

Access and Flow

Measure - Dimension: Efficient

Indicator #6	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 / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	27.61	6.50	To maintain a target of around 6.5% ongoing through the fiscal year. Target is based on current utilization; to maintain minimize current operation.	

Change Ideas

Change Idea #1 1)Changes in assessment protocols, new positions (NP), additional resources (physicians), changes in Home processes

Methods	Process measures	Target for process measure	Comments
Continued tracking of ER visits (in house), review of ER utilization (CCRS); circulation of results to occur monthly (in house) and quarterly (CCRS).	Ongoing review of CIHI and in house stats	Current target to be maintained or minimized further.	

Measure - Dimension: Efficient

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Nursing Restorative Services (Nursing Rehab) - % of resident utilizing nursing rehab services.	C	% / Rehab	In-home audit / Ongoing review of services	18.00	18.50	Current performance reflective as of 1/16/2024. Target set to maintain or maximize on current nursing rehab resources.	Martel and Mitchell Physiotherapy

Change Ideas

Change Idea #1 To maintain or increase current nursing restorative services in the Home.

Methods	Process measures	Target for process measure	Comments
Nursing rehab services monitored at least quarterly. Nursing rehab nurse to continue to disseminate current list of residents weekly. Ongoing collaboration with physiotherapy to continue.	Ongoing review of resident that are on the nursing restorative caseload. Nursing rehab to continue to assess residents per request by staff. Collaboration with physiotherapy to maximize restorative services to promote independence and/or maintain current level of functioning. Evaluation ongoing by nursing rehab nurse.	To maintain or maximize current percentage of residents that utilize nursing restorative, as appropriate.	

Measure - Dimension: Efficient

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Laundry	C	% / LTC home residents	In house data collection / April 1 2024- March 31 2025	90.40	93.00	Improve resident satisfaction rate from previous years	

Change Ideas

Change Idea #1 To reduce turnaround time for personal clothing to 48 hours

Methods	Process measures	Target for process measure	Comments
Create task list for laundry staff with daily expectations on how many pounds of personal laundry to complete in a shift	Increased auditing of clothing carts, including on weekends.	93% on laundry satisfaction on annual resident survey	

Equity

Measure - Dimension: Equitable

Indicator #9	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	Collecting Baseline Data for 2024/2025	

Change Ideas

Change Idea #1 Designated one of our team members to undergo specialized training in ‘Diversity, Inclusion, and Equity’”

Methods	Process measures	Target for process measure	Comments
Individual will serve as our internal adviser and trainer, providing ongoing education to our entire staff complement.	Completion of Nipissing University training and other appropriate training programs	Completion of training template in ‘Diversity, Inclusion, and Equity’ for all staff members in 2025	

Measure - Dimension: Equitable

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Staff Orientation	C	% / Other	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Orientation Process in Place

Methods	Process measures	Target for process measure	Comments
Mentor program, ensure all mandatory pieces of training completion, departmental, innovative ideas of welcoming and hospitality.	Checklist completed and signed off after departmental	Completion of all new hires to meet ministry standards	

Measure - Dimension: Equitable

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Staff Training	C	% / Other	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Staff Training Yearly for all employees

Methods	Process measures	Target for process measure	Comments
Utilize Dunk and Associates Safety 24/7 Program Monthly Assigned education to be completed	Report run of completion and email updates to remind staff to complete	100 % Completion of all staff to meet ministry standards	

Measure - Dimension: Equitable

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Staffing Plan - Clinical	C	% / Other	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Staffing plan in place and reviewed annually

Methods	Process measures	Target for process measure	Comments
Reviewed by DOC	Documented of review occurred.		provide for a staffing mix that is consistent with residents' assessed care and safety needs; set out the organization and scheduling of staff shifts; promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection.

Measure - Dimension: Equitable

Indicator #13	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Volunteer	C	% / Other	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Orientation for New Volunteers

Methods	Process measures	Target for process measure	Comments
Enrichment Lead to complete orientation	Enrichment Lead to ensure completion of orientation and requirements prior to start of volunteering	100% Volunteer complete orientation prior to start	

Measure - Dimension: Equitable

Indicator #14	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Abuse Policy Review	C	% / Other	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Requirements	

Change Ideas

Change Idea #1 Review of the Abuse Policy Annually

Methods	Process measures	Target for process measure	Comments
Reviewed by DOC	Document and Date Abuse Policy Review	100% completion of review of the Abuse policy by March 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #15	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	84.21	90.00	Goal set to inline with corresponding question responses in the Satisfaction Survey	

Change Ideas

Change Idea #1 Follow up with resident/ family after Critical Incident

Methods	Process measures	Target for process measure	Comments
Develop procedure to follow up with resident and/or family after a critical incident occurs to ensure that they feel heard about what their experience was.	Resident Satisfaction Survey Results	Increase satisfaction from families/resident response to 90% on the question "What number would you use to rate how well the staff listen to you?" on the Resident Satisfaction Survey	Total Surveys Initiated: 95 Total LTCH Beds: 221

Measure - Dimension: Patient-centred

Indicator #16	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	95.79	98.00	Increase by 2.3%	

Change Ideas

Change Idea #1 Campaign the Unit Manager

Methods	Process measures	Target for process measure	Comments
Introduce the Unit Manager role to families and residents. Inform of how the Unit Manager can be a resource to being heard and ensure aware of whistleblowing policy. Section for orientation day for new residents, email and flyers for current residents	Satisfaction Survey results to the question "Having Your Say"	98% of residents score that they rate their comfort level of Good Or Excellent in expressing an honest opinion to Cassellholme Staff.	Total Surveys Initiated: 95 Total LTCH Beds: 221

Measure - Dimension: Patient-centred

Indicator #17	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Physical Examination	C	% / LTC home residents	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Physician to conduct a physical examination

Methods	Process measures	Target for process measure	Comments
Physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination	Ensure completion with PCC chart audit	Meet Ministry standards	

Measure - Dimension: Patient-centred

Indicator #18	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Activities	C	% / LTC home residents	In house data collection / April 1 2024-March 31 2025	94.40	97.00	Improve from 2023 Resident Satisfaction Survey Results	

Change Ideas

Change Idea #1 Maintain 3 quality contacts per resident per week.

Methods	Process measures	Target for process measure	Comments
Monitor contact points through Activity Pro portal, Activity Manger to monitor weekly and review with staff	Activity manager will review Activity Pro Data weekly	95% of residents will receive at least 3 contacts per week by March 31st, 2025	

Change Idea #2 Increase weekend activities

Methods	Process measures	Target for process measure	Comments
Add an additional 2 planned global weekend activities per month, work with community members to bring outside religious services into the home	Activity Calendar will be reviewed	Deliver at least 2 global activities on weekends per month, as well as unit-based weekend activities by March 31, 2025	

Change Idea #3 Increase enrollment in Activity Pro Family Portal

Methods	Process measures	Target for process measure	Comments
Increase awareness through posters, Facebook posts, flyers in admission package, and discussion with families	Activity Pro data will be reviewed	25% of residents will have at least one family member enrolled in the Activity Pro family portal by March 31st 2025	

Measure - Dimension: Patient-centred

Indicator #19	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Dietary	C	% / LTC home residents	In house data collection / April 1 2024- March 31 2025	90.30	93.00	Improve from 2023 Resident Satisfaction Survey	

Change Ideas

Change Idea #1 Improve plate presentation of meal

Methods	Process measures	Target for process measure	Comments
Education and photos provided to staff on proper plating, in-service training.	Managers and Coordinators observing meal service, conducting dining room audits, and resident satisfaction surveys.	93% on resident satisfaction survey for Question: What do you think of the variety of food, the presentation, and nutrition	

Change Idea #2 Improve food temperature

Methods	Process measures	Target for process measure	Comments
Continued training to NFS staff, managers and coordinators to monitor to ensure food is transported properly and foil is left on as long as possible	Managers and Coordinators observing meal service, conducting dining room audits, and resident satisfaction surveys.	93% on resident satisfaction survey for Question: What do you think of the variety of food, the presentation, and nutrition	

Measure - Dimension: Patient-centred

Indicator #20	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Care Conference	C	% / LTC home residents	In-home audit / January 1 2024 to December 31 2024	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Complete an initial care conference within 6 weeks, and an annual care conference for every resident

Methods	Process measures	Target for process measure	Comments
Residents scheduled over 12 months period, 3 times per week	Review Monthly number of residents completed	100% of residents have completed a care conference within 6 weeks, and/or an annual care conference by April 2025.	

Measure - Dimension: Patient-centred

Indicator #21	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Dietician Weight Review	C	% / LTC home residents	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Weights of all residents reviewed Monthly

Methods	Process measures	Target for process measure	Comments
Utilizing Point Click Care, Dietician review weights.	Monthly report sent to NFS and Clinical team	100% Weights audit monthly to meet ministry standard	

Measure - Dimension: Patient-centred

Indicator #22	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Menu Planning	C	% / LTC home residents	In house data collection / April 1 2024- March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Improve resident satisfaction of meal offering

Methods	Process measures	Target for process measure	Comments
Based on consultation with the resident food committee, removing disliked items and adding requested items to menu rotation. Staff will complete waste audits and use a communication board. Adding more options at meals.	Resident satisfaction survey, waste audits, food committee feedback, and following up with residents in dining rooms.	93% satisfaction on resident survey	

Measure - Dimension: Patient-centred

Indicator #23	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Palliative	C	% / LTC home residents	In-home audit / April 1 2024-March 31 2025	CB	100.00	Ensure that all resident and families have a positive end of life experience at the long term care home.	

Change Ideas

Change Idea #1 1) Creating a palliative information board in staff space 2) Revising palliative policies 3) Updating staff end-of-life and after-death checklist 4) Updating palliative checklist to include a palliative assessment tool 5) Include palliative checklist on huddle board 6) Standardize wording in staff communication about resident deaths

Methods	Process measures	Target for process measure	Comments
Increase staff knowledge on providing palliative care, improve policies and practices	Reviewed at each palliative meeting	100% positive feedback of palliative experience from families of resident that passed from April 1, 2024 to March 31, 2025.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Emergency Plan	C	% / Other	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	North Bay Police, North Bay Fire Department

Change Ideas

Change Idea #1 Emergency plan in place and reviewed annually

Methods	Process measures	Target for process measure	Comments
Fire Drills, Horizontal Fire Drills, A Mock Evacuation, Reference Contacts , annual online training , Slings & Sliders hands-on training ,new hires attend Orientation that includes a Health & Safety Fire Tour of the Home, and Annual Inspection of the Home	Reviewed by the home's health and safety manager. Reviewed by Resident and Family Council	100% completion of Emergency Plan review by April 1 2025	

Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Wound Care	C	% / LTC home residents	CIHI CCRS / Q3	3.90	3.40	Provincial Q2	

Change Ideas

Change Idea #1 Initiating end of life skin assessment Education for staff, residents and families

Methods	Process measures	Target for process measure	Comments
Standardized education for the prevention of pressure ulcers and skin tears.	Wounds will continue to be monitored by wound committee	maintain or decrease worsened stage 2-4 pressure ulcers by 0.5% to equal the provincial average as outlined in Q2	

Measure - Dimension: Effective

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Continence Care	C	% / LTC home residents	CIHI CCRS / Q3	27.70	27.70	Maintain Current Status	Tena

Change Ideas

Change Idea #1 Acquiring a bladder scan and training staff on its use and Staff training on continence care by Tena

Methods	Process measures	Target for process measure	Comments
Survey residents and families on continence care satisfaction	Data collected from continence survey and CIHI Q2 unadjusted rates, reviewed by continence committee	Maintain current worsened bladder continence score of 27.7% based on CIHI Q2 unadjusted rates.	

Measure - Dimension: Effective

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Responsive Behaviours	C	% / LTC home residents	In-home audit / April 1 2024-March 31 2025	15.90	12.50	Provincial Q2	

Change Ideas

Change Idea #1 "1) Develop an individualized, non-pharmacological delirium prevention plan for residents screened ""at risk"" 2) Increase sensory stimulation activities

Methods	Process measures	Target for process measure	Comments
"1) a. Roll out the non-pharm delirium protocol created by BSO by April 30, 2024 b. Education for staff regarding protocol by February 15, 2025 c. Tailor a care plan focus for delirium that includes drop down strategies from protocol by April 30, 2024 (in collaboration with RAI) d. Handouts and education for Families regarding Delirium. (BSO will present at family council meetings) by Feb 15, 2025 2)a. Introducing Snoezelen Room on Maple St. by April 30, 2024 b. Trailing and documenting benefits of this space by Feb 15, 2025 c. Sensory stimulation education (BSO) by Feb 15, 2025"	Progress of implementation by goal dates will be monitored by Responsive Behavior Committee	Reduce symptoms of delirium to 7.60% and worsened behaviours to 12.5% based on CIHI Q2 unadjusted rates.	

Measure - Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Infection Control	C	% / Other	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations in collaboration with Public Health	Public Health

Change Ideas

Change Idea #1 maintain hand hygiene audit rate of 2400 per year

Methods	Process measures	Target for process measure	Comments
Hand hygiene audits are completed using the Speedy Audit app.	Report generated by Speedy Audit App	2400 hand hygiene audits	

Change Idea #2 Continue IPAC self Assessment audit, minimum of 2 per year, and weekly while on outbreak

Methods	Process measures	Target for process measure	Comments
Added too duties list for outbreaks	IPAC Nurse to maintain	Minimum of twice per year, and weekly while on outbreak	

Change Idea #3 Introduce PHO Risk Assessment Related to Routine Practices and Additional Precautions

Methods	Process measures	Target for process measure	Comments
Reviewing policy and decision tree with staff, including the IPAC trainer nurse	IPAC Nurse to maintain	Introduce to staff and update PHO Assessment Related to Routine Best Practices and Additional Precautions	

Change Idea #4 Complete redevelopment IPAC/Construction measure audit biweekly until October 2024

Methods	Process measures	Target for process measure	Comments
Adding appropriate elements to audit as construction continues, reviewed by Director of Facilities and Capitol Projects	IPAC Nurse to maintain	Complete IPAC/Construction Preventative Measures audit weekly until October 2024, for a total of 18	

Measure - Dimension: Safe

Indicator #24	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Housekeeping	C	% / LTC home residents	In house data collection / April 1 2024-March 31 2025	95.00	96.00	Improvement on Resident Satisfaction Survey	

Change Ideas

Change Idea #1 Clear definition of "Clean Resident Room" for housekeeping staff.

Methods	Process measures	Target for process measure	Comments
Increased room auditing, in-service with staff on cleaning rooms, revising job descriptions to be more specific.	Room audits and annual resident and family satisfaction survey	Goal of 96% satisfaction on cleanliness on resident satisfaction survey.	

Measure - Dimension: Safe

Indicator #25	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pain	C	% / LTC home residents	CIHI CCRS / Q3	15.20	13.00	Closer to Provincial Q2 of 9.30%	

Change Ideas

Change Idea #1 Reduce resident pain by improving monitoring and interventions.

Methods	Process measures	Target for process measure	Comments
Reviewing non-pharmacological interventions, review pain management policy, reviewing pain assessment tool to use at both rest and during activity, restructuring pain documentation to include qualitative data, additional staff training on pain assessments, PRN usage and verbal and non-verbal signs.	Continued monitoring of goals by pain committee. Pain assessments reviewed by RPN Team Leads and RNs, as well as during care conferences and med reviews.	Decrease worsened pain average to 13% based on CIHI Q2 unadjusted rates.	

Measure - Dimension: Safe

Indicator #26	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Boilers	C	% / N/a	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Boiler Check by outside Source

Methods	Process measures	Target for process measure	Comments
Honeywell Contract Honeywell to complete maintenance on the current boilers in the home	Monitored and Documented by Maintenance	!00% completion of Boilers Checked Annually	

Measure - Dimension: Safe

Indicator #27	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Heat Related Illness Prevention	C	% / LTC home residents	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	

Change Ideas

Change Idea #1 Spring Completion of Heat Assessment of all current residents June, July, August New Admissions

Methods	Process measures	Target for process measure	Comments
Form in Point Click Care Completed by Unit RPNS	DOC or Delegate run report to ensure completion	100% completion to Meet Ministry Standards	

Measure - Dimension: Safe

Indicator #28	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pharmacy Destruction	C	% / Other	In-home audit / April 1 2024-March 31 2025	100.00	100.00	Meet Fixing Long Term Care Act and Regulations	Care RX Pharmacy

Change Ideas

Change Idea #1 Bi - Monthly Destruction of Narcotics

Methods	Process measures	Target for process measure	Comments
Completed with Care Rx Clinical Consultant Pharmacist and RPN Team Lead	In Collaboration with Care Rx	100% Completion To Meet Ministry Standards	