

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The Number of hospital visits analyzed per month	C	% / Other	In house data collection / April 1, 2024 to March 31, 2025	CB	50.00	New indicator to examine reasons for all hospital visits	

### Change Ideas

Change Idea #1 Audit resident charts that have been to the hospital to assess any gaps in change in condition being captured and reported to the physician.

Methods	Process measures	Target for process measure	Comments
The NP/RN will use the audit in the Go audit system monthly. The Quality and Risk Manager will distribute the audit results to the Clinical Leads and Medical Director to follow up with the RNs.	% of audit scores	Of the residents sent to hospital, 50% of the charts will be audited with a score of 75% by March 31, 2025.	

Change Idea #2 Ensure the Nurse Practitioner ( in collaboration with the TOH) visits all residents who consent that were sent to the hospital and who have a change in condition.

Methods	Process measures	Target for process measure	Comments
Referrals to the NP in Point Click Care and Hospital Transfers Dashboard.	% of residents seen by the NP who went to hospital. # of residents seen that did not go to hospital and was referred to the NP.	The NP will analyze 50% of the resident charts who went to hospital and decrease the number of hospital transfers by 10% by March 31, 2025.	

## 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	CB	15.00		

### Change Ideas

#### Change Idea #1 Expand EDIA-R education to any staff and the EDI Committee

Methods	Process measures	Target for process measure	Comments
Education will be tracked in HIRS (ADP), analyzed and reported by the EDI committee with HR.	# of staff who completed education in EDIA-R	The Home will ensure that 15% of the staff complete EDIA-R education by March 2025.	Leadership to remain at 100%.

#### Change Idea #2 EDIA-R Committee to create a terms of reference for the team and to provide education and awareness for committee members.

Methods	Process measures	Target for process measure	Comments
Reported to Leadership Team	TOR is completed and education provided to all the team members.	The home will complete education and awareness training with 95% of the committee and the TOR is completed and followed by September 2024.	

**Change Idea #3** Leadership Team to do an EDIA-R assessment using the tool from the CLRI as well as the EDI committee is to complete the same assessment. Compare and create an agreed action plan for 2024 to 2025.

Methods	Process measures	Target for process measure	Comments
Documents completed and approved at Leadership and EDI committee.	Assessment completed		The Home will complete an EDI assessment and an action plan for 2024/2025 that is collaborative, including frontline staff, residents, volunteers and families which will be completed by September 30, 2024.

### 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 Indigenous Cultural Training.	C	Number / Staff	Other / Most recent consecutive 12-month period	CB	15.00		

### Change Ideas

**Change Idea #1** Expand Indigenous Cultural Training to any staff and the EDIA-R Committee.

Methods	Process measures	Target for process measure	Comments
Education will be tracked in HIRS (ADP), analyzed and reported by the EDIA-R committee with HR.	# of staff who completed education in Indigenous Cultural Safety.		The Home will ensure that 15% of staff complete Indigenous Cultural Safety Training by March 2025. Leadership to remain at 100%.

## Experience

## 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	64.36	66.00	Goal is to return to pre-pandemic benchmark and work more on person-directed approach.	

### Change Ideas

Change Idea #1 Better inform Residents on their Bill of Rights and Whistleblowing under the legislation.

Methods	Process measures	Target for process measure	Comments
Conduct education on different Resident rights from the Fixing LTC Act as well as the St. Pat's Whistle Blowing Policy.	# of education sessions held per year.	Two Resident education sessions per calendar year.	Total Surveys Initiated: 101 Total LTCH Beds: 288

Change Idea #2 Small group meetings with residents on the 3 RHAs that scored the lowest on the resident survey.

Methods	Process measures	Target for process measure	Comments
In person/private sessions with the residents who completed the survey.	# of residents who participate.	75% of residents with a CPS score of 0-2 attend.	

Change Idea #3 Meet with staff to help them gain insight as to why a resident would respond negatively while having a person-directed approach to the conversation.

Methods	Process measures	Target for process measure	Comments
In person/private sessions with staff.	% of sessions completed with staff.	100% of staff who attend sessions.	

## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "I get my favourite food here?"	C	% / LTC home residents	In house data, interRAI survey / April 1, 2024-March 31, 2025	40.00	45.00	Goal is to return to pre-pandemic benchmark.	

### Change Ideas

Change Idea #1 Ask residents' what their favourite meal is and provide it for their birthday.

Methods	Process measures	Target for process measure	Comments
In person/ private sessions with the residents who complete the survey	Percentage of residents who wanted their favourite meal for their birthday and received it.	80% of residents who wanted their favourite meal for their birthday.	

Change Idea #2 Add the question, What is your favourite meal? in a revised New Resident Admission Assessment.

Methods	Process measures	Target for process measure	Comments
Enhance the ability to pull the data on new admissions to be able to detect trends.	Question is added to the assessment.	100% of new residents surveyed once the new version of the assessment is live.	

Change Idea #3 Small group meetings on the 3 RHAs that scored the lowest on the resident survey.

Methods	Process measures	Target for process measure	Comments
In person/ private sessions with the residents who complete the survey.	Percentage of sessions on each RHA.	% of sessions completed on each RHA.	

Change Idea #4 Gather data from the meetings to analyze trends and assess gaps.

Methods	Process measures	Target for process measure	Comments
Gather data from the meetings to analyze trends and assess gap (Go Audit)	% of audit scores.	The Home will ensure to analyze trends and assess gaps.	

## Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "Staff respect what I like and dislike?"	C	% / LTC home residents	In house data, interRAI survey / April 1, 2024-March 31, 2025	74.00	78.00		

### Change Ideas

Change Idea #1 Value Shield exercise at Mandatory Education and Orientation to gain a deeper understanding of how our own values relate to person-directed care.

Methods	Process measures	Target for process measure	Comments
In person education/experiential learning.	% of staff that attend the sessions.	100% of staff who attend sessions.	

Change Idea #2 Small group meetings on the 3 RHAs that scored the lowest on the resident survey.

Methods	Process measures	Target for process measure	Comments
In person/ private sessions with the residents who complete the survey.	% of session completed with the residents.	100% of residents who attend sessions.	

Change Idea #3 Meet with staff to help them gain insight as to why a resident would respond negatively while having a person-directed approach to the conversation.

Methods	Process measures	Target for process measure	Comments
In person/private sessions with staff.	# of sessions on RHA.	100% of staff who attend sessions.	



**Measure - Dimension: Patient-centred**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement "If I want, I can participate in religious activities that have meaning to me."	C	% / LTC home residents	In house data, interRAI survey / April 1, 2024-March 31, 2025	33.00	56.00	Goal is to return to pre-pandemic benchmark.	

**Change Ideas**

Change Idea #1 Analyze data that asked the question about what brings spiritual comfort and assess if we need to change.

Methods	Process measures	Target for process measure	Comments
PCC data from the New Resident Admission Assessment.	% of audit scores.	The home will ensure to analyze trends and gaps.	

Change Idea #2 Small group meetings on the 3 RHAs that scored the lowest on the resident survey.

Methods	Process measures	Target for process measure	Comments
In person/ private sessions with the residents who complete the survey	% of sessions with the residents	100% of the residents who attend the sessions	

Change Idea #3 Gather data from the meetings to analyze trends and assess gaps.

Methods	Process measures	Target for process measure	Comments
Gather data from the meetings to analyze trends and assess gaps (Go Audit)	% of audit scores	The Home will ensure to analyze trends and assess gaps.	

## Safety

### Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of new stage 2-4 pressure injuries.	C	% / LTC home residents	Other / December 2024-December 2025 with rolling 4-quarter average	4.20	1.90	1.9% is the CIHI benchmark, but more residents are being admitted with wounds, therefore we are excluding externally acquired pressure injuries.	

### Change Ideas

**Change Idea #1** Prevention of wounds: Early detection of high risk for skin breakdown using the PURS score of 4+, ensuring repositioning clocks are in place and audited for compliance with the care plan.

Methods	Process measures	Target for process measure	Comments
PCC Data collection and Go Audits	Audit 50% of residents with a PURS score of 4+.	90% or higher have the clock in place and repositioning is occurring.	

**Change Idea #2** Retrospective Audits of resident charts who have a new stage 2-4 pressure injury to identify gaps in care and early identification of change in condition.

Methods	Process measures	Target for process measure	Comments
Go Audits for data collection and analysis.	Audit all resident charts regardless of PURS score.	Less than 50% of the audits have gaps.	