

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)	21.48	20.00	Because our NP is new to us and would take time to get our families on board with reducing our unnecessary hospital transfers.	

Change Ideas

Change Idea #1 Change Idea 1: Preventive Care Programs - Implement preventive care programs for common conditions. - Offer health screenings, vaccinations, and education. - Provide personalized care plans and collaborate with healthcare providers. Change Idea 2: Staff Training - Train staff on early detection and intervention. - Educate on recognizing signs and symptoms. - Provide refresher courses and ongoing education. Change Idea 3: Communication with Healthcare Providers - Establish communication channels with providers. - Facilitate regular meetings or case conferences. - Implement electronic health record systems. Change Idea 4: Patient and Family Education - Develop educational materials and resources. - Conduct educational sessions and workshops. - Provide individualized counseling and support.

Methods	Process measures	Target for process measure	Comments
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Methods for Tracking Progress: 1. ****Preventive Care Programs:**** - ****Data Collection:**** Healthcare staff collect participation and outcome data. - ****Analysis:**** Healthcare staff analyze program effectiveness. - ****Review:**** Quarterly reviews by stakeholders. - ****Reporting:**** Healthcare staff provide quarterly summaries. 2. ****Staff Training:**** - ****Data Collection:**** Training department records attendance and assessments. - ****Analysis:**** Training department evaluates training effectiveness. - ****Review:**** Monthly reviews by stakeholders. - ****Reporting:**** Training department prepares monthly reports. 3. ****Communication with Healthcare Providers:**** - ****Data Collection:**** Health information management tracks communication activities. - ****Analysis:**** Staff analyze communication data for effectiveness. - ****Review:**** Bi-monthly reviews by stakeholders. - ****Reporting:**** Health information management provides bi-monthly summaries. 4. ****Patient and Family Education:**** - ****Data Collection:**** Patient education department records attendance and feedback. - ****Analysis:**** Staff assess educational program effectiveness. - ****Review:**** Monthly reviews by stakeholders. - ****Reporting:**** Patient education department prepares monthly reports.

Rate of ED Visits for Ambulatory Care-Sensitive Conditions per 100 LTC Residents: Measure: Calculate the rate of emergency department (ED) visits for ambulatory care-sensitive conditions per 100 long-term care (LTC) residents. Calculation: (Number of ED visits for ambulatory care-sensitive conditions / Total number of LTC residents) x 100 Timeframe: Monthly Goal: Achieve a decrease in the rate of ED visits for ambulatory care-sensitive conditions over time. This measure assesses the effectiveness of the planned improvement initiatives in reducing the frequency of ED visits related to ambulatory care-sensitive conditions among LTC residents.

Target for Process Measure: Rate of ED Visits for Ambulatory Care-Sensitive Conditions per 100 LTC Residents: Target: Reduce the rate of ED visits for ambulatory care-sensitive conditions by 10% within the next six months. Timeframe: By [six months from the start date of implementation]. SMART Criteria: Specific: Targeting a reduction in the rate of ED visits for specific conditions. Measurable: Quantifying the reduction by 10%. Achievable: Based on the organization's capacity and resources. Realistic: Considering the feasibility of achieving a 10% reduction. Time-sensitive: Within a defined timeframe of six months.

Additional Comment: - ****Continuous Monitoring:**** Regularly monitor the rate of ED visits for ambulatory care-sensitive conditions to track progress towards the target and identify any trends or patterns that may require adjustment of strategies. - ****Collaborative Approach:**** Engage stakeholders from various departments, including healthcare providers, quality improvement teams, and resident/family representatives, in reviewing progress and addressing any barriers or challenges encountered during implementation. - ****Quality Improvement Culture:**** Foster a culture of continuous quality improvement within the organization/OHT by encouraging staff participation, soliciting feedback, and celebrating successes achieved in reducing ED visits for ambulatory care-sensitive conditions.

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	CB	We are collecting baseline for this indicator for the year 2024.	

Change Ideas

Change Idea #1 Change Idea: Implement Mandatory Equity, Diversity, Inclusion, and Anti-Racism Training for All Staff Goal: Increase the percentage of staff, including executives and management, who complete relevant equity, diversity, inclusion, and anti-racism education. Implementation Steps: 1. Develop a comprehensive curriculum with experts covering unconscious bias, systemic racism, privilege, and inclusive leadership. 2. Tailor training modules to job roles while ensuring core components for all staff. 3. Make training mandatory for all staff with clear deadlines and communication. 4. Offer flexible learning options such as in-person workshops and online courses. 5. Establish accountability measures, integrating training progress into performance evaluations. 6. Encourage leadership participation to demonstrate commitment. 7. Continuously evaluate and adapt the program based on feedback and workplace dynamics. 8. Align the program with organizational values and integrate principles into operations and policies. By mandating this training, the organization can cultivate a more knowledgeable, empathetic, and inclusive workforce, fostering a culture of equity and belonging for all.

Methods	Process measures	Target for process measure	Comments
Methods of Implementation: 1. Curriculum Design: - Develop a comprehensive curriculum with EDI experts covering key topics like bias, racism, privilege, and inclusive leadership. 2. Training Delivery: - Offer various delivery methods such as workshops, online courses, and webinars to accommodate different learning	Process Measures for Implementation: 1. Training Completion Rate: - Percentage of staff who have completed the equity, diversity, inclusion, and anti-racism training within the designated timeframe. 2. Training Attendance: - Attendance records from training sessions, workshops, and webinars to ensure staff participation. 3. Training	Training Completion Rate: Achieve a 100% completion rate for all staff within the specified timeframe. Training Attendance: Ensure full attendance at training sessions, workshops, and webinars by all staff members. Training Feedback: Obtain positive feedback from participants, indicating satisfaction with the quality and relevance of the training.	

preferences. 3. Mandatory Participation: - Require all staff, including executives and managers, to complete the training within a set timeframe, clearly communicating expectations. 4. Flexible Scheduling: - Provide scheduling options to accommodate diverse work schedules, including multiple session times and online access for remote staff. 5. Training Resources: - Supply training materials and support resources to aid engagement, such as online modules and discussion guides. 6. Leadership Involvement: - Engage executive leadership in the training to demonstrate commitment and encourage participation throughout the organization. 7. Tracking and Monitoring: - Implement a system to track and monitor staff participation, using digital platforms for easy reporting and oversight. 8. Accountability Measures: - Integrate training completion into performance evaluations and establish consequences for non-compliance. 9. Evaluation and Feedback: - Collect feedback to assess program effectiveness and identify areas for improvement, ensuring ongoing refinement. 10. Continuous Improvement: - Maintain a culture of improvement by regularly updating the program to address emerging issues and organizational needs. These streamlined methods will facilitate effective implementation of the mandatory equity, diversity, inclusion, and anti-racism training program across the organization. The methods used for this

Feedback: - Feedback surveys or evaluations completed by participants to assess the quality and effectiveness of the training program. 4. Compliance Monitoring: - Regular audits or checks to verify staff compliance with the mandatory training requirement. 5. Leadership Engagement: - Participation rate of executive-level and management staff in training sessions and their visible support for the program. 6. Resource Utilization: - Tracking the usage of training materials and resources provided to staff, including online modules and discussion guides. 7. Communication Effectiveness: - Assessment of the clarity and consistency of communication regarding the training program and its expectations. 8. Scheduling Flexibility: - Feedback on the adequacy of scheduling options provided to accommodate diverse work schedules. 9. Tracking System Utilization: - Usage statistics of the tracking and monitoring system implemented to oversee staff participation and completion. 10. Continuous Improvement Initiatives: - Documentation of any updates or enhancements made to the training program based on feedback and evaluation results. Monitoring these process measures will provide insight into the progress and effectiveness of implementing the mandatory equity, diversity, inclusion, and anti-racism training program within the organization.

Compliance Monitoring: Maintain full compliance with the mandatory training requirement among all staff. Leadership Engagement: Ensure active participation of executive-level and management staff in training sessions and visible support for the program. Resource Utilization: Ensure high utilization of training materials and resources provided to staff. Communication Effectiveness: Ensure clear and consistent communication regarding the training program and its expectations. Scheduling Flexibility: Provide scheduling options that effectively accommodate diverse work schedules. Tracking System Utilization: Ensure consistent and accurate utilization of the tracking and monitoring system to oversee staff participation and completion. Continuous Improvement Initiatives: Implement updates or enhancements to the training program based on feedback and evaluation results to continuously improve its effectiveness.

indicator would to do staff engagement survey on a semi-annually basis and capture how the morale of the home is going, and see improvement. Happy staff = happy residents.

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	86.49	90.00	Our goal to become the best care provider for our residents that live in our home.	

Change Ideas

Change Idea #1 Change Idea 1: Staff Training Train staff on active listening, empathy, and communication. Change Idea 2: Feedback System Establish structured feedback mechanisms. Change Idea 3: Culture of Listening Foster a feedback-oriented culture. Change Idea 4: Improved Communication Enhance communication channels and aid options.

Methods	Process measures	Target for process measure	Comments
Method for Tracking Progress on Change Idea: Staff Training Data Collection: By Whom: Training department or designated staff. How: Collect attendance records, pre/post-training assessments, and feedback surveys. Data Analysis: By Whom: Trainers or designated staff. How: Analyze attendance, assessments, and survey responses to measure improvements and satisfaction. Review Process: Frequency: Regular review (weekly/monthly). By Whom: Training	Process Measure for Change Idea: Staff Training Measure: Percentage of Staff Completing Training Description: Measure the percentage of staff members who complete the scheduled training sessions on active listening, empathy, and communication. Calculation: (Number of staff completing training / Total number of staff) x 100 Timeframe: Monthly Measure: Pre and Post-Training Assessment Scores Description: Measure the improvement in staff members' listening skills by	Targets for Process Measures for Change Idea: Staff Training Percentage of Staff Completing Training Target: Achieve a 90% completion rate of scheduled training sessions by the end of each month. Timeframe: Monthly Pre and Post-Training Assessment Scores Target: Achieve a minimum 20% improvement in average post-training assessment scores compared to pre-training scores. Timeframe: Quarterly Training Satisfaction Rating Target: Maintain a satisfaction rating of 80% or higher for	Total Surveys Initiated: 37 Total LTCH Beds: 231 Success Factors: Collaboration among departments and stakeholders is vital. Adequate resources and support are necessary for success. Partnerships: Consider collaboration with external training experts and resident councils for valuable insights. Linkages: This initiative aligns with broader goals of improving resident satisfaction and complements other quality improvement programs. Continuous Improvement: Regular

supervisors or designated stakeholders. Reporting: By Whom: Training department. How: Prepare progress reports summarizing data findings for relevant stakeholders. Action Planning: Based on Findings: Recommend adjustments to training program. By Whom: Training department in collaboration with stakeholders. Continuous Improvement: Iterative Process: Continuously assess and refine tracking process. By Whom: Training supervisors and stakeholders.

comparing pre and post-training assessment scores. Calculation: $(\text{Average post-training assessment score} - \text{Average pre-training assessment score}) / \text{Average pre-training assessment score} \times 100$ Timeframe: Quarterly Measure: Training Satisfaction Rating Description: Measure the satisfaction level of staff members with the training program. Calculation: Percentage of staff rating training as satisfactory or above on feedback surveys. Timeframe: After each training session Measure: Implementation of Learned Skills Description: Measure the application of learned skills in staff interactions with residents. Calculation: Number of documented instances where staff apply training concepts in resident interactions. Timeframe: Monthly Measure: Training Program Modifications Description: Measure the frequency and nature of modifications made to the training program based on feedback and assessment results. Calculation: Number of modifications made to training program. Timeframe: Quarterly

each training session. Timeframe: After each training session Implementation of Learned Skills Target: Document at least 50 instances per month where staff apply training concepts in resident interactions. Timeframe: Monthly Training Program Modifications Target: Implement at least two modifications to the training program based on feedback and assessment results per quarter. Timeframe: Quarterly These targets are specific, measurable, achievable, realistic, and time-sensitive (SMART), providing clear benchmarks for monitoring progress and ensuring the effectiveness of the staff training initiative at Albright Manor.

evaluation and adjustment of the training program based on feedback are essential for ongoing success.

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	83.78	90.00	Education and re-education to staff on a frequent basis, along with following up with staff to ensure that provide a fear free option for our resident's is that way to be.	

Change Ideas

Change Idea #1 Change Idea 1: Enhanced Communication Channels Add town hall meetings and online portals. Train staff in active listening. Change Idea 2: Resident Feedback Training Develop training on feedback handling. Provide conversation tools. Change Idea 3: Resident Council Empowerment Facilitate regular meetings. Empower in decision-making. Change Idea 4: Feedback Follow-up Protocol Assign staff for response. Implement tracking.

Methods	Process measures	Target for process measure	Comments
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Methods for Tracking Progress on Change Ideas: Data Collection: By respective departments or designated staff, collect data on channel usage, staff training attendance, meeting frequency, topics discussed, feedback received, and actions taken. Data Analysis: Each department or designated staff will analyze their respective data, including channel usage statistics, training attendance records, meeting minutes, feedback records, and follow-up actions. Review Process: Conduct regular reviews, with varying frequencies (monthly for communication channels, quarterly for training effectiveness, bi-monthly for resident council activities, and weekly for feedback follow-up), involving relevant stakeholders to assess effectiveness, identify areas for improvement, and ensure timely resolution of issues. Reporting: Prepare comprehensive reports combining data and analysis from all change ideas, highlighting key findings, recommendations for adjustments, and progress towards goals. These reports will be presented to management for review and decision-making.

Process Measure for Change Ideas: Percentage of Staff Completing Training: Measure the percentage of staff members completing scheduled training sessions on communication skills, feedback handling, and resident council empowerment. Calculation: $(\text{Number of staff completing training} / \text{Total number of staff}) \times 100$ Timeframe: Monthly Average Channel Usage Rate: Measure the average usage rate of newly implemented communication channels, such as town hall meetings and online portals. Calculation: $(\text{Total number of interactions through new channels} / \text{Total available interactions}) \times 100$ Timeframe: Weekly Resident Council Meeting Attendance Rate: Measure the attendance rate of residents at council meetings. Calculation: $(\text{Number of residents attending meetings} / \text{Total number of residents}) \times 100$ Timeframe: Bi-monthly Feedback Resolution Time: Measure the average time taken to resolve resident feedback received through various channels. Calculation: $\text{Total time taken to resolve feedback} / \text{Total number of feedback cases}$ Timeframe: Weekly These process measures will help assess the effectiveness of the change ideas in improving communication, feedback handling, resident involvement, and issue resolution within Albright Manor.

Target Measures for Process Measures:

- Percentage of Staff Completing Training:** - Target: Achieve a minimum of 90% completion rate for each training session. - Timeframe: By the end of each month. - SMART: Specific, measurable, achievable, realistic, and time-sensitive.
- Average Channel Usage Rate:** - Target: Maintain an average channel usage rate of at least 80%. - Timeframe: Weekly. - SMART: Specific, measurable, achievable, realistic, and time-sensitive.
- Resident Council Meeting Attendance Rate:** - Target: Achieve an attendance rate of 70% or higher for each meeting. - Timeframe: Bi-monthly. - SMART: Specific, measurable, achievable, realistic, and time-sensitive.
- Feedback Resolution Time:** - Target: Resolve 80% of resident feedback cases within 7 days. - Timeframe: Weekly. - SMART: Specific, measurable, achievable, realistic, and time-sensitive. These targets provide clear benchmarks for assessing the effectiveness of the change ideas and guiding efforts towards achieving desired outcomes within Albright Manor.

Total Surveys Initiated: 37
 Total LTCH Beds: 231
 Continuous Improvement: Regularly review and adjust targets based on progress and feedback. Staff Engagement: Involve staff in goal-setting to foster accountability. Resource Allocation: Ensure adequate resources for change implementation. Feedback Loop: Establish mechanisms for collecting feedback. Celebrating Achievements: Recognize milestones and achievements.