

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)	29.10	10.00	Welcomed a new NP with advanced skills and practices that will help us navigate ill residents and reduce ER visits	

Change Ideas

Change Idea #1 Working closely with our Medical Director and Nurse Practitioner to evaluate and assess ED visits in relation to diagnosis

Methods	Process measures	Target for process measure	Comments
Accessing funds provided by government for equipment/supplies to support our NP/MD in home to complete procedures otherwise required for sending to hospital for.	Data is collected and analyzed by NP/MD and shared with all nursing staff. Education with assessment is ongoing at this time	Have nursing staff trained in IV therapy, assessments regarding conditions, O2 therapies, ECG, hemostat etc.	

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	100.00	Getting policy out to the floor staff (management complete)	

Change Ideas

Change Idea #1 Closely working with Behavioural Support Team in educating all staff on Equity and receiving feedback on such education for further development

Methods	Process measures	Target for process measure	Comments
Provide staff with education outline and policy. Ensure staff receive education by Sept/24 then provide information to residents	Conduct a feedback form for staff to anonymously provide information regarding training and needs that are required for providing adequate direct resident care	Language for all staff and residents is clearly broadcasted for all the be informed. Include equity in general survey for residents and families	Total LTCH Beds: 102

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: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	84.62	85.00	Improvement on resident concerns and improve the responses	

Change Ideas

Change Idea #1 Our home specific resident satisfaction survey (to go out Summer 2024) includes 3 questions to help inform this indicator

Methods	Process measures	Target for process measure	Comments
Question #1: I feel confident when I raise concerns with staff that they listen and a resolution will be reached. Question #2: Staff actively give me time to speak my concerns. Question #3: I am always encouraged to participate in the home's activities	Results of survey will be reported and analyzed after the collection period. Bring results to staff and discuss areas for improvement. Involve the residents council in improvement areas	Score 85% or higher in our next residents satisfaction survey.	Total Surveys Initiated: 96 Total LTCH Beds: 102

Measure - Dimension: Patient-centred

Indicator #4	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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	78.57	80.00	Inclusivity is a big aim of TVL this year and a big factor is our residents feeling heard and seen	

Change Ideas

Change Idea #1 Residents feel comfortable to freely express their opinions without having any feelings of insecurity or consequences

Methods	Process measures	Target for process measure	Comments
Utilize best practice guideline: Person- and Family-Centred Care by RNAO along with the Residents Bill of Rights	All care providers in the home are required to complete their Surge Learning on Resident's rights. Providing guidelines to all staff so they have the education to support all our residents in respecting their rights through all aspects of their life	Communication with Residents Council by going over enhancing care for all residents; Census from residents in their experiences with different aspects of care. Proof of a more trusted and supportive relationship between residents and staff.	Total Surveys Initiated: 70 Total LTCH Beds: 102

Safety

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	26.19	20.00	Reduce the amount of unnecessary medications for our residents for better quality of life	

Change Ideas

Change Idea #1 Continuously work closely with our NP and Pharmacy (Geritrx) to look at residents with prescribed antipsychotics

Methods	Process measures	Target for process measure	Comments
Geriatr tracks our usage and shares this at our quarterly PAC meetings. MD, NP and pharmacists are in close contact in term of antipsychotic discussions and continually reviewing medication changes.	Quarterly sit down with NP, MD, and Geriatr, along with DOC to review usage and trends of antipsychotics. Our home is on average witht hepharmacy but strives to be close to the CIHI data	To meet the Ontario average of 20% as per CIHI data.	