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)	28.48	27.48	Hillel Lodge has seen a steady increase in ED transfers over the last few years despite interventions designed to reduce transfers. The initiation of a monthly analysis has provided insight into situations where residents should not have been transferred to ED. This target provides us with a goal to improve avoidable ED transfers, but takes into consideration the increasing complexity and frailty of residents moving into LTC.	

Change Ideas

Change Idea #1	Continue monthly ED transfer analysis with a new focus of identifying ED transfers that are avoidable with the intention of ensuring residents receive the right care in the right place.

Methods	Process measures	Target for process measure	Comments
After reviewing all transfers to identify visits, an in-depth analysis of each case will be conducted to identify opportunities to improve and avoid a future ED visit.	Number of avoidable ED visits that can be reduced.	To be identified based on corrective actions. Decrease will be measured through our Lean Six Sigma program, each home area will be measured against a target over the course of the year.	Measuring avoidable ED Visits will lead to an understanding of opportunities and lessons learned that will be shared with relevant programs and staff.

Change Idea #2   Ensure most recent goals of care discussion and/or code status are easily accessible to all staff involved in resident care.

Methods	Process measures	Target for process measure	Comments
1) Contact PointClickCare to determine options to pin goals of care and/or code status to the resident's electronic face sheet.	Number of residents who have goals of care and/or code status easily accessible on EMR home page or other determined location.	90% of residents will have up to date goals of care and/or code status information accessible on EMR home page.	All residents have goals of care discussions at least annually, at their care conference, in addition to ad hoc conversations as residents status changes. Therefore, we expect by the end of this reporting cycle most current residents will have had a discussion and code status to be flagged.

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	100.00	100.00	Goal is to maintain performance of all individuals in a leader role to have DEI training and knowledge.	

Change Ideas

Change Idea #1   Train all newly hired leaders on DEI.

Methods	Process measures	Target for process measure	Comments
Surge Learning, which is tracked by Human Resources.	Percentage of new supervisors, managers, and directors who complete DEI training.	100% of new supervisors, managers, and directors will complete DEI training by the end of their probationary period.	Total LTCH Beds: 121

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff trained in providing palliative care within their scope.	C	% / LTC home residents	In house data collection / April 1 - March 30	CB	70.00	Recognizing Hillel Lodge continues to struggle with health human resources and staff turnover, we are setting a goal that is achievable given our long term staffing complement.	

Change Ideas

Change Idea #1 Standardize Hillel Lodge's definitions of palliative care and end of life care.			
Methods	Process measures	Target for process measure	Comments
Initiate formal training in palliative care philosophy and language. Utilize "stand up" meeting for point-in-time education of nursing staff to define and differentiate palliative care and end-of-life care.	Percentage of staff surveyed throughout the year on language use related to palliative care and end of life care.	70% of staff will be trained in Hillel Lodge standardized definitions of palliative care and end of life care.	Palliative care, comfort care, and end of life care are used interchangeably causing confusion and missed opportunities to provide the right care at the right time.

Change Idea #2 All staff will be able to "provide palliative care" within their scopes.			
Methods	Process measures	Target for process measure	Comments
Provide introductory education to all staff regarding palliative care as it relates to their scopes and positions.	The number of departments trained.	70% of departments will receive training on how they are expected to provide palliative care, within their scopes.	

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	12.13	11.50	Hillel Lodge is setting a modest goal to decrease falls because we are taking a new approach to falls. Falls will be defined as a symptom, which will require investigation to understand the root cause. This shift in thinking, practice, and analysis will take time.	

Change Ideas

Change Idea #1 Conduct one month review of resident charts to determine underlying cause of fall(s).			
Methods	**Process measures**	**Target for process measure**	**Comments**
Conduct one month retroactive review of resident charts to determine underlying cause of fall(s).	To be identified based on problem and corrective actions.	To be identified based on corrective action.	Falls are often a symptom of another problem. By conducting a one month review of the resident's chart we will be able to track and trend changes and have appropriate goals of care discussions with families, including whether or not to send residents to hospital if they fall.

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of end of life residents who are pain and symptom free.	C	% / LTC home residents	In-home audit / April 1 to March 30	CB	CB	Hillel Lodge will use the 2025/26 to understand medication use at end of life and plan a target for the 2026/27 cycle accordingly. Our unit of measure is the percentage of residents who have adequate pain control for end of life care.	

Change Ideas

Change Idea #1	Implement a neighbourhood based physician model, allowing physicians to develop a strong working relationship and increased communication with the primary nurse(s) of each unit.

Methods	Process measures	Target for process measure	Comments
Physician visits will be jointly planned between the physician and the nurse to review all medical issues.	100% of resident medical records will be ready for review when the physician arrives at the home.	To be identified based on problem identification and corrective actions.	The barriers to adequate pain control will be identified by the physician and nurse jointly, and corrective actions will be made throughout the year.