the residents.	

Change Idea #2 The home will be revising the Resident Meal Service Feedback Cards to include a question regarding temperature of the food.

Methods	Process measures	Target for process measure	Comments
The Administrator will meet with residents at the April 2024 Food Committee Meeting to review the current Feedback Card and seek input into the redevelopment and addition of the temperature question.	Number of satisfactory Resident Meal Service Feedback Cards completed weekly.	100% of meals served will be the appropriate temperature and liking of the residents.	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment	C	% / LTC home residents	CIHI CCRS / July - September 2023	5.00	4.50	The home is working towards the provincial average of 4.5%.	Listowel Wingham Hospitals Alliance, Clinton Family Health Team, RNAO, Lifemark Senior Wellness, Ontario Home Health, Palliative, Pain and Symptom Management Consultant Program - Southwestern Ontario

Change Ideas

Change Idea #1 The homes BSO RN will educate all Registered staff on the use of the PAINAD assessment for our non communicative residents. This assessment will assist in increasing awareness and treating of pain.

Methods	Process measures	Target for process measure	Comments
The BSO RN will provide in-services at registered staff meetings on the effective use of this assessment.	# of assessments being completed.	100% of Registered staff will be trained on the use of the assessment and implementation for the appropriate residents by end of June, 2024.	

Change Idea #2 The home will add an additional assessment tool to identify acute pain.

Methods	Process measures	Target for process measure	Comments
DOC and ADOC will provide education to 100% of Nursing staff on the use of the Acute Pain Assessment Tool through in person in-services and at annual education.	Number of pain medication changes that were effective	The home will see a reduction of residents who identify as having pain to bring performance to below 4.5%.	