

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)	19.69	19.00	To stay at or below current performance. 100% of Residents deemed Palliative will be assessed and remain at Finlandia Village for care.	

Change Ideas

Change Idea #1 Decrease number of ED transfers related to palliative care and provide comfort measures at Finlandia Village.

Methods	Process measures	Target for process measure	Comments
1) Educate Residents, families and team members to the End of Life (Palliation) Stages 2) Review Palliative Performance Scale to determine necessary ED transfer vs in-house comfort measures 3) Develop brochure for End of Life, Palliative Care 4) Advanced care planning education to be introduced on admission 5) Track ED visits through Surge program	Number of avoidable palliative ED visits.	100% of Residents who can be determined as End of Life-Palliative, will remain at Finlandia Village. This measure will be done as required.	Two RN's, RPN's and PSW's (6) are enrolling in Learning Essential Approaches to Palliative Care (LEAP) education. First session February 21, 2024.

Change Idea #2 Decrease number of ED infections related to skin and wound care.

Methods	Process measures	Target for process measure	Comments
1) Provide Skin and Wound Care courses to Registered Team Member 2) Develop Skin and Wound Care Brochure 3) Educate and provide in admission package and kiosks 4) Track wounds in Surge Learning program	Number of avoidable ED infections related to skin and wound care will be decreased.	Residents will remain at Finlandia Village and have in-house lead assess and monitor skin and wound care.	RN lead of wound care completed course and will be educated on tracking information in Surge.

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	100.00	100% of team members will receive in-house education on equity, diversity, inclusion and anti-racism.	

Change Ideas

Change Idea #1 Develop education training for all team members to increase awareness on relevant equity, diversity, inclusion and anti-racism.

Methods	Process measures	Target for process measure	Comments
1) Initiate the development of a Diversity Program at Finlandia Village to meet quarterly 2) Annual Surge Learning Diversity education video requirement for team members and upon orientation.	Diversity Program will be created and education to team members will be completed.	100% of team members will receive education training by December 2024.	

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	96.30	97.00	2023 Satisfaction Survey Result was at 96% with 27 surveys returned. Target is set at 97% to allow for attainable achievement in 2024.	

Change Ideas

Change Idea #1 Increase mental health awareness and reduce stigma in the workplace through mental health education.

Methods	Process measures	Target for process measure	Comments
1) Enroll Quality Representative in the The Working Mind (TWM) Training provided through the Mental Health Commission of Canada 2) Provide TWM education quarterly to team members to promote mental health and reduce workplace stigma	Number of team members who have received The Working Mind training.	30% or 48 team members will receive The Working Mind training.	Total Surveys Initiated: 27 Total LTCH Beds: 110 Certification received in 2023. Sessions provided Dec. 6/23. Next session scheduled for Feb. 15 & 19/24.

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	100.00	100.00	Maintain current level of 100% as previous years of 2022 and 2023.	

Change Ideas

Change Idea #1 Maintain 2023/2024 target of 100% feel that they can express their opinion without fear of consequences.

Methods	Process measures	Target for process measure	Comments
1) Quality Representative will receive monthly Care Conference schedule 2. Distribute Resident Satisfaction Surveys prior to in-person care conferences 2) Review survey results and distribute comments to appropriate department and leadership team 3) Identify red flags and priorities to develop resolution methods.	Number positive results and comments from Residents and family members.	100% of Residents and family members will feel that they can express their opinion without fear of consequences	Total Surveys Initiated: 27 Total LTCH Beds: 110

Change Idea #2 Provide Person Centered training and care to Residents.

Methods	Process measures	Target for process measure	Comments
1) Initiate Positive Approach to Care training to team members through Behavioral Supports Ontario every quarter 2) Enrollment will be tracked by Human Resources	The number of team members enroll in the training program.	12 interdisciplinary team members will receiving training in Initiate Positive Approach Care by December 2024.	First training session will be April 2024.

Safety

Measure - Dimension: Safe

Indicator #5	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	22.77	22.00	CIHI 2023 Q2 provincial average is 16.5 and Finlandia average is 24.5 Target is set at 22 to match July-September 2023 (Q2 2023/24) target.	

Change Ideas

Change Idea #1 Increase accuracy in falls reporting.

Methods	Process measures	Target for process measure	Comments
1) Education team members on the definition of a fall 2) Add definition to Post Fall Assessment for review prior to completing assessment 3) Add to Registered staff meeting agenda for review of falls definition.	Decrease the number of false assessments.	0% error inaccuracy of fall reporting monthly.	

Measure - Dimension: Safe

Indicator #6	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	43.15	38.00	CIHI 2023 Q2 provincial average is 21.1 and Finlandia average is 38.5. Target is set at 38 to improve from July-September 2023 (Q2 2023/24) target of 43.15.	

Change Ideas

Change Idea #1 Monitor all new admission antipsychotics and diagnosis to ensure proper usage according to diagnosis.

Methods	Process measures	Target for process measure	Comments
1) Onboard and train a Nurse Practitioner to work along side Medical Director in reviewing new admission medications and diagnosis 2) Continue to audit Therapeutic Class Report from pharmacy and email audit report for review.	All new admissions with antipsychotic medications will have a correlating diagnosis.	100% percent of all new admissions will be monitored to ensure proper usage of antipsychotics according to diagnosis by December 2024.	