

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)	18.62	16.00	Goal to decrease the ED visits by 14% over the next year.	

Change Ideas

Change Idea #1 To implement Point Click Care Olis Lab Integration Solution to be able to enter and receive lab results in PCC.

Methods	Process measures	Target for process measure	Comments
Partner with PCC and Leadership Team to meet the contractual requirements of adding the Lab Integration module to the home's PCC. Educate team members and practitioners on the use of the program including resident matching, electronic ordering of labs, results are automatically placed in the resident chart, etc. .	Number of registered staff trained on Olis Lab Integration solution by January, 2026. Number of occurrences of lab tests not occurring as scheduled.	95% of the registered staff team will be trained on the use of the Olis Lab Integration Solution by January 31, 2026.	

Change Idea #2 To implement a revised skin and wound assessment tool to standardize our documentation of altered skin integrity resulting in early detection of worsening wounds.

Methods	Process measures	Target for process measure	Comments
Nursing team to finalize skin and wound assessment tool. Nursing team with input from medical practitioners to finalize wound picker list and guide for use of products. Implementation of wound picker guide and organization of treatment carts and supply rooms to manage inventory. Education sessions for front line staff on the importance of early detection of altered skin and importance of repositioning to off load pressure areas.	Number of registered staff educated on revised skin and wound assessment tool. Number of registered staff educated on product "picker" for wound care products. Number of residents transferred to acute care for wound assessment and treatment. Number of residents requiring parental antibiotics to treat skin infections. Number of low air loss surfaces in use within the home.	100% of residents with impaired skin integrity will have their wounds assessed using the new skin and wound assessment tool by December 2025.	

Change Idea #3 To implement the CPR/No CPR treatment plan and remove the levels of intervention tool to promote person directed care in obtaining consent for treatment with a change in status.

Methods	Process measures	Target for process measure	Comments
Team meetings to review the use of the CPR/No CPR form with the registered staff team including conversation guides. Review process change with medical practitioners so they can support the team with this transition. Update resident handbook and CPR flyer to distribute to residents and family. Review process change with resident and family council. Family/ resident education session will be scheduled to review goals of care conversations and CPR/no CPR treatment plan.	Number of residents who have a CPR/No CPR treatment plan in place by December 2025. Number of residents who request CPR.	100 % of residents will have a CPR/No CPR treatment plan in place by March, 2026.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	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	90.24	92.00	Residents with a CPS score of 3 or lower are personally invited to provide feedback on the resident engagement survey.	

Change Ideas

Change Idea #1 To implement the Palliative and End of Life Clinical Pathways which will meet the residents' psychological, social, cultural, emotional and spiritual needs as well as the physical.

Methods	Process measures	Target for process measure	Comments
Education to the registered staff team on the palliative and end of life assessments and algorithms for use. Education to residents and family members through respective councils on Palliative Care. End of Life Care and Spruce Lodge's palliative philosophy.	Number of residents who have a Palliative Assessment completed by December 2025. Number of residents who have an end of life assessment completed by December 2025. Number of residents deceased April-December, 2025.	All new admissions to the home between April and December 2025 will have a palliative clinical pathway or end of life clinical pathway completed.	Total Surveys Initiated: 119 Total LTCH Beds: 120

Change Idea #2 To implement the interRAI LTCF clinical assessment that allows for sharing of information across health care sectors and promotes continuity of care.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team currently involved in RAI MDS coding to be involved in education sessions on interRAI LTCF- both virtual live events as well as recorded education sessions. Education to direct care team on changes between interRAI and RAI MDS- no longer level of assistance and number of staff, now has Maximal assistance as a level of assistance, 3 day observation period, additional items in CAPS versus RAPS and no longer quarter assessments. Education to residents and families on the change in assessment system via council meetings and newsletters. PCC care plan updates to match interRAI LTCF (care plan mapping).	Number of residents who have an interRAI LTCF assessment completed by December 31, 2025.	The home will successfully transition to interRAI LTCF October 1, 2025.	

Safety

Measure - Dimension: Safe

Indicator #3	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	30.05	27.00	Comparison of similar sized LTC homes QI data from CIHI.	

Change Ideas

Change Idea #1 Implementation of DementiaAbility in Cottage B.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team members to participate in the two day DementiaAbility training sessions. Build engagement kits, expand reading library and install book shelves for supplies are available easily to be able to engage a resident in the moment. Implementation of resident agendas with input from resident, family and team members. Education sessions for residents and family members on DementiaAbility, the home's implementation plan and how others play a role in this plan. Physical enhancements to Cottage B to support the dementiaAbility program in this living area to be planned and initiated by December 2025.	Number of staff trained. Number of engagement kits assembled for Cottage B. Number of physical enhancements planned for Cottage B. Number of physical enhancements initiated in Cottage B.	75% of residents living in Cottage B will have an agenda to aide staff, visitors and family to provide each resident with meaningful activities that build on their abilities.	