

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)	19.69	18.00	Home specific target, Provincial average currently at 20.8%.	

Change Ideas

Change Idea #1 Collaborate with NLOTs to provide in-home services/ education

Methods	Process measures	Target for process measure	Comments
NLOT to collaborate with NP and the care team to identify and schedule education sessions to increase Registered staff awareness of strategies to avoid ED visits	% of active Registered staff who were educated on strategies to avoid ED visits	100% of active registered staff who received education	

Change Idea #2 Expand Registered staff scope of practice such as IV/ hydration strategies

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner to collaborate with Nursing leadership to provide education/ training as needed on IV/hydration strategies	% of all full time Registered staff who have residents that require IV/ Hydration treatment will receive additional education from the NP/ NLOT/ Clinical Lead.	100% of full time registered staff whose resident's required IV/ Hydration treatment will receive additional education	

Change Idea #3 Review all residents who are transferred to hospital on a monthly basis

Methods	Process measures	Target for process measure	Comments
Review all residents' transfers to the hospital on a monthly basis, identify the gaps to avoid these transfers from occurring in the future.	% of transfers to hospital reviewed on a monthly basis	100% of resident hospital transfers will be reviewed monthly	

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	35.60	100.00	Divisional Target	

Change Ideas

Change Idea #1 Continue with Equity, Diversity and Inclusion training for all staff

Methods	Process measures	Target for process measure	Comments
Schedule staff who have not previously completed the training to complete it. Will continue to promote corporate workshop which support EDI	% completion rate	100% of managers and staff trained.	Total LTCH Beds: 187

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's who responded "the variety and quality of food meets my needs".	C	% / Residents	In-house survey / 2024	79.00	85.00	Home specific target	

Change Ideas

Change Idea #1 Food Committee Maintained as part of Residents' Council

Methods	Process measures	Target for process measure	Comments
Residents' Food Committee will continue to be part of Residents' Council meetings to obtain feedback and to action on recommendations	% of monthly Resident Council meetings attended by Food and Nutrition Manager(s)	100% of Resident Council meetings will include the Residents' Food Committee	

Change Idea #2 Dining Experience Improvement

Methods	Process measures	Target for process measure	Comments
To present food on the plate in a tasteful manner	% compliance with plating standard	100% of meals serviced will be plated as per standard	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who responded “personal laundry services meets my needs”	C	% / Residents	In-house survey / 2024	84.00	90.00	Home specific target	

Change Ideas

Change Idea #1 Reduce the number of personal items that are misplaced and sent to external laundry contractor

Methods	Process measures	Target for process measure	Comments
Audit the personal clothes return from Ecotex to identify the units and decrease the misplacement of resident personal clothes	% of items sent to external laundry contract in error	0% resident clothing items will be misplaced or returned in error	

Change Idea #2 Education for full time Staff in Laundry and Nursing

Methods	Process measures	Target for process measure	Comments
Provide education to full time staff on internal laundry services and working closely with the nursing department on how to handle the residents personal clothing and belongings. Quarterly updates provided by Supervisor, Building Services to all staff at the General Staff Meeting	% of full time Laundry Services staff and full time Nursing provided with re-education.	100% of full time staff laundry and nursing re-educated (quarterly updates will be included in General Staff Meetings)	

Change Idea #3 Labelling of Clothing

Methods	Process measures	Target for process measure	Comments
Supervisor Building Services and LSW to monitor the turnaround time for labelling clothing of 72 hours	% of resident's new clothing items labelled and returned within 72 hours % of weekly audits completed by Supervisor Building Services to ensure compliance	100% of all new clothing items will be labelled and returned within 72 hours 100% of weekly audits will be completed by Supervisor Building Services	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who responded "I am satisfied with the quality of care and services since the implementation of CareTO".	C	% / Residents	In-house survey / 2024	CB	CB	Improve quality care and services	

Change Ideas

Change Idea #1 Implementation of CareTO – Social Model of Care

Methods	Process measures	Target for process measure	Comments
Hold Focus groups with all stakeholders to find out "What Matters Most" 1) Families/ Friends/ Community Members/ City Councillor 2) Residents 3) Staff and Leadership Team (Days/Evenings/Nights)	% of "What matters Most" focus groups held prior to CareTO Kick-Off date.	100% of focus groups will be held prior to CareTO Kick-Off date.	

Change Idea #2 Implementation of CareTO - CareTO Education training

Methods	Process measures	Target for process measure	Comments
Care Coordinator and Care Coaches will facilitate education sessions for all active staff members on the following; 1) Person Centered Care 2) Diversity, Equity & Inclusion 3) Relational Care 4) Emotional Literacy 5) Collaborative Teamwork 6) Person Centered Care Planning	% of full time staff trained on CareTO	100% of full time staff will complete CareTO training	

Change Idea #3 Implementation of CareTO - Staff Support

Methods	Process measures	Target for process measure	Comments
Assign 1 clinical lead on each floor to support CareTO rollout	% of floors with clinic leads to support CareTO prior to Q3	100% of floors will have clinic leads to support CareTO prior to Q3	

Safety

Measure - Dimension: Safe

Indicator #6	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	12.13	11.00	Home specific target, Provincial average currently at 15.6%.	

Change Ideas

Change Idea #1 Post Fall Huddle Education

Methods	Process measures	Target for process measure	Comments
All full time registered staff will complete mandatory education on the New Post Fall Huddle Education facilitated by the Clinical Lead	% of full time staff who completed the New Post Fall Huddle Education	100% of all active full time Registered staff will complete the New Post Fall Huddle Education	

Measure - Dimension: Safe

Indicator #7	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	21.40	19.40	Home specific target, Provincial average currently at 20.4%.	

Change Ideas**Change Idea #1** Monthly inter-professional review of anti-psychotic prescribing

Methods	Process measures	Target for process measure	Comments
Monthly and quarterly review of pharmacy medication antipsychotic usage reports, assessments, and Canadian Institute for Health Information (CIHI) indicator report are reviewed with physicians, nurses, and pharmacy consultant	% of residents on antipsychotic medication documents that are reviewed quarterly	100% of resident antipsychotic medication documentation will be reviewed quarterly	

Change Idea #2 BSO Support Participation

Methods	Process measures	Target for process measure	Comments
Behavior Support Lead is actively participating in assessment, care planning development and update of all residents on antipsychotics.	% of Care Team antipsychotic review meetings attended by BSO Lead	100% of Care Team antipsychotic review meetings will be attended by BSO Lead	

Change Idea #3 4 GPA Training Sessions

Methods	Process measures	Target for process measure	Comments
Gentle Persuasive Approaches (GPA) certification training for full time front line staff who are not certified	% of front-line staff (NS/RS/BS/F&NS) trained by end of 2024	100% of full time front-line staff (NS/RS/BS/F&NS) will have completed Gentle Persuasive Approach (GPA) training by end of 2024	At minimum want all full time staff trained.