

## Access and Flow

### Measure - Dimension: Efficient

Indicator #2	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.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	20.97	20.00	The home is currently below provincial average.	

### Change Ideas

Change Idea #1 The Home will increase education by utilizing our partnership with NLOT resources

Methods	Process measures	Target for process measure	Comments
1. Home will arrange monthly education for registered staff and PSW on clinical care topics and skill building capacity on areas that could decrease potential ED transfers.	The number of education sessions offered	The home will ensure 12 sessions occur throughout the year.	

Change Idea #2 The home has applied and received the PLEDGE funding to create a Clinical Mentor to support onboarding and capacity building of registered staff.

Methods	Process measures	Target for process measure	Comments
The home clinical leaders will work with mentor to determine topics of high priority to create education on. Mentor will work with external partners including NLOT to receive additional training on areas identified. Home clinical leaders will arrange onboarding hours aligned to mentors hours to increase skill capacity	% of new registered staff receiving mentorship. # of mentorship hours	100% of new hires will receive support from mentor during onboarding. Mentor will provide 10-15 hours weekly of mentorship expertise.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents that agree that food is tasty and served at the correct temperature	C	% / LTC home residents	In-house survey / 26/27	55.00	60.00	Home wishes to improve % from 55 to 60 through interventions.	

### Change Ideas

#### Change Idea #1 Home will improve plating presentation

Methods	Process measures	Target for process measure	Comments
1. Cooks and servers will receive education through surge learning and demonstration on strong presentation skills. 2. Plating expectations will be communicated at monthly departmental meetings. 3. DNM will recognize staff with strong plating presentations at departmental meetings and at quick connect meetings.	Number of cooks and servers completing education. monthly minutes will include discussion and recognition efforts.	100% of dietary cooks and servers will receive plating with pride education. 100% of monthly staff meetings starting April 1st will have a focus on plating and recognition.	

Change Idea #2 Residents will have increased opportunity to provide feedback and make adjustments to menus

Methods	Process measures	Target for process measure	Comments
DNM will implement comment cards to allow continual feedback. Cards and improvement initiatives will be reviewed at for committee meetings. DNM to increase food committee meetings to monthly and include tasting opportunities prior to new menu implementation.	Home will receive comment cards monthly to review. Home to increase frequency of Food meetings	100% of residents and SDM will have opportunity to complete comment card. 100% of received comment cards will be addressed at food committee. DNM will host 12 food committee meetings annually.	

Change Idea #3 Home will increase frequency of temperature audits at multiple service delivery points to ensure food is served at correct temperatures

Methods	Process measures	Target for process measure	Comments
DNM will implement and conduct weekly temperature audits at time of loading of Cambria carts, removal from carts, prior to service after plating.	# audits, # of temperatures recorded outside of recommended ranges	Audits will occur 100% of weeks by DNM or designate. 100% of taken temps will be within recommended ranges.	

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment	C	% / LTC home residents	CIHI CCRS / 2026	14.90	10.00	Homes goal due to small sample size is to obtain a % of 5.4.	

### Change Ideas

Change Idea #1 Collaborate with pharmacy to provide education to registered staff on pain recognition and appropriate analgesic use

Methods	Process measures	Target for process measure	Comments
Home clinical leaders will meet with Pharmacy rep to determine dates and facilitate team member schedule to attend. Education will include data collection, assessment strategies, pharmacological and non pharmacological strategies and collaboration with multi disciplines such as recreation, physio, spiritual care and clinical pharmacy consultants.	# sessions provided within the 12 month calendar year.	Education sessions will be facilitated for staff 4 x / year. 100% of registered staff will have the opportunity to receive education.	

## Change Idea #2 RAI Coordinator to review coding and educate on proper coding

Methods	Process measures	Target for process measure	Comments
RAI coordinator will provide education at quick Connect huddles to PSW and registered staff on how to code for pain. RAI Coordinantor will review pain coding with charge nurse prior to submission. Home will have multidisciplinary weekly meetings for those in observation to ensure coding accuracy for pain prior to submission.	% of residents in observation reviewed	100% of residents in observation will be discussed in a multidisciplinary meeting	