

## Access and Flow

### Measure - Dimension: Efficient

Indicator #2	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)	13.04	11.00	Home to decrease ED Visits by 15%.	Listowel Wingham Hospitals Alliance, Clinton Family Health Team, Huron Perth Healthcare Alliance, Southwest Sub Region Access and Flow Advisory Committee, Seaforth Community Hospital

### Change Ideas

Change Idea #1 RAI Coordinator and DOC will create an 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 Residents Council. Charge Nurse will review the information tip sheet with families at all future care conferences and on admission. Communication will also be added to a future newsletter and through RAVE messaging to families. Registered staff will also be educated on the information sheet and are asked to review in home interventions available when discussing hospital transfers with residents and families.	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.	

Change Idea #2 Registered staff will receive additional training to recognize early signs of deterioration and health emergencies.

Methods	Process measures	Target for process measure	Comments
DOC and RAI Coordinator to complete a quarterly trend analysis. Together they will provide training at Registered staff meetings to assist in the recognition of early signs of deterioration or health emergencies.	Number of avoidable ED Visits. Number of education provided in the calendar year.	100% of Registered staff receive the training.	

## Equity

### Measure - Dimension: Equitable

Indicator #3	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	All staff will participate in the development and education on the use of the Reflection Room to further enhance the homes Equity, Diversity, Inclusion and Antiracism education in 2025.	

### Change Ideas

Change Idea #1 Create a Reflection Room space for all residents, families and employees dedicated for quiet reflection, prayer and mindfulness.

Methods	Process measures	Target for process measure	Comments
IDEA Committee to ensure stakeholders are included in the creation of the new Reflection Room Space, including focus groups with residents/families and employees. Home to promote the space through education and RAVE messaging to ensure the space it utilized appropriately and respected.	Number of people who utilize the space. Add a question related to the Reflection Room to the 2025 Resident/Family Survey. Number of Feedback Cards completed.	% of residents who 'agree' on the 2025 Resident/Family Satisfaction Surveys is above 80%.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I have been given the opportunity to express my palliative goals."	C	% / LTC home residents	In-house survey / December 1, 2024 to November 30, 2025	73.00	85.00	85% of residents surveyed will 'agree' that they are given opportunity to express their palliative goals.	Southwest Hospice Palliative Care Network, Centres for Learning, Research and Innovation in Long Term Care

### Change Ideas

Change Idea #1 Provide education on the Palliative Care Program and Philosophy.

Methods	Process measures	Target for process measure	Comments
The home will provide in person education for residents, families and employees on the Palliative Care Program and Philosophy.	Number of residents, families and employees who participate in the education.	85% of residents on the 2025 Resident Satisfaction Survey who 'agree' to the questions "I have been given the opportunity to express my palliative goals".	

Change Idea #2 Update and implement the Homes current Palliative Goals & Plan form.

Methods	Process measures	Target for process measure	Comments
Director of Care and Palliative Care Committee will review the current Palliative Goals & Plan Form. The Palliative Care team will update the Form based on the current FLTCA requirements to ensure a streamlined process is followed. The Home will gather feedback and suggestions from resident and family council.	Number of Palliative Goals & Plan Forms completed each month.	50% of care conferences will use this template as of August 1, 2025. 100% of care conferences will use this template as of October 1, 2025.	

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who experienced worsened pain during the 7 days prior to their most recent resident assessment in comparison to their prior lookback period.	C	% / LTC home residents	CIHI CCRS / October 1, 2024 - December 31, 2024	12.90	10.00	Home aims to reduce worsened pain by 22.5% to move closer to the provincial average of 8.9%.	Listowel Wingham Hospitals Alliance, Clinton Family Health Team, RNAO, Lifemark Senior Wellness, Ontario Home Health, Ontario Health atHome, Palliative, Pain & Symptom Management Consultant Program - Southwestern Ontario, St Josephs Southwest NLOT

### Change Ideas

Change Idea #1 The home will add a standardized assessment tool to identify acute pain.

Methods	Process measures	Target for process measure	Comments
DOC and RAI Coordinator will educate all Registered staff on pain management strategies, recognizing worsening pain and understanding and using the tools correctly.	% of Registered staff trained. # of assessments completed. # of residents with worsened pain.	100% of Registered staff will be trained on the use of the assessment and implementation.	

Change Idea #2 The home will ensure all staff received education on identifying and reporting pain.

Methods	Process measures	Target for process measure	Comments
The RAI Coordinator will provide in-services at Interdisciplinary Department Meetings to educate the various teams on identification of pain and reporting expectations within their scope/roles.	# of staff educated. # of residents with worsened pain.	100% of staff will receive education/training.	

Change Idea #3 Residents will receive education and training on identifying and reporting pain and worsened pain.

Methods	Process measures	Target for process measure	Comments
A member from the Pain Committee will attend two Residents Council Meetings within the year to discuss pain management and worsened pain.	Attendance at Residents Council Meetings. # of residents with worsened pain. New addition of a question related to pain management on the 2025 Resident Satisfaction Survey.	The home will see a reduction of residents who identify as having pain and worsened pain to below 10%	