

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)	30.60	29.07	We are looking to see a 5% improvement (decrease) in the rate of ED visits for modified list of ambulatory care sensitive conditions *per 100 LTC residents. We feel this is a realistic target based on our Falls Program.	Brockville General Hospital, Leeds, Grenville and Lanark Health Unit

Change Ideas

Change Idea #1 UTI Assessment and Management (a source of potentially avoidable Emergency visit).

Methods	Process measures	Target for process measure	Comments
Staff will be educated on best practice guidelines pertaining to UTI detection and treatment.	Education will be provided by the lead pharmacist and IPAC lead on strategies to prevent unnecessary antibiotic starts.	80% of all registered staff will be educated by December 2025.	

Change Idea #2 We will reduce the amount of new Stage 2-4 Pressure Ulcers (PU Indicator) that develop in the home by 10%. From 4.5% (CIHI Adjusted Rate, Q2 2024) to 4.05% ($10\% \times 4.5\% = 0.45\%$). $4.5\% - 0.45\% = 4.05\%$ by September 30, 2025 (Q2 2025).

Methods	Process measures	Target for process measure	Comments
Implementation of the new Skin and Wound advanced mobile app, designed for wound evaluation, documentation, and status communication.	Education will be provided by our Skin and Wound Care Team Lead on the method and use of the application.	100% of all registered staff will be educated on the mobile app by May 2025 and the app will be fully implemented by May 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	CB	We will set up processes and collect baseline data to establish comparative numbers for future evaluation.	

Change Ideas

Change Idea #1 100% of staff will be trained on Equity, Diversity, Inclusion, and Anti-racism by December 31st, 2025.

Methods	Process measures	Target for process measure	Comments
Education will be provided.	Quarterly tracking will be completed by the QI Lead.	100% of team members will complete education on Equity, Diversity, Inclusion and Antiracism, by December 31st, 2025.	

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	CB	We will set up processes and collect baseline data to establish comparative numbers for future evaluation.	

Change Ideas

Change Idea #1 Aligned with InterRAI data, we will develop a more effective way to present the resident satisfaction survey and collect data.

Methods	Process measures	Target for process measure	Comments
The QI Lead will work with the Accounts Clerk to improve the structure of the resident satisfaction survey.	The resident survey will be sent out 6 weeks after admission, and annually thereafter.	A response rate of 80% ("good" and "very good"), or greater will be achieved.	

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	86.36	90.68	Via change ideas, we are aiming for a 5% increase of residents to respond positively to the above statement. The goal is to improve by 5% each year, working towards the theoretical best target of 100%.	

Change Ideas

Change Idea #1 Aligned with InterRAI data, we will develop a more effective way to present the resident satisfaction survey and collect data.

Methods	Process measures	Target for process measure	Comments
The QI Lead will work with the Accounts Clerk to improve the structure of the resident satisfaction survey.	The resident survey will be sent out 6 weeks after admission, and annually thereafter.	A response rate of 80% ("good" and "very good"), or greater will be achieved.	Total Surveys Initiated: 44 Total LTCH Beds: 107

Change Idea #2 To increase the number of staff members' comfort levels and knowledge pertaining to end of life care, including common signs and symptoms that occur.

Methods	Process measures	Target for process measure	Comments
Palliative Care/End of Life education will be provided to all new staff/team members.	All new hired staff will receive PC/EOL education during their corporate orientation by the QI Lead/Nurse.	100% of new staff members hired will receive education between April 1st, 2025 and December 31st, 2025.	

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	13.79	13.10	As we are below the provincial average (16.5% Q2 2024 CIHI), we are looking to see an additional 5% decrease in the amount of residents who fell in the 30 days leading up to their assessment. We are targeting to remain below the provincial average and to improve our current performance.	

Change Ideas

Change Idea #1 RNAO's pathway implementation on Falls.

Methods	Process measures	Target for process measure	Comments
Educate Staff on RNAO's Falls pathway and implement the pathway by April 1st 2025.	Documentation on fall risk and assessment will be completed via RNAO's Falls pathway.	100% of registered staff will be comfortable utilizing the new pathway by July 30th, 2025.	

Measure - Dimension: Safe

Indicator #6	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	31.69	20.10	For this indicator, we are aiming to remain at par with the provincial average of 20.1% (Q2 2024, CIHI). Our relative target is to decrease the percentage of LTC residents without psychosis who were given antipsychotic medication, by 36.57%.	Brockville Mental Health Center: The Royal, Seniors Mental Health Behavioural Support Services – Lanark, Leeds & Grenville

Change Ideas

Change Idea #1 Track the number of residents receiving antipsychotic medications and their reasons for use. These will be reviewed at P&T meetings (April, July, Oct 2025)

Methods	Process measures	Target for process measure	Comments
QI nurse will track using quarterly reports from pharmacy and combine with chart reviews for diagnosis.	The number of residents receiving antipsychotic without a relevant diagnosis.	Unadjusted rate to decrease to 32%	

Change Idea #2 All units of the home, will be provided with a Responsive Behavior Support Binder.

Methods	Process measures	Target for process measure	Comments
BSO nurse to gather and implement binders pertaining to the residents who display responsive behaviors, on the South, North, East and West Wings of the home.	Information included: care plans for those with responsive behaviors, communication sheets for PSWs to communicate concerns, and information on common causes of behaviors.	All wings (x4) will implement the binder system. 100% of binders will be utilized. Utilization will be measured by QI Nurse quarterly. (April, July, Oct 2025)	