

## 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)	20.73	17.00	Home to decrease ED visits by 18%	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 from both homes and DOC from both home to create a tip sheet for families and residents to provide further education on the services available to be offered within the homes to decrease ED visits

Methods	Process measures	Target for process measure	Comments
DOC will provide education to residents council. The information tip sheet with families at care conferences and on admission. Registered staff will also be provided education to support services provided with in the homes as well as on the tip sheets prior to sharing with residents and families.	ED transfer Data Template utilized to review the percentage of requests for the transfer to the hospital from residents.	Offer more services and supports through community partners so that ED visits can be reduced.	

## 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	17.14	100.00	100% of staff educated in EDI and provide a more inclusive environment for all residents and staff.	

### Change Ideas

Change Idea #1 To 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 all stakeholders are included in the creation of the Reflection Room, including focus groups, with families/residents and employees. Homes to promote the space through education and RAVE messaging to ensure the space is utilized appropriately and meets the needs of a diverse populations.	Number of people using the space and feedback received regarding the space. A question will be added to the resident and families satisfaction surveys as well as the staff surveys.	Review the satisfaction Surveys and have a percentage above 75 that agree on the purpose of the space.	Total LTCH Beds: 120

Change Idea #2 Provide education to staff on Customer service and inclusivity, diversity, equity and accessibility.

Methods	Process measures	Target for process measure	Comments
Take advantage of IDEA training through CLRI. IDEA team to provide home wide education to staff on the importance of customer service. Add as a standing agenda item on all department meetings.	2025 Resident Satisfaction Survey question "Are your individual, cultural, social, spiritual and religious needs, practices, customs and beliefs being met?"	80% of residents will agree with the survey question.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding 'agree' to: "My call bell is answered in a timely manner".	C	% / LTC home residents	In-house survey / December 1, 2024 to November 30, 2025	49.00	65.00	Home to improve "My call bell is answered in a timely manner" to 65% agree.	

### Change Ideas

Change Idea #1 The home will receive no complaints regarding call bells not being answered in a timely manner

Methods	Process measures	Target for process measure	Comments
Answering call bells in a timely manner will be discussed at PSW and Registered staff meetings as a standing agenda item each month. PSW and RPN Job Routines will be reviewed and revised where necessary to ensure they capture the increase in Direct Care Hours.	Number of complaints received about call bells not being answered. 2025 Resident Satisfaction Survey results	65% of residents will agree that their call bell is answered in a timely manner.	

## 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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	12.56	11.80	To coincide with reducing ED visits and reduce resident injury and improve by 6%.	

### Change Ideas

Change Idea #1 With the implementation of the Restorative Care program we endeavor to promote more independence and a steadier gait to improve or maintain mobility and independence

Methods	Process measures	Target for process measure	Comments
The Restorative leads will continue to implement and review the restorative maintenance program. The Nursing leaders will provide home wide education for all staff. At staff huddles, the team will communicate those residents who are at an high risk for falls and the interventions in place to further reduce the risk. The Leadership team will ensure discussion takes place at the Professional Advisory Committee (PAC) and the Continuous Quality Improvement (CQI) Committee Meetings to ensure there is an interdisciplinary approach taken. The Falls committee will also review the falls each month.	The total number of falls each month. The total number of falls each month from residents within the restorative maintenance program. Feedback from education provided to staff and residents.	The home will see an improvement of 6% in residents who fell in the 30 days leading up to their assessment by Q2 2025.	

**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	23.77	20.00	To see a reduction of residents without psychosis given antipsychotics to 20%	

**Change Ideas**

Change Idea #1 Continue quarterly review with Nursing team, Medical Director, attending physician and DOC. Attempts to reduce use of antipsychotics when appropriate and ensure that residents have an appropriate diagnosis when receiving antipsychotic

Methods	Process measures	Target for process measure	Comments
Review at PAC and CQI meetings. BSO referral to external providers such as the geriatrician, psychologist, seniors mental health, Alzheimer's society and BSO teams within other LTC homes.	reviewed resident behaviors and medication associated at registered staff meeting	Quality Indicator currently at 25% and are target is 20% by Q2 2025	