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)	18.18	16.50	Decrease ER visits and work to add additional therapies at the LTC to ensure comfort for residents and prevent transfers to the ER	

Change Ideas

Change Idea #1   Ensure assessments completed to reduce transfers.

Methods	Process measures	Target for process measure	Comments
King City Lodge Nursing Home will continue to provide education to all staff regarding process to determine need for hospital transfer, this includes completing a full assessment within their scope of practice prior to calling physicians.	Review monthly transfers to hospital and determine if appropriate assessments completed by staff prior to sending residents to hospital.	100% of resident transfers will be reviewed quarterly to determine need for transfer and education goals established.	

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	91.89	100.00	Education is mandatory for all staff and volunteers at the LTC	

Change Ideas

Change Idea #1   Develop partnership with external stakeholders to bolster equity, diversity, inclusion, and anti-racism education

Methods	Process measures	Target for process measure	Comments
Meet with external organizations who provide equity, diversity, and inclusion training to employees.	2025 staff survey and informal feedback after education provided	100% of staff will have completed the education either in-person or via recording.	Total LTCH Beds: 30

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	8.60	Reviewing 2024 resident satisfaction surveys and feedback monthly from residents, the target is achievable.	

Change Ideas

Change Idea #1   All residents will have their voice heard and validated at the resident council meetings

Methods	Process measures	Target for process measure	Comments
Regular communication at Residents' Council and ask if communication is satisfactory at each meeting and if not what are suggestions for improvement. Post information in consistent location in large font (meeting minutes).	Review during each month the # of residents who either agree with the communication or disagree. Develop plans with those residents who have concerns on a 1 on 1 basis.	# of residents advising that the communication is satisfactory per Resident Council meeting.	

Change Idea #2   Ensuring that residents voices are being heard and validated.

Methods	Process measures	Target for process measure	Comments
Audit the whole home to assess signage and accessibility. Implement new signage for information where possible. Ask Resident Council for ideas for improvement for communication and information sharing	Review # of signs, calendars, and other postings to determine if larger or different font is needed.	100% of the posted information will be reviewed for accessibility.	

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	100.00	Ensuring residents feel heard and their opinions validated as per Resident Bill of Rights and the Code of Ethics for the LTC	

Change Ideas

Change Idea #1 Ensuring that opinions of residents are validated and any actionable items are completed within a timely manner

Methods	Process measures	Target for process measure	Comments
Director of Clinical Care and Quality will set up gentle persuasive education for the home, and all concerns brought forth through resident council will be formally documented and given to the appropriate manager for review and action plan.	Continue to apply a multi-disciplinary approach to handling any concerns brought forward by residents and document actions taken.	100% of concerns brought up during resident council will be addressed within 10 days. Aim for 30% of nursing staff to be GPA trained by the end of 2025.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Maintenance of physical building and grounds	C	% / Family	In house data collection / January 1 2025 to December 31 2025	82.00	85.00	Family Council meetings - Look to ensure 85% of all suggestions to improve the overall physical building and grounds are completed.	

Change Ideas

Change Idea #1   Ensuring the families have a say in terms of minor and major projects to be completed at the LTC

Methods	Process measures	Target for process measure	Comments
Feedback from families and Residents' Council regarding suggestions on improving the physical building and grounds.	# of suggestions provided/minor capital items identified and reviewed quarterly.	Minimum of 85% of items addressed using the minor capital funding.	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	16.07	13.50	Streamlined Falls prevention program, added additional metrics to measure falls and put in various various interventions to prevent/reduce falls.	

Change Ideas

Change Idea #1 Ensuring that all falls are assessed in a timely manner and a plan developed to address the falls with a focus on interventions			
Methods	Process measures	Target for process measure	Comments
Analysis of the post falls to identify trends and adjust routines where applicable at fall committee meetings and quarterly meeting.	All residents reviewed on a monthly basis during the huddle to determine strategies which are effective.	Quarterly falls meetings to summarize interventions for residents and huddles. Review changes with staff during weekly meetings. utilize the "process/procedure" forms to communicate changes and interventions to all staff within the home.	

Change Idea #2   Weekly huddles with staff to summarize falls and interventions

Methods	Process measures	Target for process measure	Comments
Weekly huddles to be done with the direct care staff to discuss the falls and other issues over the past month and causes of falls and how to prevent them.	Reduce falls by discussing with front line staff the falls and interventions in place to prevent future falls for those residents.	Reduce falls by 10% by the end of the year	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	25.00	20.00	Reduce overall antipsychotic rates for those who do not have diagnosis.	

Change Ideas

Change Idea #1   Ensuring no residents are prescribed medications without an appropriate diagnosis

Methods	Process measures	Target for process measure	Comments
Review all residents who are currently prescribed antipsychotics 2) Review plan of care for supporting diagnosis 3) If no diagnosis, team will review and implement reduction strategy process	Provide families with best practice information on reducing antipsychotics such as – Family Fact sheet from Canadian Geriatric Society, Pharmacy etc. Add information on reducing antipsychotics to tour and admission packages	All residents currently prescribed antipsychotics will have a medication review completed by Aug 2025. Educational material will be provided to families and/or residents on antipsychotics and importance of minimizing use by May 2025	