

## 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. | P    | Rate per 100 residents / LTC home residents | CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2) | 25.00               | 23.00  | Continue to educate POAs/families/caregivers/residents on resources available at Dom Lipa to minimize ED transfers (i.e., utilizing and involving NPSTAT, Pain and Palliative Management Consultants and our in-house Physicians) | NPSTAT, Pain and Palliative Management Consultants |

### Change Ideas

Change Idea #1 Involve the resident and their family, care partner or substitute decision-maker in care conferences to review care plan goals and preferences, particularly around end-of-life care

| Methods   | Process measures  | Target for process measure  | Comments |
|---|---|---|----------|
| Provide information to residents/SDMs on end of life, palliative care and trajectory of illness at time of admission, and as needed. Ensure discussion is held during care conference | Continue to educate POAs/families/caregivers/residents on resources available at Dom Lipa to minimize ED transfers (i.e., utilizing and involving NPSTAT, Pain and Palliative Management Consultants and our in-house Physicians) | 100% of reviewed goals of care during resident care conferences to support decision making. |          |

Change Idea #2 work collaboratively with clinical supports of NPSTAT services in hoping to advert transfer of resident to hospital

| Methods   | Process measures  | Target for process measure   | Comments |
|---|---|--|----------|
| continue our efforts to consult NPSTAT to assess, educate, recommend and guide Home staff and POA/families/caregivers | % of consultations completed with NPSTAT services for urgent medical conditions | medical conditions requiring NPSTAT services before transfer will be completed, as needed. |          |

Change Idea #3 Enhance palliative approach to care within the long-term care home

| Methods  | Process measures   | Target for process measure   | Comments |
|--|--|--|----------|
| online Education is available to all interdisciplinary staff and Attending Physicians on palliative care, and discussion on goals of care. Residents and family discussions on services/options provided during care conferences, and as needed. | % of residents receiving in-home services/options on Palliative Care/EOL/goals of care during care conferences | 100% of admissions and care conferences will include Palliative Care/EOL/goals of care discussions to support resident and family in decision making and understanding of disease progression. |          |

## 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 | Fostering enhanced staff education and heightened awareness, aim to develop an Equity, Diversity, Inclusion, and Antiracism workplan | Surge Learning         |

### Change Ideas

Change Idea #1 Dom Lipa staff will have to knowledge, comprehension and understanding of relevant equity, diversity, inclusion and antiracism education.

| Methods  | Process measures   | Target for process measure  | Comments   |
|--|--|---|--|
| To support our efforts, Dom Lipa will continue to focus on deepening awareness and fostering cultural competency among staff as we will continue utilizing the online learning platform, Surge Learning to provide accessible and ongoing education. | we will monitor staff completion rates of our online learning platform, Surge Learning to ensure courses have been completed and achieved. | all Dom Lipa staff will complete assigned online learning courses in Surge Learning by the end of the year. | By integrating education and dialogue, we will continue to cultivate a workplace where diversity is embraced, and every individual feels a sense of belonging. |

## Safety

### Measure - Dimension: Safe

| Indicator #3  | 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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average | 10.00               | 9.00   | Dom Lipa has now implemented a new software called "Fallyx", which is an audit system that helps oversee which residents are at high risk for falls. Our in-house Physiotherapist (PT) and physiotherapist assistant (PTA) assess residents after each fall. Based on each individual resident's assessment, the PT will make recommendations to help prevent further falls from occurring. The PT will also educate staff on how to properly transfer residents and proper use of mechanical lifts. PT/OT will also assess residents' proper use of assistive devices. The Home also has available Falls Prevention Equipment for those residents who are at high risk of falls. External Education from LifeMark available to staff for residents falls prevention. We also have available annual mandatory education for all staff in Surge Learning. PTA provides 1:1 and group exercises for residents to strengthen upper and lower extremities. |                        |

## Change Ideas

Change Idea #1 Dom Lipa has now implemented a new software called "Fallyx", which is an audit system that helps oversee which residents are at high risk for falls.

| Methods  | Process measures                          | Target for process measure                             | Comments |
|--|---|--|----------|
| "Fallyx" Software to be updated (automatically updates from PCC Risk Management) | monthly reports to be generated by Fallyx | 100% of all falls will be updated in "Fallyx" software |          |

Change Idea #2 Our in-house Physiotherapist (PT) assess residents after each fall.

| Methods  | Process measures   | Target for process measure                             | Comments  |
|--|--|--|---|
| After each fall, residents will be assessed by our in-house Physiotherapist. | Based on each individual resident's assessment, the PT will make recommendations to help prevent further falls from occurring. | 100% of all residents who fall, will be assessed by PT | PTA provides 1:1 and group exercises for residents to strengthen upper and lower extremities. |

Change Idea #3 The Home has available falls Prevention Equipment for those residents who are at high risk of falls (i.e.; bed alarm, chair alarm, personal posey alarm, non-skid socks, hip protectors, floor matts, high low beds).

| Methods  | Process measures  | Target for process measure  | Comments |
|--|---|---|----------|
| PT to assess each resident after fall and will make recommendations for fall prevention equipment. | 100% of resident who have a fall, will be assessed by our PT. | all resident at high risk of falls will be provided with fall prevention equipment. |          |

Change Idea #4 all staff will receive ongoing mandatory education on falls and fall prevention.

| Methods  | Process measures                                | Target for process measure   | Comments |
|--|---|--|----------|
| Ongoing mandatory education for all staff is assigned and available in Surge Learning. External Education from LifeMark available to staff for residents falls prevention. | all staff to complete mandatory falls education | 100% of all staff will complete assigned falls prevention education in Surge Learning. |          |

**Measure - Dimension: Safe**

| Indicator #4  | 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 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average | 4.39                | 4.00   | We will continue to utilize GPA (Gentle Persuasive Approach) training and retraining to all current and new staff. We will continue to utilize external resources in the community (GMHOT, PRC, TRI/VBM) to reach our absolute target. |                        |

**Change Ideas**

Change Idea #1 Home conducts quarterly medication reviews, and as needed.

| Methods                                      | Process measures  | Target for process measure   | Comments |
|--|---|--|----------|
| review medications quarterly, and as needed. | Medication reviews are to assess the use of antipsychotic medications for residents without a diagnosis of psychosis. | all 100% of residents without a diagnosis of psychosis on antipsychotics are reviewed quarterly. |          |

Change Idea #2 continue to utilize community external services, as needed for residents with behaviors.

| Methods  | Process measures   | Target for process measure                                    | Comments |
|--|--|---|----------|
| consult with external partners (i.e.; GHMOT, PRC, TRI, VBM). | refer residents to external community partners, as needed. | % of residents to be assessed by external community services. |          |

## Change Idea #3 non-pharm logical approaches and activities for resident care.

| Methods  | Process measures  | Target for process measure   | Comments |
|--|---|--|----------|
| utilizing BSO and Activation staff to provide various programs and activities to help reduce responsive behaviors. | identified residents with responsive behaviors, are provided with various programs by BSO and Activation, as tolerated. | all residents with responsive behaviors to be provided activities/visits from BSO, as tolerated. |          |

## Change Idea #4 continue to enhance knowledge and awareness to staff on use of antipsychotic medication use in our residents

| Methods  | Process measures   | Target for process measure                                   | Comments |
|--|--|--|----------|
| course on antipsychotic use in seniors will be assigned to direct care staff in Surge Learning Platform. | all staff to participate in assigned courses on antipsychotic medications. | 100% of staff to complete assigned courses in Surge Learning |          |

**Measure - Dimension: Safe**

| Indicator #5  | Type | Unit / Population      | Source / Period   | Current Performance | Target | Target Justification  | External Collaborators |
|---|------|------------------------|---|---------------------|--------|---|------------------------|
| Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened | O    | % / LTC home residents | CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average | 4.71                | 4.00   | Dom Lipa has an in-house Skin & Wound Lead Nurse who does monthly rounds to all residents with pressure injuries and provides recommendations/treatments to all attending physicians. We also have an ET Nurse available externally for residents who have a pressure injury stage 3 and up. We also have Skin & Wound mandatory annual education sessions available to all staff. Our home has skin and wound preventative equipment available (i.e., pressure-relieving mattresses, botties, gel pads, and medical supplements) |                        |

## Change Ideas

**Change Idea #1** Dom Lipa has an in-house Skin & Wound Lead Nurse who does monthly rounds to all residents with pressure injuries and provides recommendations/treatments to all attending physicians and registered staff.

| Methods   | Process measures  | Target for process measure   | Comments |
|---|---|--|----------|
| Dom Lipa in-house Skin and Wound Lead Nurse will assess all residents identified with stage 2 to 4 pressure injuries. | all residents with pressure injuries are seen monthly by our in-house Skin & Wound Lead Nurse and weekly by the unit nurse. | 100% of residents will be seen as assessed by Dom Lipa in-house Skin and Would Lead Nurse monthly and as needed. |          |

**Change Idea #2** Collaborate with external ET Nurse, as needed.

| Methods  | Process measures  | Target for process measure  | Comments   |
|--|---|---|--|
| External ET nurse will assess residents with pressure injury Stage 3 and up. | Once our in-house Skin and Would Lead Nurse discovers any pressure injury Stage 3 and up, she can recommend to resident physician a referral to external ET Nurse, as needed. | 100% of residents with chronic and Intractable Wounds will be referred to external ET nurse who can make further treatment suggestions/recommendations. | ongoing communication with POA and POA/family/caregiver will be during this entire process |

**Change Idea #3** Continue to educate our Nursing direct care staff on mandatory skin and wound care

| Methods   | Process measures  | Target for process measure  | Comments |
|---|---|---|----------|
| courses on skin and wound will be assigned to all Nursing direct care staff in Surge Learning (our online learning platform). | all Nursing direct care staff will have opportunity to engage in learning and enhancing knowledge on Skin and Wound care. | 100% of all nursing direct care staff will complete assigned Surge Learning courses on Skin and Wound care. |          |

Change Idea #4 Our home has skin and wound preventative equipment available (i.e., pressure-relieving mattresses, bottles, gel pads, and medical supplements)

| Methods   | Process measures  | Target for process measure   | Comments |
|---|---|--|----------|
| Registered Staff to assess each resident at high risk for developing pressure injury, if they require additional preventative equipment to promote healing. | registered staff are utilizing the head-to-toe skin assessment and PURSE score generated through the inter-RAI assessment tool. | all residents will be assessed (head to toe assessment and Inter-RAI) upon admission, quarterly and as needed. |          |