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)	25.77	25.00	Target performance has been set since HG is initiating a new project PoET which will hopefully assist in error based transfers to the ER	William Osler Health System

Change Ideas

Change Idea #1	1) Initiating PoET project to reduce error based transfer to ER 2) Increase education with registered staff (e.g. IV therapy) to reduce ER transfer for UTIs

Methods	Process measures	Target for process measure	Comments
1) Work with McMaster University/William Osler (training begins April 28/2025) 2) Review education on the number of nurses who received the IV Therapy training	1) Number of staff receiving the PoET training 2) Number of PoET education sessions delivered 3) Number of nurses receiving the IV Therapy education	1) 50 2) 10 3) 12	None

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	70.00	EDI action plan has been developed with front line staff and needs to be shared on the SURGE Plan for all staff to review.	

Change Ideas

Change Idea #1	Front line staff to plan a cultural event 2 x per year (e.g. Black History Month February 2025 - completed and well receive with great positive feedback from staff)

Methods	Process measures	Target for process measure	Comments
Identify the two cultural events and select lead front line staff to develop the action plan (Feb 2025 - nursing staff D.M. led the event with the team)	1) number of staff attending the cultural events 2) number of cultural events	1) Two Cultural events/year 2) 70 staff attending each event	None

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	CB	50.00	Based on 2022/23 results	

Change Ideas

Change Idea #1   1) Meet with Family & Resident Council Representatives to attain their feedback

Methods	Process measures	Target for process measure	Comments
1) Collect qualitative data from the Family Council and Resident Council Representatives	1) # of Family/Resident Council Representative provide feedback	1) 5 - 10 family/resident council representatives	None

Change Idea #2   Ensure the Unit Nurse who attends the Care Conferences tracks the changes in the careplan on PCC.

Methods	Process measures	Target for process measure	Comments
Use PCC - Point Click Care to update the careplan promptly - in order to share the resident needs with all staff (communicate during shift report).	# of annual care conferences completed each year	75% of all annual care conferences scheduled actually take place and the Unit Nurse captures changes on PCC (updates the careplan and communicates with the front line staff during shift report and communication journal)	None

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	CB	50.00	Based on 2022/23 Resident Survey Results	

Change Ideas

Change Idea #1   Encourage Residents to express their concerns/ideas/complaints

Methods	Process measures	Target for process measure	Comments
1) Continue with annual Resident/Family Satisfaction Survey (including opportunity for open ended feedback) 2) Encourage feedback from residents at Resident Council Meetings, CQI meetings, BPSO Resident/Family Centered Care Meeting 3) Ensure each Resident/Family Complaint is followed up and encourage Resident feedback when arriving at resolutions	1) increase % response from 48% in 2023 to over 50% in 2024 2) # of residents (total) attending meetings (CQI, Resident Council, BPSO Resident/Family Centred Care committee) 3) Decrease # of complaints (from 2024 to 2025) by 10%	1) aim for a 55% is the response rate for 2025 Resident/Family Satisfaction Survey 2) 10 - 15 Residents in total attend the 3 committees 3) Currently in 2024 HG had 45 Resident/family complaints officially logged (10% decrease = 40 Logged complaints)	none

Safety

Measure - Dimension: Safe

Indicator #5	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	17.33	15.00	Decreasing absolute target to 15.00 is achievable with new Falls prevention lead and dedicated team.	

Change Ideas

Change Idea #1   Ensure new admission residents who are high risk for falls have a 1:1 for 72 hour observation period to orientate residents to new environment

Methods	Process measures	Target for process measure	Comments
Admissions team to ensure that all new admissions who are high risk for falls has a pre move in meeting to ensure all fall prevention strategies are in place when resident moves in - as of Day One of admission	Track number of falls with new admission residents	1% of New Admissions fall within the first month of admissions	None