

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) | 20.24 | 15.00 | Target performance is based on 25% decrease in GPL resident ED visits for year 2025/26. | |

Change Ideas

Change Idea #1 Audit, review and track all ED transfers, identifying visits considered avoidable based on conditions identified by HQO to reduce GPL ED visits by 25% compared to previous year.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|--|
| NP to review all ED transfers. Discuss results at the quarterly Medical Advisory Committee meetings, and with ADOCs/DOC and Charge RNs during rounds. Purpose is to identify any trends in ED visits and review all potentially avoidable ED visits with this team. The ADOC will work with NP and Charge RNs on assessments and treatments that can be initiated in order to avoid unnecessary ED visits. | Track and Measure number of ED visits deemed possibly avoidable according to the list of care-sensitive conditions identified. | 100% of all ED visits will be tracked and analyzed for trends with the goal of decreasing total number of residents sent to ED year over year. | The Golden Plough Lodge (GPL), under new leadership, has identified potential new providers of mobile diagnostic imaging within our community area. New contract under negotiation and review. |

Change Idea #2 GPL to continue with early interventions identified during admission and care conferences, for residents/SDM, related to desired plan of care for end of life wishes. Continue to encourage and support resident/SDM in choosing Advanced Health Directives, including education on treatment options available in the facility.

| Methods | Process measures | Target for process measure | Comments |
|--|--------------------------------------|--|----------|
| Education and discussion with resident/SDM at admission and quarterly care conferences regarding Advanced Directives and GPL facility treatment options. GPL spiritual advisor to form advisory interdisciplinary committee to support residents with end-of-life care planning. | Track and trend ED visits quarterly. | Decrease avoidable ED transfers to align with Provincial data. | |

Change Idea #3 Follow recommendations of GPL Falls Committee and RNAO Best Practice Guidelines for falls prevention, as falls are a leading cause of transfer to ED.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| DOC and RAI RNs to review and analyze incidents in PCC Risk Management of ED transfers resulting from a fall. | The number of falls that result in injury requiring transfer to ED. | 100% of falls will be reviewed by the Medical Advisory Committee quarterly, with falls prevention measures discussed by the interdisciplinary team and prevention measures implemented | |

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 | 375.00 | 100% staff (approx. 375) provided education session 2025/26 | |

Change Ideas

Change Idea #1 Create in-person awareness raising and education session on Diversity, Equity and Inclusion at Work. 100% of all GPL staff (management and staff) to receive session annually.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| In-person awareness raising and education session on Diversity, Equity and Inclusion at Work will be included in mandatory annual training and orientation to GPL training. | Track education sessions provided annually for completion rate. | 100% of GPL management and staff will successfully attend awareness raising and education session on Diversity, Equity and Inclusion at Work. | |

Change Idea #2 GPL will work with community partners when developing education session for in-person awareness raising and education session on Diversity, Equity and Inclusion at Work.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Work collaboratively with community partners to identify areas of improvement and/or gaps to address in in-person awareness raising and education session. | Identify and connect with community partners that can assist with collaborative efforts to support GPL in-person awareness raising and education session on Diversity, Equity and Inclusion at Work. | Collaborate with a minimum of one community partner. | |

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 | Facility to increase to 180 residents at time of next Resident and Family Satisfaction survey, goal is to maintain at least 50% of residents complete the survey, which will be 90 surveys to ensure results are reflective of the population. Out of 90 respondents, goal is 85% of residents responding positively. | |

Change Ideas

Change Idea #1 Provide education to staff on importance of resident centered care and active listening to ensure meeting resident needs.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| Annual education on resident centered care and active listening skills to be provided to all GPL staff. | Share survey results with staff to provide insight into the importance of active listening with residents to improve resident quality of care and quality life. | 85% of residents responding positively to question "What number would you use to rate how well the staff listen to you?" | |

Change Idea #2 Higher percentage of participation in, and completion of, Resident Family Satisfaction Survey.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Communicate to residents/families the importance of participation in, and completion of, Resident Family Satisfaction Survey during Resident Council meetings, resident/family focused email memo's, care conferences and 1:1 discussion. | Increase in total number of Resident Family Satisfaction Surveys completed. | 50% of Resident Family Satisfaction Surveys completed by resident/family. | |

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 | 91.00 | 95.00 | Facility to increase to 180 residents at time of next Resident and Family Satisfaction survey, goal is to maintain at least 50% of residents complete the survey, which will be 90 surveys to ensure results are reflective of the population. Out of 90 respondents, goal is 90% of residents responding positively. | |

Change Ideas

Change Idea #1 Residents to be provided information on, and access to, Resident Bill of Rights and Bill contents under current legislation.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|--|
| Provide education on Resident Bill of Rights and importance survey participation/completion to ensure resident voices are heard. Quality improvements to be initiated based on survey results to statements such as "I can express my opinion without fear of consequences". | Number of education sessions completed as Resident Council Meetings. Increased number of Resident and Family Satisfaction Surveys. Increase in percentage of residents who respond positively to the statement: "I can express my opinion without fear of consequences". | Minimum of 4 education sessions/per calendar year to be provided at Resident Council meetings. 90% positive response to statement: "I can express my opinion without fear of consequences". | Total Surveys Initiated: 100 Total LTCH Beds: 151 |

Change Idea #2 GPL staff to be educated on Resident Bill of Rights and Bill contents under current legislation to increase the positive response to Resident and Family Satisfaction Survey statement: "I can express my opinion without fear of consequences".

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Education on Resident Bill of Rights and importance of encouraging residents/families to complete Resident and Family Satisfaction Survey to be provided to all GPL staff annually and during onboarding of new staff to encourage increase in completed surveys. | Increase in completion of Resident and Family Satisfaction Surveys, with 90% of residents responding positively to statement: "I can express my opinion without fear of consequences". | 90% positive resident responses to statement: "I can express my opinion without fear of consequences". 50% of resident's/family's participation in survey completion. | |

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 | 19.22 | 16.60 | Target performance is based on annual Provincial fall rate. Relative target is reflective of Provincial rate and GPL previous year falls data/rate. | |

Change Ideas

Change Idea #1 Resident falls will meet or be below Provincial average of 16.6%.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| Follow recommendations of GPL Falls Committee and RNAO Best Practice Guidelines for falls prevention. DOC and RAI RNs to review all falls in PCC Risk Management and analyze data and track/observe for preventable trends. | Percentage of resident falls at GPL annually. | Percentage of falls will meet or be below Provincial average of 16.6%. | |

Change Idea #2 Minimum of quarterly review and analysis of resident falls data collected from PCC Risk Management.

| Methods | Process measures | Target for process measure | Comments |
|---|--------------------------------------|--|---|
| Maintain quarterly interdisciplinary Falls Committee meetings, and as needed, to analyze falls data. Analysis to include home areas with highest and lowest fall rates, time of day falls most prevalent, and resident identified as having most falls. | Percentage of resident falls at GPL. | Incidence of falls at GPL will meet or be below provincial average annually. | Physiotherapy team currently conducts quarterly reviews and presents data at quarterly Medical Advisory Committee meetings. |

Change Idea #3 Falls Prevention Program and associated policies and procedures to remain current and updated.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|--|
| Conduct annual program, policies and procedures, review and update. Ensure policy and procedures reflect RNAO Best Practice Guidelines. | Falls Prevention Program and associated policies and procedures are reviewed annually to ensure current and up to date. | Review of Falls Prevention Program, and associated policies and procedures, is completed by March 31, 2026, and as needed throughout 2025/26. | Review of Falls Prevention Program, and associated policies and procedures, will remain part of GPL annual program review processes. |

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 | 4.64 | 4.64 | GPL is currently well below provincial average of 20.5% of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. This continues to be reflective of GPL Medical Directors focus on this priority indicator. | |

Change Ideas

Change Idea #1 GPL will maintain a low percentage rate of residents without psychosis being given antipsychotic medication in the 7 days preceding resident assessment, to meet or be below Provincial average.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|--|
| GPL Medical Director/s will continue with regular chart audits and medication review for all residents of GPL. Review of resident diagnoses and medications will continue for all GPL residents during admission and annual care conferences. | Percentage of residents without psychosis who are being administered antipsychotic medication will meet or be below Provincial average. | Will continue to be below Provincial average for percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. | Medical director/s to continue to focus on this priority quality improvement area for 2025/26. |

Change Idea #2 Continued identification of residents prescribed antipsychotic medication without an appropriate diagnosis, and deprescribe where appropriate.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| Pharmacy to conduct quarterly reviews and provide reduction suggestions to GPL physicians. | Number of residents prescribed antipsychotic medication without an appropriate diagnosis will meet or be below provincial average. | 100% of residents prescribed antipsychotic medications will be reviewed on admission, at annual care conferences and as needed. | |

Change Idea #3 GPL staff will continue to trail all non-pharmacological interventions prior to administering PRN medications for resident responsive behaviors.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|---|
| GPL BSO team will work with GPL staff to identify resident responsive behavior triggers to implement appropriate interventions such as GPA, sensory stimulation, resident specific programs, and access to Snoezelen room. | Percentage of residents with responsive behaviors that have non-pharmacological interventions in resident care plan. | 100% of residents with responsive behaviors have non-pharmacological interventions in resident care plan. | GPL BSO team actively maintains non-pharmacological interventions in each GPL resident home area. |