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 / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	X	0.00	Woodingford Lodge Ingersoll is well below the provincial average therefore the goal is to maintain the performance for next year.	

Change Ideas

Change Idea #1   Woodingford Lodge Ingersoll is aiming to maintain this performance by communicating with practitioners prior to sending a resident to the ED.

Methods	Process measures	Target for process measure	Comments
ED visits will continue to be tracked by the RAI staff each quarter. Details surrounding their visit are inputted into a spreadsheet to monitor characteristics of each ED visits. Quarterly ED visits are reviewed in real time at PAC meetings.	1) The number of resident's sent to the ED 2) The number of resident's sent to the ED that could have been prevented/managed within the facility.	1) The number of residents sent to ED each quarter will remain consistently low as we have seen in previous years. 2) The number seen here will be low or as close to "0" as possible	

Report Access Date: March 22, 2024

Change Idea #2   All Registered Nurses who currently work for Woodingford Lodge (20 RN') will be trained in IV therapy and phlebotomy to help reduce the number of residents requiring to go the ED for these services.

Methods	Process measures	Target for process measure	Comments
Registered Nurses are to be trained through Conestoga College through virtual and onsite education.	1) The number of trained RN's 2) The number residents who avoided being sent to the ED due to these services being provided within Woodingford Lodge.	1) The number of residents sent to ED each quarter will remain consistently low as we have seen in previous years. 2) The number seen here will be low or as close to "0" as possible 3) 100% of RN's currently working at Woodingford Lodge will receive this training.	

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	50.00	50% of staff members to attend a knowledge café on DEI.	

Change Ideas

Change Idea #1	Knowledge cafe's are to be arranged for all levels of staff at Woodingford Lodge to attend during work hours, allowing them to gain more information on Diversity, Equity and Inclusion.

Methods	Process measures	Target for process measure	Comments
Education sessions to be arranged to have Oxford County's DEI consultant come into the home to provide with the opportunity to learn more about DEI culture.	Number of staff who attend each session offered.	50% of the staff to attend different sessions that will be made available through out the year.	

Change Idea #2	Staff and residents to have access to translation services in the home to help promote better conversations for individuals with English as a second language.

Methods	Process measures	Target for process measure	Comments
All of the homes IPAD's will have the google translator application added to them to allow all staff to have access to this tool.	Number of residents who have a difficult time understanding English will have more fruitful and fulfilling conversations if they can see it translated into their native tongue.	Increase the access to the translator application, increasing resident satisfaction.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents indicating they feel food choices are excellent	C	% / LTC home residents	In-house survey / January 2024 - December 2024	18.00	28.00	To see 10% increase in excellent rating on 2024 resident satisfaction surveys on this question.	

Change Ideas

Change Idea #1 To increase quality of food through increasing feedback opportunities			
Methods	Process measures	Target for process measure	Comments
Supervisor of Nutritional Services to collect resident input through food committee meetings and meal audits	Food committee meetings and meal audits to occur monthly to collect data. Data discussed at food meetings and corrective actions determined. Supervisor to meet monthly with contracted services to review concerns and corrective action suggestions determined from food committee meetings.	Monthly discussions to occur Q1 2024 with target of increasing response on food quality by 10%	

Change Idea #2 To ensure Resident expectations on meal offerings is accurate			
Methods	Process measures	Target for process measure	Comments
Supervisor of nutritional services to ensure meal selection pictures are an accurate reflection of offered meals and that required substitutions are communicated to residents prior to meal selection.	Meal audit tool to include comparing meal selection pictures with plated meals as well as identifying meal substations. Any meal substitutions are communicated by cooks via writing and posters prior to resident meal selection.	Audits and communication to providers to occur Q2 with target to increase food quality by 10%	

Report Access Date: March 22, 2024

Safety

Measure - Dimension: Safe

Indicator #4	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	17.65	15.00	Reduction of 2.65% in the number of residents who have fallen in the past 30 days.	

Change Ideas

Change Idea #1	An increase in the number of residents who are encouraged to attend recreation programming or to set up meaningful activities to help occupy residents in order to prevent falls.

Methods	Process measures	Target for process measure	Comments
Activity bins have been created for residents to use through out the day to help occupy their time, reducing the number of times residents are wanting to wander or climb out of their beds/wheelchairs.	1) The number of residents who have fallen in the past 30 days leading up to their assessment 2) The number of residents who are using the activity bins within the home	The number of residents who use the activity bins will continue to increase and the number of falls in the home will decrease.	

Change Idea #2   All falls that occur in the home will have a falls review note completed following the fall.

Methods	Process measures	Target for process measure	Comments
Registered team members will review a fall after it occurs with an interdisciplinary team to determine if there are any further interventions required for the resident discussed or if current interventions need to be modified.	1) Fall review notes will be audited for completion when the Manager signs off the risk management for the fall	100% of falls will have a post fall review note completed following a fall in the facility.	

Change Idea #3   Review all residents who are on Trazodone and an antipsychotic medication to determine if the trazodone can be reduction or discontinued, as this increases residents risk for falling.

Methods	Process measures	Target for process measure	Comments
1) Implement trazodone reviews for those residents who are also on antipsychotic medications.	1) Percentage of residents who receive trazodone and antipsychotic medications 2) Number of residents who have fallen when prescribed these medications	Decrease the number of residents who are on both of these medications, which could put them at risk for falling.	